Two Perspectives on College Stress: Advocating for Intervention and Empowerment of Students (Blended Faculty and Student Presentation)

Anne Steketee, M.Ed. and Madison Spiegel
Goals for presentation

1. More clearly understand the various components fueling student stress and be prepared to look for the increasing warning signs.

2. Employ advocacy strategies within the community and on the campus and be equipped to assist college students with self-advocacy skills.

3. Empower students with opening conversations about ways to reduce stress centered on faculty methods, university policies, and procedures.
Introduction

We are going to take you on a journey through Madi’s college story and Anne’s response as a small window into the complex picture of depression in college students; we would like to leave you with some advocacy strategies for students you work with now or you might work with in the future. First, though, we will lay a foundation of statistics from which to ground our presentation.
All Undergraduate Students Surveyed

Gender

- Male
- Female
- Non-Binary

Relationship Status

- Not in a relationship
- In a relationship but not living together
- In a relationship and living together
Ethnicity: All Undergraduate Students Surveyed

- African American: 5.4%
- Hispanic or Latino/a: 18.2%
- American Indian, Alaskan Native, or Native Hawaiian: 16.2%
- Biracial or Multiracial: 2.3%
- Asian or Pacific Islander: 5.4%
- Other: 32%

ACHA-NCHA II Undergraduate Student Reference Group (2017)
Orientation: All Undergraduate Students Surveyed

ACHA–NCHA II Undergraduate Student Reference Group (2017)
All Undergraduate Students Surveyed

Academic Impacts within last 6 months

- Depression: 16.2%
- Anxiety: 24.4%
- Stress: 33.8%

ACHA-NCHA II Undergraduate Student Reference Group (2017)
All Undergraduate Students Surveyed

Felt very sad: 66%

Exhausted (not from physical activity): 82%
All Undergraduate Students Surveyed

Overwhelming anxiety: 59%

So depressed it was difficult to function: 75%

ACHA-NCHA II Undergraduate Student Reference Group (2017)
All Undergraduate Students Surveyed

86% overwhelmed by all had to do

Overwhelmed by all they had to do

Male: 76.1
Female: 90.5
Total: 86

ACHA-NCHA II Undergraduate Student Reference Group (2017)
Now let’s move from the total population of undergraduates to the SUBPOPULATION of students who seek counseling in college student health clinics.

All undergraduate students → Undergraduate students who sought help.

Notice disproportionality...
# Gender (Higher proportion of women and transgender students)

<table>
<thead>
<tr>
<th>Percent of students served (NA453-NA462)</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male - Percent of your centers clients?</td>
<td>32.58</td>
</tr>
<tr>
<td>Male - Percent of your Student Body?</td>
<td>43.41</td>
</tr>
<tr>
<td>Female - Percent of your centers clients?</td>
<td>66.19</td>
</tr>
<tr>
<td>Female - Percent of your Student Body?</td>
<td>56.30</td>
</tr>
<tr>
<td>Transgender - Percent of your centers clients?</td>
<td>.36</td>
</tr>
<tr>
<td>Transgender - Percent of your Student Body?</td>
<td>.17</td>
</tr>
</tbody>
</table>
**Race** *(white students slightly overrepresented)*

<table>
<thead>
<tr>
<th>Percent of students served (NA425-NA450)</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African-American - Percent of your centers clients?</td>
<td>10.65</td>
</tr>
<tr>
<td>Black/African-American - Percent of your Student Body?</td>
<td>11.49</td>
</tr>
<tr>
<td>American Indian/Native American - Percent of your centers clients?</td>
<td>0.82</td>
</tr>
<tr>
<td>American Indian/Native American - Percent of your Student Body?</td>
<td>1.02</td>
</tr>
<tr>
<td>Asian/Asian American - Percent of your centers clients?</td>
<td>5.38</td>
</tr>
<tr>
<td>Asian/Asian American - Percent of your Student Body?</td>
<td>6.25</td>
</tr>
<tr>
<td>Latino/Latina - Percent of your centers clients?</td>
<td>8.34</td>
</tr>
<tr>
<td>Latino/Latina - Percent of your Student Body?</td>
<td>9.80</td>
</tr>
<tr>
<td>White - Percent of your centers clients?</td>
<td>68.57</td>
</tr>
<tr>
<td>White - Percent of your Student Body?</td>
<td>66.33</td>
</tr>
<tr>
<td>Multiracial - Percent of your centers clients?</td>
<td>3.88</td>
</tr>
<tr>
<td>Multiracial - Percent of your Student Body?</td>
<td>2.97</td>
</tr>
<tr>
<td>Other Race/Ethnicity - Percent of your centers clients?</td>
<td>3.31</td>
</tr>
<tr>
<td>Other Race/Ethnicity - Percent of your Student Body?</td>
<td>3.96</td>
</tr>
</tbody>
</table>
### Sexual Orientation

(Higher Bisexual & hetero could be due to LGBTQIA+ language/identity issues)

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay - Percent of your centers clients?</td>
<td>3.91</td>
</tr>
<tr>
<td>Gay - Percent of your Student Body?</td>
<td>6.74</td>
</tr>
<tr>
<td>Lesbian - Percent of your centers clients?</td>
<td>3.01</td>
</tr>
<tr>
<td>Lesbian - Percent of your Student Body?</td>
<td>5.42</td>
</tr>
<tr>
<td>Bisexual - Percent of your centers clients?</td>
<td>3.59</td>
</tr>
<tr>
<td>Bisexual - Percent of your Student Body?</td>
<td>3.17</td>
</tr>
<tr>
<td>Heterosexual - Percent of your centers clients?</td>
<td>86.79</td>
</tr>
<tr>
<td>Heterosexual - Percent of your Student Body?</td>
<td>84.22</td>
</tr>
</tbody>
</table>

AUCCCD Annual Survey and Report Overview (2012)
### Percent of students served (NA481-NA482)

<table>
<thead>
<tr>
<th>Service</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosed Disability - Percent of your centers clients?</td>
<td>11.17</td>
</tr>
<tr>
<td>Diagnosed Disability - Percent of your Student Body?</td>
<td>9.61</td>
</tr>
</tbody>
</table>

### Percent of students served (NA485-NA494)

<table>
<thead>
<tr>
<th>Service</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>International Student - Percent of your centers clients?</td>
<td>5.04</td>
</tr>
<tr>
<td>International Student - Percent of your Student Body?</td>
<td>6.44</td>
</tr>
<tr>
<td>Student Athlete - Percent of your centers clients?</td>
<td>9.42</td>
</tr>
<tr>
<td>Student Athlete - Percent of your Student Body?</td>
<td>18.48</td>
</tr>
<tr>
<td>Greek Affiliated - Percent of your centers clients?</td>
<td>9.93</td>
</tr>
<tr>
<td>Greek Affiliated - Percent of your Student Body?</td>
<td>15.19</td>
</tr>
</tbody>
</table>
MADI’S STORY: EX-BOYFRIEND (PERSONAL LIFE)

Main Points

● High Achiever
● Ex BF
  ○ Nervous Breakdown
  ○ Stalker
● Anne’s Help
  ○ Journals
  ○ Created Connections
● Chapman Program Coordinator

Take-aways

1. Outside event can impact school performance
2. Alcohol plays a role
3. Important for students to open up to teachers

If student opens up but professor isn’t open, find another professor
Anne’s Story: Chapman University

Educator: Over 30 years, preK-adult
Advocacy: Every level of education; DMH; Regional Center; some court & medical
Student: PhD Program; Researcher
Emphasis: Cultural and Curricular Program Minor in Disability Studies
Research and community commitment

Began as adjunct faculty at Chapman University

Class looks at the intersection of
→ Education
→ Marginalized populations
→ Development through the lifespan
→ Transition process (especially for individuals who are experiencing difficulties in their lives)

Integrated Educational Studies Program preparing upper division students interested in classroom and community education
Center For Collegiate Mental Health


- Depression
- Generalized Anxiety
- Social Anxiety
- Academic Distress
- Eating Concerns
- Hostility
- Substance Use
- Family Distress

CCMH Annual Report (2016)
My training as an adjunct

**Training 1:**
No mention of student stress

**Training 2:**
Presentation of Student Concern Intervention Team at Chapman University

- Question about computer use
- In class
- Questions about confidentiality and student buy in

**Training 3:**
No mention of student stress
My teaching experience as an adjunct

- Coincided with graph (social anxiety, depression)
- Honored disability statements with emails to students and testing center (reaction)
- Layered in differentiation strategies to benefit all students (UDL)
  - Attendance policy
  - Extra credit
  - Paper rewrites
  - Oral reports in office hours
  - Paper around area of interest
Advocacy tips (From the trenches of teaching)

- Even with excessive amounts of explanation, some students still need extra help—if student has attention issue, use technology only to help (snapshots, reminders)
- Students who are very vocal in some respects lack “voice” when it comes to self-advocacy
- If professor is not differentiating, the student could ask (and use this word “differentiate” the curriculum) so that it is more accessible for the student
- Look for small signs, not necessarily the large signs
- Know that professors are not well-versed in this area
Madi’s story: Research Paper (Academic Life)

Main Points

- Unpassionate
- Encouragement
  - Student-teacher collaboration
- Took the time
- How we ended up doing this presentation

Take-aways

1. Finding points of personal engagement
2. Take teachers advice
3. Spend the time
   a. Avoid procrastination
   b. Utilize office hours
   c. Using tutoring & writing center
ANNE’S STORY: OTHER FACULTY EXPERIENCES IN 3 ACTS

ACT 1:
Who is asking questions?
DisAbility Summit (May 2017): Parent and faculty responses

ACT 2:
What might future faculty think?
Student in current PhD program in Education

ACT 3:
Is it the job of faculty to respond to students’ emotional needs?

- Faculty are working on three areas, with a shift moving toward community engagement: teaching, research/writing, & service/community engagement.
- Faculty at the college level are subject experts (PhD or Masters)
  - Most likely do not have a K-12 credential
  - Guide to Campus Mental Health Action Planning: 36 pages; campus has tips except professors!!

Sandmann, Saltmarsh, & O’Meara (2008); Austin (2002); JED Foundation Campus MHAP (2011)
Joint Taskforce on Student Mental Health

Professor Sue Wick at University of Minnesota:

★ Biology Professor who has noticed the uptick in demand for student mental health services.
★ Looks actively for signs of distress in her students
  ○ Hair brushed, tardy, tired
★ She understands that professors have daily contact with students
  ○ “We are first contact.”

Her advocacy strategies for professors:
❖ Offer different assignment choices
❖ Allow for students to drop an assignment
❖ Push back exam if scheduled on same day as other classes
❖ Acknowledge that students are facing stress and remind them to self-care
❖ Encourage them to reach out to you and to resources
❖ Move deadlines from midnight to earlier in evening so students will sleep
❖ University-offered training for professors and staff to identify signs of mental illness

“A 2014 American freshman survey from the Higher Education Research Institute at UCLA found that the emotional health of incoming freshmen was at its lowest point in at least three decades.”

Hansen (2017)
Professors watching for signs of stress in the student population

**RESPONSE 1:**
"Roughly one in three students at the school report having had a mental illness diagnosis."

Not surprising since the liberal left hijacked higher education. Newflash: college is SUPPOSED to be stressful. The workload is astronomical and leaves you close to the breaking point if things are done right (and if you have to work because your mommy and daddy do not pay for your college). This is what prepares students for...the world of WORK.

**RESPONSE 2:**
Maybe, just maybe, they weren’t cut out for college

**RESPONSE 3:**
Life itself is stressful. Turning college into a "safe space" to protect the little ones from stress is going to do nothing to help them in real life and will only hurt them in the long run.

Hansen (2017)
Professors watching for signs of stress in the student population

RESPONSE 4:

I'm all about mental health research etc. but is this for real. I'm 39 so not that old and man it was different when I was in college. We all worked/went to class and partied. It was great. As an owner of a construction company I see first hand how the codling of the younger generations is not good. Not all but most of my employees under 30 need to have their hand held and need constant praise. None of the gen x ers seem to have this problem. At least that's what I see out on the street.

RESPONSE 5:

A couple of thoughts. I worked my way through college -minimum 30 hours a week beyond the classroom and homework. Lots of people did this back in the day - this wasn't the exception. Stressful? Yup. It prepared me for work. But I lived through it...You can't protect your kids forever. Their lives will happen. Stress is a part of life. Yes there are illnesses of anxiety and depression - they should be addressed. But it also seems these can at times be 'cop outs' for people who actually can work their way through things and persevere but who simply choose not to.

Hansen (2017)
Main Points

- Campaign
- Identity misrepresented
- Reached out -> denied
- Contacted faculty advisor
- Required proofs

Take-aways

1. Empower yourself
2. Protect your identity and how it is portrayed
3. Reach out to higher ups if the initial individual does not help
Anne’s Story: complexity of Intersectionality

If professors are not considering student stress and anxiety, they are really challenged to layer on issues of diversity

| Race: Black women activists (trauma; weeks of missed class); ‘grit’ without social context is irresponsible (Howard); “College campuses haven’t shielded students of color from the effects of societal racism—and at times they have exacerbated it” (Green, 2016, p. 4). |
| Sexual orientation: Anti-gay bias on campus (Chonody et al, 2006); trans suicide attempt rates at 41% (Williams Institute, 2014) |
| Gender: Men find depression difficult to discuss; socialized not to discuss feelings and genderized expression of “masculinity” is strength, as opposed to vulnerability (Beharry & Ogrodniczuk, 2017) |
| Disabilities and anxiety/depression: “Faculty perceptions” are actually cited as the greatest barrier to meeting their needs in college (Hong, 2015) -- expanded on next slide |

Green (2016); Beharry & Ogrodniczuk (2017); Hong (2015); Williams Institute (2014)
The problem is that students with disabilities often lack the academic, personal, and social skills needed to integrate themselves into higher education (Brinkerhoff, McGuire, & Shaw, 2002).

They are
- less likely to communicate their needs (lack self-advocacy);
- less likely to evaluate their own performance (lack self-regulation);
- less likely to develop a sense of empowerment (lack locus of control); and
- less likely to be aware of their own strengths, interests and limitations (lack self-knowledge); (Hong et al., 2007; Wehmeyer, 1996).

This lack of self-determination often results in passive integration into higher education, which leads to social awkwardness, academic challenges, and psychological stress as they struggle their way to assimilate into a new environment (Frieden, 2004; Hong et al., 2007; Rosenbaum, 2004).
Main Points

● Teacher in disability department
  ○ Chapman policy (20%)
  ○ Unrecognized Jewish holiday
● Other experiences
  ○ Absences
  ○ School vs. community emphasis

Take-aways

1. Speak up when you think something is wrong
2. Read the syllabus
3. Find solutions
Final thoughts

- Social anxiety and stress symptoms are more mild and, therefore, do not get as much attention on campus.
- These symptoms are on the rise, propelling an increase in student campus mental health visits.
- These symptoms can be just as devastating to students as more ‘serious’ conditions.
- Do not expect professors to be as aware of these issues as K-12 teachers or staff on K-12 campuses.
- Begin to teach your students self-advocacy skills now.
Final thoughts

Student Advocacy
- Be aware of how you are feeling and do not take stress lightly
- Find ways to release stress (hobbies, exercise, outside activities)
- Be open with your teachers and express your concerns
- Stay engaged in school and the community.
- Take your teachers advice (they USUALLY know what they are doing)
- Speak up if you think something is wrong
- Express your concerns and if they are ignored, reach out to higher ups
- Spend the extra time; avoid procrastination
- Go to office hours, utilize resources available to you
- Protect your identity and how it is portrayed
- Find solutions.
- Do not expect everything to be handed to you; make the effort to get what you need

Professor Advocacy
- Honor dis/ability statements
- Learn about campus resources
- Foreground mental health/stress/anxiety issues
- Understand the intake process
- Use UDL
- Recognize intersectionality
- Know the names of all students (and stories, if possible)

Professional/Parent Advocacy
- Match institution to student
- Make sure institution has robust student mental health clinic
- Help student understand intake process
- Download academic calendar for entrainment
- Role-play the discussion with the “professor” before the student has the advocacy discussion
- If needed, go over the syllabus with the student (front load support)
- Seriously consider “lesser” symptoms
Module

Student concern intervention team (SCIT) at Chapman--(Slides 36, 37, 38)

What facility looks like what do campuses counseling centers look like? (Slide 39)

Walking student through intake on any college campus (Slide 40-41)
# Chapman Student Concern Informational Report

**Report Type (Check all that apply)**

- High rate or sudden absenteeism from class (more than 3 absences)
- Missing assignments or tests
- Poor academic performance or sudden decline in performance
- Extreme rudeness towards other students, faculty, or staff
- Inappropriate humor and/or sarcasm
- Classroom disruption
- Resistance and overreaction to changes in policy and procedures
- Writings that convey intent to harm self or others
- On-going substance abuse or overdose (including possible alcohol poisoning)
- Suicidality – attempts, threats, or gestures
- Withdrawal from friends and social contacts/isolation
- Excessive crying, feeling overwhelmed, or significant emotional distress
- Poor hygiene
- Traumatic event or loss
- Hazing
- Relationship/domestic/intimate partner violence
- Sexual harassment, sexual assault, or other types of sexual misconduct
- Stalking
- Bias incidents/acts motivated by hate or discrimination
- Self-injury or self-harm
- Eating disorders
- Illness
- Student conduct/discipline violations
- Violence or verbal and/or written threats of violence *(including those made online or through social networking sites, texts, messages, emails, etc.)*
- Interest in or acquisition of weapons
- Outbursts of anger or uncontrolled anger
- Use of abusive language/ aggressive statements
- Irrational or incoherent behavior
- Other
Chapman Student Concern Informational Report

What are your concerns as regards this student and his/her behaviors?

Additional dates or incidents you believe are relevant to this situation.

Has anyone else tried to address this situation? If so who and what method did they employ to address it?

Please describe your level of concern *(if your concern is severe or extreme, please contact Public Safety immediately at 714-997-6763 or 911 if appropriate).*

- Mild
- Moderate
- Elevated
- Severe
- Extreme

Have you referred this student to any campus resources? Please check all that apply.

- Academic Advising
- Faculty/Department Chair
- Dean of Students Office
- Public Safety
- Student Psychological Counseling
- Residence Life and First Year Experience
- Disability Services
- Peer and Health Education and Sexual Assault Advocate
- Other

If Other selected, please describe:

Submit
19% of directors report availability of psychiatric services on campus as inadequate

32% of centers have a waitlist during some point of year (p. 4)
The average percent of students seeking counseling services is 9-12% at small colleges and 6-7% at larger colleges/universities.
What is happening to other % of students?

Approximately 9% of counseling center students were referred out to community providers for continued mental health treatment. (if they are supporting student (especially with disability) strong suggestion to be referral list in area at least network with agency to locate community services)

Utilization of counseling centers by diverse groups is generally proportionate to the general student body. The significant deviation from this was with male students, only making up 34% of clients but 44% of the student body. (p. 5)
**Take Aways**

**COMMON SIGNS OF A MENTAL HEALTH CONDITION**

Mental health conditions have 10 common warning signs that should be taken seriously. If you or someone you know experiences one or more of these signs, you should talk with trusted family, peers or mentors and seek assistance.

1. Feeling very sad or withdrawn for more than two weeks
2. Severe, out-of-control risk-taking behaviors
3. Sudden overwhelming fear for no reason
4. Not eating, throwing up or using laxatives to lose weight
5. Seeing, hearing or believing things that are not real
6. Repeatedly and excessively using drugs or alcohol
7. Drastic changes in mood, behavior, personality or sleeping habits
8. Extreme difficulty in concentrating or staying still
9. Intense worries or fears that get in the way of daily activities
10. Trying to harm oneself or planning to do so

**STRESSORS THAT MAY AFFECT MENTAL HEALTH**

- Relationship breakups
- Academic pressures
- Poor grades
- Financial stress
- Social status pressures
- Feeling alone or homesick
- Feeling marginalized, misunderstood or like you don't fit in
- Concern or worry about your family members at home
- Loss of day-to-day family or community support
- Drug and alcohol use
- Inadequate sleep
- Feeling overwhelmed
- Grief
- Gender and sexuality questioning
- Friendship challenges
- Sports team losses
- Unmet expectations
**Take Aways**

**Office for Students with Disabilities**

If you do not find information about mental health care on campus or your college does not offer mental health services, contact your school's health center if one exists or the disability services office for assistance. Your school may partner with a community mental health center where they will refer you. You may also seek guidance on resources from your academic advisor.

Once you have explored mental health services that are available, put mental health center and emergency service contacts into your phone.

In addition to mental health services, your college may have additional resources, such as trained peer support specialists or peer education services, clubs focused on mental health (such as NAMI on Campus and Active Minds) and spaces for open dialogue about mental health.

**Mental Health Care on Campus**

Whether you currently use mental health services, begin to experience distress or develop a mental health condition or never need mental health care, you should know how to access mental health care on campus.

Many people with mental health conditions attend and are finding success in college and many colleges are working to accommodate and support students with mental health needs. Most—but not all—colleges have a counseling center or health clinic on campus. A counseling center or health clinic can help by talking with you or by linking you to other campus or community-based resources.

Here are things to check out online or in-person before or soon after you arrive on campus:

- Where are mental health services provided?
- How do you make an appointment for mental health care?
- Are drop-in services available?
- How do you access mental health services after hours or in an emergency?
- What mental health services and programs are available?
- Are there any fees for mental health services and supports?
- Are there limits on the type or amount of services available and if so, will your school link you with care in the community?