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First-Aid Kit for College Mental Health

Skyler Walker

Abstract: In the United States, people are experiencing mental illnesses at an incredibly high rate, especially the college population. With more students being clinically diagnosed with depression and anxiety disorders, and with suicide being the second leading cause of death among college students, it is imperative that colleges take action to combat these diseases. This article addresses why implementing Mental Health First Aid programs in college orientations nationwide is critical and how it would help reduce the United States' mental health crisis.

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The United States' mental health crisis affects young adults at an alarmingly high rate. According to the National Alliance on Mental Illness, one in five American adults —about 43.4 million people— live with a mental health condition every year.¹ It is estimated that by age 24, three-quarters of chronic mental illnesses begin.² The typical college population consists of young adults aged 18 to 24 who are very susceptible to mental health changes that could impact the rest of their lives. Fortunately, there is one national program that could positively influence college communities and create a foundation for widespread change: Mental Health First Aid (MHFA). Implementing MHFA on college campuses nationwide would equip students with the necessary tools to recognize warning signs, offer valuable assistance to peers, combat stigmas, and reduce the detrimental effects of mental illnesses.

Any condition that affects a person's mood, thinking, or feelings is considered a mental illness.³ This includes depression, anxiety, bipolar disorder, schizophrenia, thoughts of suicide, and attention deficit hyperactivity disorder (ADHD), along with many other conditions. These conditions range from initial thoughts to serious life-altering impairments. Most of these conditions lead to social withdrawal, behavioral changes, and an inability to cope with regular routines.⁴ A combination of several warning signs indicates the onset of a mental illness, most notably prolonged sadness and irritability, drastic changes in sleeping and eating patterns, and extreme fears and anxieties.⁴ These are signs a college roommate or best friend would most likely notice before a healthcare professional, a professor, or a parent who is often miles away from his/her child throughout college. Additionally, the first line of contact for students experiencing a mental health problem is often a peer, so emphasizing peer conversations and support is critical (S. Hines, Psy.D, oral communication, September 2016).

Most college students struggle to give the support and assistance their friends need while battling a mental illness. These insecurities stem from a lack of understanding, insufficient training, and the stigma surrounding mental health disorders. Students often use consultation services to seek help for others

(S. Hines, PsyD, oral communication, September 2016). In 2008, 10.2 percent of surveyed Americans ages 18 to 24 from 16 states struggled with depression, and 13 percent of the same population battled anxiety disorders.⁵ Depressive symptoms and anxiety sensitivity are prevalent among college students, and are positively linked to suicidal thoughts.⁶ Suicide is the tenth leading cause of death in the United States, and the second leading cause among college students.⁷ It is time all college students have the knowledge and training they need to help save their friends' lives from the detrimental effects of mental illnesses. Mandating the implementation of MHFA, or a similar program, in first year college students' orientation would help to combat this national health crisis.

MHFA was created in Australia in 2000, and has since been adopted and adjusted by several countries, including the United States in 2008. The program seeks to educate participants about risk factors, warning signs, strategies for handling crisis and non-crisis situations, as well as where to find additional resources for help.⁸ The topics covered in the course include depression, mood disorders, anxiety disorders, trauma, psychosis, and substance use disorders. The MHFA Action Plan consists of five steps participants are trained to utilize upon encountering someone experiencing the warning signs of a mental illness. Participants are instructed on how to assess for risk of suicide or self-harm, listen without judgment, provide reassurance and information, encourage appropriate professional help, and encourage self-help along with other support strategies.⁸ The eight-hour course offers all the necessary training and resources college students need to handle a mental health crisis with their peers, and provides opportunities to practice what they are taught in order to feel more confident in real-life situations.

As mental illnesses become more prevalent each year, the need for MHFA programs in college communities increases. According to the 2014 National Survey of College Counseling Centers, 94% of college counseling directors reported a greater number of college students with severe psychological conditions on campus than in the previous five years.⁹ An increase in students with anxiety disorders was reported by 89% of directors

and 58% reported an increase in clinical depression cases. To address these issues, college counseling centers increased the number of staff counselors as well as psychiatric counseling hours, expanded referral networks, and spent more time training their staff.⁹ However, mental illnesses in the college community will not be eradicated by simply increasing professional training and services since many students feel uncomfortable disclosing their mental illness. In 2012, 50% of students experiencing a mental health condition surveyed by the National Alliance on Mental Illness did not disclose their diagnosis to school professionals.¹⁰ A prominent reason for not disclosing was fear of negative perceptions of faculty, students, and staff.¹⁰ The stigmas surrounding mental illness prevent students from seeking the medical attention they need. A proactive way to combat stigmas is to educate college students about mental illnesses and train them to respond to students experiencing crises in helpful and nonjudgmental ways.

Students living with mental illnesses have identified the need for more support and understanding from their friends and other students. Peer-to-peer support and mentoring, mental health information during orientation, and student organizations or peer-run groups rated as extremely important mental health awareness programs by 61% of surveyed college students experiencing mental illnesses.¹⁰ Group psychotherapy is extremely important for recovery (S. Hines, Psy.D, oral communication, September 2016). MHFA would be a valuable orientation program that could address these students' needs for support while erasing mental health stigmas and training individuals to help their peers through difficult mental health crises. However, these peer programs are severely limited at colleges in the United States. According to The Association for University and College Counseling Center Directors' Annual Survey in 2015, of the 518 counseling center directors who participated, 56.2% reported having a student mental health organization on campus, 30% disclosed having trained peer counselors on campus, 20.2% of directors reported their counseling center involved students in strategic planning, and 73.1% mentioned they utilize students in outreach strategy.¹¹ One way to improve mental health in college communities nationwide is to include more students in peer counseling and outreach programs such as MHFA.

So, why implement MHFA in college orientation programs? The college community is extremely susceptible to mental illnesses, students have demonstrated the need for peer support, and the program is internationally successful. Studies conducted in Australia, where MHFA originated, show that trained individuals are more knowledgeable about risk factors, signs, and symptoms of mental illnesses, are better able to identify appropriate resources, and are more confident and likely to help others. They also show an improvement in their own mental wellness.¹² MHFA-USA is listed in the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices, and "the program reduces the social distance created by negative attitudes and perceptions of individuals with mental illnesses."¹² A report that

summarized feedback from twenty individuals who graduated from a MHFA program cited an increase in empathy, skills, tools, and new information gathered from the program as factors that led to improved confidence and feelings of responsibility to help others, along with reduced fear and stigma associated with mental illness among the graduates.¹³ Overall, this created an increased intention to help, and the interviewees recounted 35 instances where they used their training to help someone. Seven of those occasions involved a close friend and twelve impacted strangers,¹³ two categories of people college students would most likely be able to help, if given the proper training. The report concluded an overall improvement in mental health literacy.

The above results came from twenty people. Imagine the impact that could be made if all 20.5 million students estimated to be enrolled in colleges and universities nationwide in fall 2016 received MHFA training.¹⁴ The National Council for Behavioral Health has a vision of training one million Mental Health First Aiders in the U.S.¹⁵ Why should that vision be limited to one million trainees when there are 20.5 million college students with an increased susceptibility to developing a mental illness and an equal ability to help their peers combat a mental illness if given the proper training?

Americans' tend to lack empathy for people experiencing mental illnesses, which is a major setback in the fight for a more mentally healthy society. Equally drastic is Americans' lack of personal emotional hygiene. Guy Winch, a psychologist, author, and TED speaker, advocates closing the gap between physical and emotional health.¹⁶ He calls it emotional hygiene: paying attention to failure, rejection, and loneliness as much as one pays attention to a physical injury. Studies show that chronic loneliness is just as significant of a risk as cigarette smoking for developing a long-term illness.¹⁶ So why is one not taught how to maintain psychological health and build emotional resiliency? Emotional hygiene is a critical part of mental health, and MHFA programs have been proven to help individuals assess their personal mental wellness.¹² MHFA could lessen the severity of mental illnesses by stressing the importance of emotional self-care and early diagnosis, in addition to peer intervention.

Many current orientation programs show the impact education has on changing campus culture and increasing students' understanding of what it means to be an active bystander. The purpose of these programs is to engage the entire campus community in talking about these problems in order to create an environment where students feel comfortable sharing their own experiences (S. Hines, Psy.D, oral communication, September 2016). For example, Red Cup Culture at Butler University informs new students about the perceived pressures related to alcohol consumption, and is making strides in improving alcohol misuse on campus. Over 80% of participants have reported a better understanding of the consequences of high risk drinking, and 89% of students reported they knew the signs of alcohol poisoning after attending a Red Cup Culture session (S. Diaz, written communication, September 2016). Another example,

Think About It, is a mandatory online educational experience for all incoming students at Butler University that highlights healthy relationships, alcohol and drug education, and contains a small portion about mental health. Built-in assessments showed an increase in understanding of these topics after completion of the program, and highlighted target areas where further outreach is necessary (S. Diaz, oral communication, September 2016). These outreach efforts could be extended to cover more mental health issues and still be expected to produce similar results.

Programs such as these help to bridge the gap between stigma and understanding, a phenomenon that needs to expand to mental illnesses if students are going to feel comfortable disclosing their mental health conditions to their peers and college healthcare professionals. A study of 168 undergraduate students aged 17 to 22 at a small liberal arts college in the Northeast assessed social tolerance, perceived dangerousness, empathy, and the ability to label mental illnesses in the attempt to test intolerance for people with mental health disorders.¹⁷ Results showed that empathy increased tolerance, which improved one's ability to label behavior as relatable to a mental illness.¹⁶ Accurately identifying behavior characteristic of mental illness may be a precursor to encouraging those affected to seek professional help and receive social support, as long as the perception does not involve negative stereotyping from their peers.¹⁷

A percentage of the increase in students seeking professional counseling services is most likely due to the gradual reduction of stigmas, which allows students to feel safe using these services (S. Hines, Psy.D, oral communication, September 2016). Seeking professional help is key, as early intervention is a major factor in recovery. MHFA combats stigmas by providing recognition, tolerance, and empathy training. The general consensus of the interviewees was: [We] began to be able to not look at that person as an illness, but as a human being who...should be treated with compassion and respect...that's one of the key things of Mental Health First Aid."¹³

As of 2013, 22 of 31 participating states specified MHFA in a legislative bill, but not a single one reported its target audience as students.¹⁸ That is a major portion of Americans that are currently excluded from mental health training, even though their impact could be exceptional. The Mental Health First Aid Act of 2016 (S. 711/H.R. 1877) would authorize \$20 million of grants to fund programs around the country¹⁹ if passed by the House and the Senate, and signed by the President. The target audiences include law enforcement officers, primary healthcare providers, school educators and administrators, and some students, but if there was a larger focus on students, the impact could be more substantial.

In order to realistically incorporate MHFA into college orientations, some adjustments should be made to fit the needs of the University. A MHFA program could be adapted from the current eight-hour course to a shorter time period to better fit

orientation schedules, or broken into multiple sessions throughout the first few weeks. A pre-program survey should be collected from all participating students to assess their current understanding of mental illnesses and available resources. MHFA instructors and campus counselors could lead the program in various groups, allowing students to practice what they have learned throughout instruction. Videos could aid demonstrations of the MHFA five step action plan so that students could visualize what they have been taught. Sending periodical surveys to assess students' understanding and use of the training would be beneficial for further adaptations to the program. Implementing MHFA programs in college orientations would require a trial and error process like many other orientation programs, but the successes of MHFA have been well-documented, and the drastic need for mental health awareness in the college community overrides the start-up costs.

It is imperative students feel confident that they can handle high-pressure crisis situations with their peers that they are inevitably going to encounter at some point in their college years or careers. College counseling services can use peer counseling, student mental health organizations, and outreach programs to destigmatize mental illnesses and support students battling these conditions by creating a safe environment for students to address their problems. Students can reduce their susceptibility to mental illnesses by practicing emotional hygiene and seeking help as soon as they recognize warning signs. MHFA implementation can train students to respond to mental health crises in a positive and resourceful manner. Together, college administrators, healthcare professionals, and students have the power to drastically reduce the United States' mental health tragedy. It's time for college students to join the mental health movement.

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