CAMPUS MENTAL HEALTH AND VIOLENCE

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MENTAL HEALTH DISTRESS & VIOLENCE ON COLLEGE CAMPUSES

- Students who have diagnosable mental health disorders are more likely to engage in violent behavior (Schwartz, Beaver, & Barnes, 2015). Other pre-conditions include:
  - Thinking disturbances
  - States of mind, such as hostility, suspiciousness
  - Reduced social functioning
  - Emotional dysregulation; irritability, restlessness and agitation
  - Symptoms of schizophrenia (Bliton et al., 2015; Sands, Elsom, Gerdtz, & Khaw, 2012).

- The perpetrators of the Florida State University and Virginia Tech University shootings had long and documented histories of mental health distress.

- Approximately 40% of violent crimes and 66% of intimate partner violence are alcohol related (Carr, 2007; Scribner et al., 2010)

STUDENT MENTAL HEALTH ON COLLEGE CAMPUSES

- Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices.

- Mental health *distress* varies among individuals and is not necessarily an illness (Peak & Mussings, 2016).

- College student mental health problems are becoming more common (Allen & Lengfellner, 2016; Ketchen Lipson et al., 2015)

- Students with long-term psychological issues have the potential to do poorly in school and cause disruption within the educational community.

MENTAL HEALTH CONDITIONS AT WKU

2014 NATIONAL COLLEGE HEALTH ASSESSMENT II OF WKU STUDENTS (RESEARCH THROUGH WELL U)

Within the last 12 months . . .	Males	Females
Anxiety	4.5%	11.2%
ADHD	5.1%	5.5%
Bipolar Disorder	0.8%	1.7%
Depression	3.1%	7.7%
Insomnia	1.7%	2%
Panic attacks	1.4%	6.8%
Schizophrenia	0.6%	0.2%
Substance abuse or addiction	0.3%	0.7%

MENTAL HEALTH CONCERNS ON COLLEGE CAMPUSES: PREVALENCE & STATISTICS

- Approximately 1/3 of undergraduates exhibit symptoms of a mental health problem (depression, suicidality, anxiety) (Eisenberg, Hunt, & Speer, 2012; Ketchen Lipson et al., 2015).

- One study of college students indicated that 20% reported seriously considering suicide (Bryan & Bryan, 2016).

- Suicide is the 3rd leading cause of death among college students (Bauer, Chesin, & Jeglic, 2013).

- Twice as many students whom identify as sexual minorities attempt suicide (Wolff, Himes, Soares, & Miller Kwon, 2016).

MENTAL HEALTH CONCERNS ON COLLEGE CAMPUSES: PREVALENCE & STATISTICS

- The majority of students (50 - 65%) in distress are **not** receiving mental health care or support (Ketchen Lipson, Speer, Brunwasser, Hahn, & Eisenberg, 2014).
  - Only half of the care provided through college counseling centers for depression was above adequate. (This is consistent among undergraduates, graduate-level and medical students.)

- One study found that 80% of college counseling center directors reported an increase in number of students seen who have "serious psychological problems" (Eisen et al., 2009, p. 455; Margolis & Shtull, 2012).

MENTAL HEALTH CONCERNS ON WKU'S CAMPUS

2014 NATIONAL COLLEGE HEALTH ASSESSMENT II OF WKU STUDENTS (RESEARCH THROUGH WELL U)

Any time within the last 12 months . . .	Males	Females
Felt things were hopeless	28.1%	45.8%
Felt overwhelmed by all you had to do	63.6%	85.8%
Felt very lonely	38.4%	54.9%
Felt very sad	41%	56.8%
Felt overwhelming anxiety	35.3%	52.3%
Felt so depressed that it was difficult to function	23.9%	29.4%
Felt overwhelming anger	34%	41.2%
Seriously considered suicide	8.1%	6.7%

STUDENT CRISES CAN AFFECT MANY PEOPLE AND DEPARTMENTS ACROSS A CAMPUS

- Student mental health is a campus-wide issue. For example, faculty, staff and students are all affected by student mental health and can be a part of the solution in addressing these issues.

- Each student crisis is different with different individuals involved in response and the time frame for eventual resolution.

- The ongoing work of staff and faculty is also significantly impacted by student crises. For some, addressing the student need may consume them for weeks in response to one case.

- Student crises in our learning communities also impact faculty's ability to provide productive and safe learning environments.

Parents/Family · Counseling Center Staff · Campus Police · Faculty · Roommate/Friends · STUDENT · Campus Physician · Judicial Affairs · Residential Life Staff
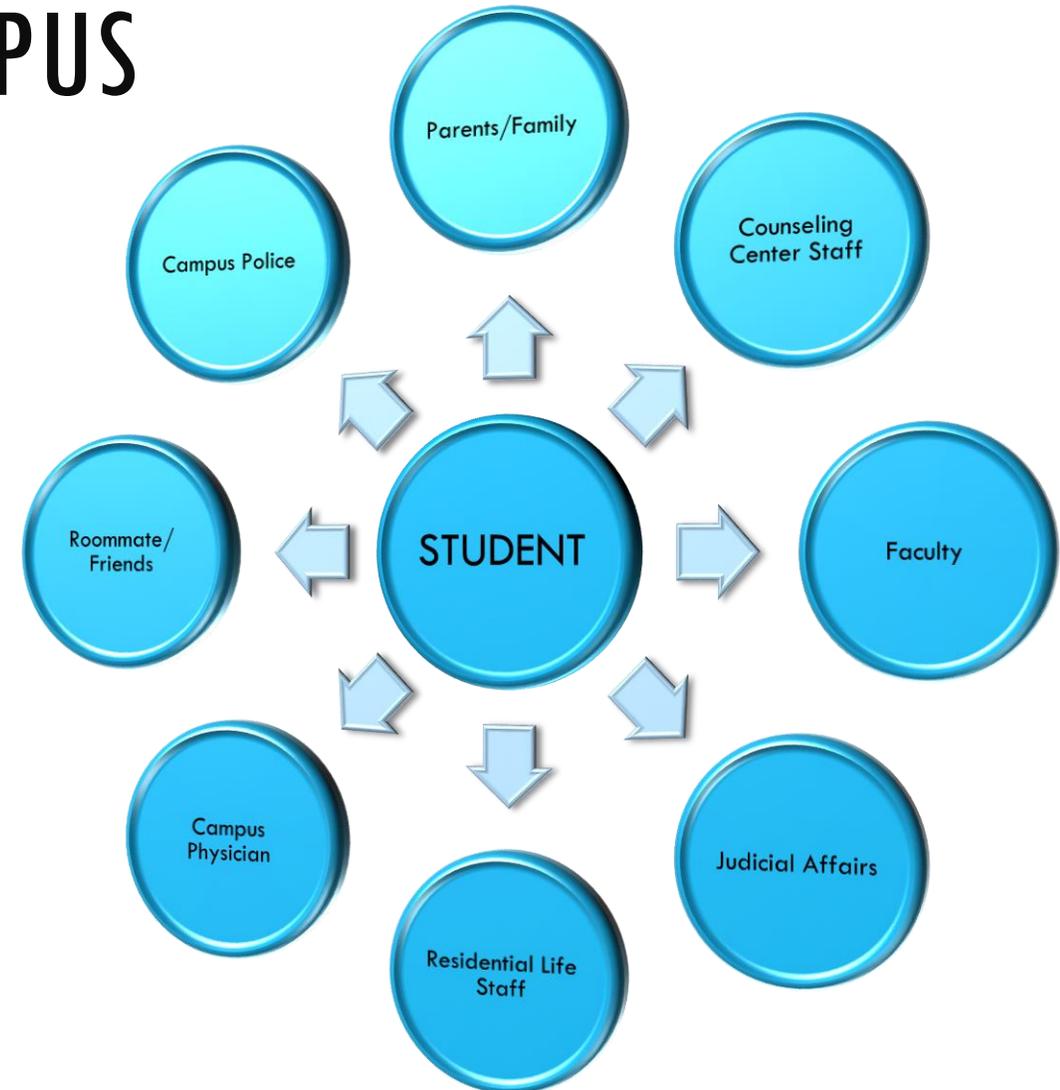
This chart represents the members of the campus community who typically respond to student crises.

AS YOU MAKE OBSERVATIONS, KEEP IN MIND THAT . . .

1. It's not the psychological issue/diagnosis itself that is significant but how such **issues may influence the students and their immediate community** (academic, residential, and social). If the behavior or performance is not a problem, the diagnosis or mental health history is irrelevant.

2. The Americans with Disabilities Act (ADA): You cannot make decisions or act in any way that shows bias toward or discriminate against someone with a mental health difficulty or history.

3. FERPA governs records only, not observations or data (Randazzo & Deisinger, 2012)

STUDENTS IN DISTRESS: WHAT YOU MAY OBSERVE

- **Emotional and Cognitive**
  - Feels very sad or is withdrawn for more than 2 weeks (can include regular crying, feeling fatigued and unmotivated)
  - Stress, anxiety and panic attacks
  - Variety in negative emotions (Thompson et al., 2015)
    - Irrational behavior, lack of judgment, irritability
  - Suicidal thoughts and hopelessness; threats to harm oneself
  - Homicidal thoughts

- **Addictive-like and Risk-taking Behaviors**
  - Problematic internet use (Moreno, Jelenchick, & Breland, 2015)
    - Facebook, smartphone (Koc, Gulyagci, 2013; Demirci, Akgonul, & Akpinar, 2015)
  - Excessive drinking
  - Gambling
  - Risk taking behaviors

STUDENTS IN DISTRESS: WHAT YOU MAY OBSERVE

- **Communication**
  - Odd behavior and speech patterns
  - Impaired speech or garbled and disjointed thoughts
  - Bizarre behavior, speech, writing, or thinking

- **Academic**
  - Decreased concentration, motivation and interest
  - Procrastination and poorly prepared work
  - Infrequent class attendance
  - Falling asleep in class

- **Social**
  - Isolation
  - Relationship Distress
  - Friends may report something

- **Physical**
  - Self-harm (i.e., cutting)
    - Long sleeves on a blistering hot day?
  - Poor personal hygiene
  - Lethargic looking
  - Weight gain/loss
  - Sleep gain/loss; insomnia

STUDENTS IN DISTRESS: WHAT YOU MAY OBSERVE

- **University Employee/Student Relationship Dynamics**
  - Neediness and Dependency
  - Lack of Boundaries
  - Excessive disclosure and/or problem-solving about personal issues and crises
  - Unreasonable requests
  - Excessive number of meetings
  - Difficulty ending meetings
  - Students showing up often
  - Spending much of their spare time visiting during office hours or at other times
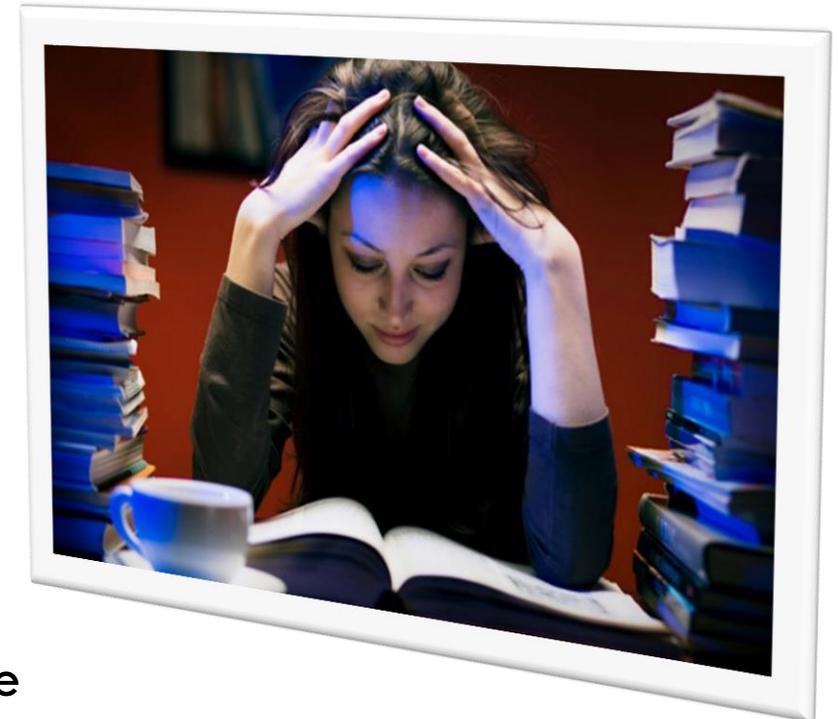
WHAT LEADS TO MENTAL HEALTH DISTRESS?

- Victimization of Violence
- Career indecision and pressure (Walker & Peterson, 2012)
- Academic pressures
- Finances
- Chronic Illness

- Family
  - Family distress
  - Homesickness
- Social
  - Peer Pressure
  - Problems with friends
  - Break-ups with intimate partners
- Addictions
  - Internet

WHAT LEADS THE COLLEGE STUDENT TO MENTAL HEALTH DISTRESS?

- Undergraduate Students
  - Coursework, exams, academic performance, life/work balance, psychosocial, family & personal relationships, finances, job outlook after graduation (Kleinpeter, Potts, & Bachmann, 2016; Peak & Mullings, 2016)
  - Insensitivity of faculty members

- Graduate Students
  - Balancing making an income with developing a professional record

- Doctoral Students
  - "If you are not suffering, then you are not working hard enough."

WHAT CAN YOU DO? COMMUNICATION WITH THE STUDENT

- Approach and talk with students in a supportive manner.

- Listen to the student's thoughts and feelings in a sensitive, nonthreatening way.

- Communicate understanding. Do not dismiss the seriousness of it.

- Use empathic reflection to let the other person know that you understand and care. This is often key to breaking through the sense of isolation that a student may feel. For example, **"It must have felt like the world crashed around you when she/he broke up with you . . ."**

- If you have initiated the contact, express your concern in behavioral, nonjudgmental terms. Use "I" statements. **"I noticed that you seem really withdrawn lately."**

WHEN COUNSELING MAY BE NEEDED

Crisis in Relationships:

- Recent significant loss or rejection.
- Loss or illness of a family member or close friend.
- Conflict with a roommate, friend, or family.
- Isolation.

Problems with Academic Performance:

- Test or public-speaking anxiety.
- Poor performance/feeling de-motivated (e.g., especially if this represents a change from prior level of functioning).
- Confusion over low performance.

Unusual Behavior or Marked Change in Behavior:

- Depression or marked anxiety.
- Changes in appearance, including weight and personal hygiene.
- Extreme mood changes or excessive, inappropriate display of emotion.
- Insomnia or excessive sleep.
- Hyperactivity, chronic irritability, or excessive anxiety.
- Sudden withdrawal from social contacts.
- Increased hopelessness or helplessness

Career/Educational Choices:

- Indecision about interests, abilities, or values.
- Poor performance in chosen field of study.
- Perception of a lack of alternatives or options when your career pathway seems stymied.

Substance Abuse:

- Excessive and/or increased use of alcohol or other drugs.
- Impaired daily functioning secondary to substance use (e.g., not attending classes/work).

Harmful Statements or Behaviors:

- Thinking of suicide or expressing statements of helplessness or hopelessness.
- Extreme risk-taking behavior.
- Persistent or prolonged unhappiness.

WHAT CAN YOU DO? MAKING A COUNSELING REFERRAL

- Know and express your own limitations. And maintain your boundaries. You are not expected to be a professional counselor. You serve an important role as a link to resources for the student.

- When a student agrees that counseling might be useful, there are several possible steps to take, depending on the student's attitude and the urgency of the situation:

  - Give the student information about counseling options and urge him or her to call for an appointment.

  - Invite the student to call the counseling center from your office or room right then.

  - Offer to accompany the student yourself to the counseling center.

  - Normalize help seeking by saying things like, **"That's what the Counseling Center is here for . . . They see a lot of students who are struggling with _____ . . . I've sent other students there, and they've had good results."**

MAKING A COUNSELING REFERRAL AT WKU

- Encourage the student to seek assistance through Counseling Services. Call with them or walk them over. **WKU Counseling and Testing Center** (M-F, 8 to 4:30 pm), Potter Hall, Room 409. 270-745-3159

  - Call Counseling Services immediately if you think the person is contemplating harming themselves or others and you are not sure what to do. Take all threats, hints, and notes seriously.

- In cases of immediate emergency please call **Campus Police.**

WHAT YOU CAN DO WHEN A STUDENT IS RELUCTANT TO SEEK COUNSELING

- Remind the student of the counseling center's policy of strict confidentiality.

- Remind him or her that services are available at minimal or no cost and that both male and female counselors are on hand.

- Point out that a situation does not have to reach crisis proportions for them to benefit from professional help.

- Acknowledge, validate, and discuss the student's real fears and concerns about seeking help.

- Emphasize that, although some people feel that seeking counseling is an admission of weakness or failure, it takes considerable courage and integrity to face oneself and acknowledge one's limitations.

- Offer to accompany the student to the counseling center or offer to assist them in setting up an appointment.

WHY DO STUDENTS **NOT** SEEK COUNSELING OR HELP?

- Stigma; self and public (Eisenberg et al., 2012)
  - Higher among African American and Asian students as compared to Caucasians.

- Trust in cultural competence of provider

- Fear of expulsion or forced hospitalization

- Negative impact on career and academic records (i.e., graduate and medical students)

- Perceived need of treatment is lower than reality

Q & A
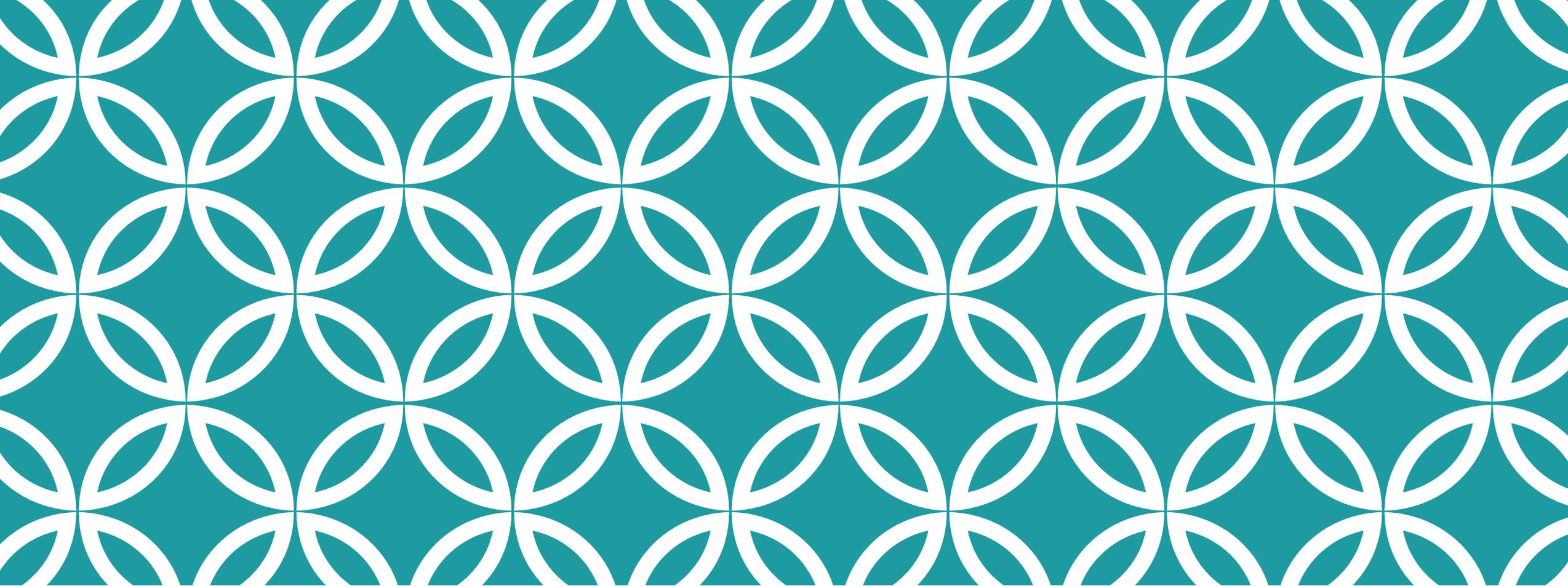
VIOLENCE ON COLLEGE CAMPUSES: A PREVIEW AND GUIDELINES

VIOLENT ACTS COMMITTED ON A COLLEGE CAMPUS

Northern Illinois University shooting: Former NIU student Steven Kazmierczak opened fire on a professor and students, killing five and wounding 21 before taking his own life.

Virginia Tech massacre: One of the most violent crimes in American history took place on the quiet campus of **Virginia Tech** one April morning in 2007. By the time VT senior Seung-Hui Cho turned the gun on himself, he had killed 32 people, 28 of whom he shot in the head, and injured 25 more.

Xin Yang murder (January 21, 2009): At Virginia Tech, graduate student Haiyang Zhu, while having coffee in a campus restaurant, suddenly attacked Yang, stabbing her multiple times and then decapitating her in front of horrified students.

Oikos University shooting (April 2, 2012): Former nursing student One Goh returned to a nursing class and told his former classmates, "get in line … I'm going to kill you all." He then fired indiscriminately around the room, killing seven people and injuring three.

Marissa Pagli (February 22, 2011): Stacy Pagli strangled her daughter Marissa to death in her on-campus apartment. Marissa was an 18-year-old student at Manhattanville College.

VIOLENCE AND MENTAL DISTRESS

- Remember . . .
  - Violence correlates with poor mental health.
  - Violence victimization correlates to depression, poor self-esteem, post traumatic stress disorder, suicide, and substance dependence (Vazquez, Torres, & Otero, 2012)
  - The presence of any psychiatric disorder is significantly associated with engaging in violent behavior (Schwartz, Beaver, & Barnes, 2015)
  - However, the overall prevalence of both mental health distress and violent behavior is similar among college students and non-college students.

TYPES OF VIOLENCE ON COLLEGE CAMPUSES

- Hazing

- Celebratory Violence

- Suicide, the second leading cause of death among college students

- Arson
  - 1,098 cases reported in 2002 (Carr, 2007)

- Aggravated Assault
  - Attempted or completed attack with or without a weapon resulting in seriously injuring someone (Carr, 2007)

- Hate crimes (towards gender, sexual orientation, race, or religion) & bullying (Schwartz et al., 2015)
  - Assault, threats, or property damage
  - About 10% of hate crimes in the US occur on college campuses (Van Dyke & Tester, 2014)

- Rape and intimate partner violence (IPV)
  - (1) lack of consent; (2) whether the act was completed or attempted; (3) type of force; (4) type of sexual activity (ranging from noncontact to penetration) (Bagwell-Gray, Messing, & Baldwin-White, 2015).

- Murder

- Attacks on Faculty or Staff

VIOLENCE ON COLLEGE CAMPUSES

- College women are more likely to experience violent/abusive behavior than men (Sutherland, Collins Fantasia, & Hutchinson, 2016).

- A study by Edwards et al. (2015) including 6,472 participants found that within 6 months, approximately:
  - 25% of students who identify as sexual minority status (SMS) were sexually assaulted;
  - 33% were physically assaulted by a dating partner;
  - more than 50% were targets of an unwanted pursuit.

- Intimate partner violence reaches its peak during college and includes physical, sexual, technological, verbal, and controlling abuse
  - Reported as occurring among 17-49% of college students (Bliton et al., 2015; Katz & Rich, 2015).

VIOLENCE ON COLLEGE CAMPUSES

- Most common acts of violence on campus include:
  - "Hitting someone so hard" that medical attention is needed
  - Physically injuring someone on purpose
  - Bullying (Schwartz et al., 2015).

- Around 30% of all mass shootings in the United States occur on school or college campuses (Peterson, Sackrison, & Polland, 2015).

- Most on-campus violence occurs between 6 am and 6 pm (Carr, 2007) and in the months of October and April (US Secret Service, 2010).

PATTERNS OF VIOLENCE ON COLLEGE CAMPUSES: 2010 REPORT FROM THE US SECRET SERVICE (1900S-2008)

- Victims of violent acts are typically between the ages of 25-29, with the second target assault age group between 22-24.

- Most campus violence occurs in residential buildings and in parking lots and on campus grounds. Very few perpetrators move from building to building.

- Most perpetrators of campus violence are either former or current students.

- Firearms are used most often, followed by knives and blades.

PATTERNS OF VIOLENCE ON COLLEGE CAMPUSES: 2010 REPORT FROM THE US SECRET SERVICE (1900'S-2008)

Factors related to violence, in the order of frequency:

- Related to intimate relationships
- Retaliation
- Obsessions with or refused advances from the target
- Responses to academic stress/failure
- Acquaintance/stranger-based sexual violence
- Psychotic actions
- Workplace dismissal/sanction
- Need to kill
- Draw attention to self/issue
- Bias-related

Violence statistics

Type of Violence	2005	2006	2007	2008	2009
Murder	11	8	45	16	18
Forcible Sex Offense	2722	2717	2738	2676	2605
Robbery	2053	1981	1966	1957	1871
Aggravated Assault	2906	3034	2784	2719	2631
Arson	1024	966	789	709	653
Injurious Hate Crime	33	53	36	37	127
Illegal Weapon Arrest	1450	1438	1432	1262	1183

Source: US Dept. of Education Office of Post-Secondary Education
Available at: www.ope.ed.gov/security/

VIOLENCE, ABUSIVE RELATIONSHIPS & PERSONAL SAFETY AT WKU
2014 NATIONAL COLLEGE HEALTH ASSESSMENT II OF WKU STUDENTS (RESEARCH THROUGH WELL U)

Within the last 12 months, reported experiencing . . .	Males	Females
A physical fight	18%	3.3%
A physical assault (not sexual)	6.2%	4.2%
A verbal threat	29.5%	17.2%
Sexual penetration without consent	0.3%	2.7%
Stalking	4.5%	4.7%
An emotionally abusive intimate relationship	4.5%	13.5%
A physically abusive intimate relationship	2.2%	3.2%
A sexually abusive intimate relationship	0.3%	1.7%

VIOLENCE, ABUSIVE RELATIONSHIPS & PERSONAL SAFETY AT WKU
2014 NATIONAL COLLEGE HEALTH ASSESSMENT II OF WKU STUDENTS (RESEARCH THROUGH WELL U)

Reported feeling <u>very safe</u>	Males	Females
On campus (daytime)	81.1%	74.3%
On campus (nighttime)	38.2%	12.3%
In the community surrounding campus (daytime)	59.5%	50.9%
In the community surrounding campus (nighttime)	26%	10%

THERE IS A PATH TOWARDS VIOLENCE

- Most violent acts are not conducted impulsively. There is usually a behavioral progression toward the incident. This person may not *look* like a violent person (Randazzo & Deisinger, 2012).

- Others have noticed concerning behavior.

- There may have been changes in circumstances and situations that have impacted the individual. The potential perpetrator is likely suicidal or at a point of desperation prior to the incident.

  Randazzo & Deisinger (2012) suggest a four step model towards violence
  - 1. Ideation
  - 2. Planning
  - 3. Acquisition
  - 4. Implementation

MASS SHOOTINGS AT VIRGINIA TECH
Report of the Virginia Tech Review Panel
Summary of Key Findings
August 2007

During Cho's junior year at Virginia Tech, numerous incidents occurred that were clear warnings of mental instability. Although various individuals and departments within the university knew about each of these incidents, the university did not intervene effectively. No one knew all the information and no one connected all the dots.

Components of Risk (Randazzo & Deisinger, 2012)

Subject

Target

**Precipitating Events**

Environment

Vulnerabilities in the **Target**?

Does the **Environment** facilitate, permit violence or fails to discourage it?

Are there **Precipitating Events** that triggered reactions?
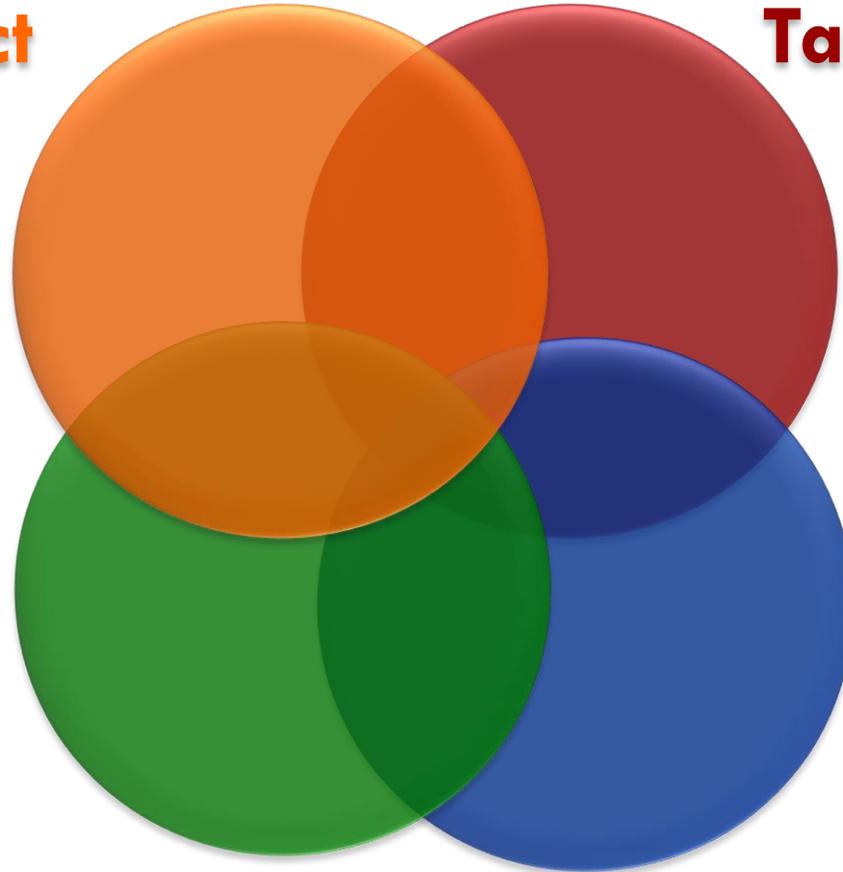
CONCERNING BEHAVIOR

ALARMING BEHAVIOR

THREATENING BEHAVIOR

Recognize Student Needs versus Community Needs

WHAT CAN **YOU** DO? A THREAT ASSESSMENT

1. Observe and Focus on behavior suggesting a potential for harm.
A student may demonstrate concerning behavior, but it may not necessarily be alarming, threatening in nature, or a violation of policy.

Examples of Concerning Behavior:

- Unsolicited e-mails, text messages, or Facebook messages
- Unwanted attention that violates personal space
- Poor social skills – unable to read social cues
- Inappropriate statements – disruptive

    May result in the University having a conversation with the student

Examples of Alarming Behavior:

- Offensive or inappropriate e-mails, text messages, or Facebook messages
- Unwanted attention that not only violates personal space, but becomes persistent
- Unwarranted or repeated anger or outbursts; destructive behavior
- Inappropriate statements that cause alarm to the listener

Examples of Threatening Behavior:

- A student invades another's personal space
- A student raises his/her voice and seems irrational
- A student implies or makes a direct threat to harm themselves or others
- A student displays a firearm or weapon
- A student physically confronts/attacks another individual
- A student stalks or harasses another member of the campus community
- A student sends threatening emails, letters, and other correspondence to a staff member

WHAT CAMPUS PARTNERS CAN DO: A THREAT ASSESSMENT (Randazzo & Deisinger, 2012; US SECRET SERVICE, 2010).

2. Check facts

- Use multiple sources; gauge the credibility of the sources

- Screen through on-line sources such as google.com; MySpace; Facebook; YouTube; Twitter; RateMyProfessor; Bebo; Xanga; MiGente, Technorati (for blogs)

- Assess (a) if the person is at risk of harming themselves or others; (b) has demonstrated inability to care for self; (c) exhibits disruptive behavior?

3. Engage the campus "system" to determine if the situation poses a threat

- Is the behavior along the pathway towards violence?

- Have threats been expressed?

- Is anyone's safety possibly threatened?

WHO ARE THE CAMPUS PARTNERS? A TEAM APPROACH (Randazzo & Deisinger, 2012)

- ❑ Academic Affairs / Provost / Graduate College
- ❑ Employee Assistance
- ❑ Human Resource Services
- ❑ Media Relations
- ❑ Police / Security
- ❑ Residence Life
- ❑ Student Affairs / Dean of Students
- ❑ Student Health / Counseling Service
- ❑ University Counsel

WHAT IF IT IS JUST YOU AND THE STUDENT? SUGGESTIONS FOR ONE-ON-ONE INTERVENTIONS

- Stay Calm. Use your stress management skills.

- Keep thorough records
  - Exact words, actions, date, time, behavior, witnesses
  - Document personal reactions and protective actions
  - Date stamp documentation

- Immediately contact campus police. It is always a good idea to have this number saved in your cell phone if you have one (and to keep it near you).

Closing Questions and Remarks

OTHER RESOURCES

- Resources at **WKU**
  - Dean of Students – Lynne Holland 5-3095
  - Judicial Affairs - Director, Michael Crowe 5-5429
  - Residence Life – Director, Kit Tolbert 5-2037
  - Chief of Police – Robert Deane 5-2548
  - WKU Counseling and Testing Center 5-3159
  - Campus Behavior and Threat Assessment Team

- Other (Randazzo & Deisinger, 2012)
  - Implementing Behavioral Threat Assessment on Campus: A Virginia Tech Demonstration Project www.ThreatAssessment.vt.edu
  - Threat Assessment and Management Teams: What Risk Managers Need to Know (Published by URMIA) www.HigherEdCompliance.org
  - Association of Threat Assessment Professionals www.atapworldwide.org
  - WKU Executive Summary Spring 2014 - NCHA II Data; Well U

THE DEPARTMENT OF COUNSELING AND STUDENT AFFAIRS WITH THE
WKU COUNSELING & TESTING CENTER

Thank you!

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