

## Old is New Again

Anne Bartlett, Coordinator  
Pathways to Academic Success, UPEI

### Lessons Learned from my time in Residence Life

- Identify the issue and begin dialogue
- Homophobia in the residence community
  - Talk about it with the students who were struggling/hurt
  - brainstorm, explore, create strategies that would begin to combat the problem
  - work with the student leaders - awareness
  - student leaders brought back to residence community
  - shift in attitude and behaviour
  - fostering a culture of inclusion

## Lessons Learned from my time in Residence Life

- Team approach/support is crucial
- Student with diagnosed mental health issue
  - could talk with him, knew when he needed help, he trusted us, had supports in place
  - being flexible lead to positive outcome
- Student with undiagnosed mental health issue
  - neither she nor I knew what was happening
  - crisis management - support for me too
  - student & community's best interest
  - best outcome that we could provide

## Lessons Learned from my time in Residence Life & Academic Support

- Ongoing Professional Development to further my education in areas of counselling and student development.
- Financial support and time allowances
- Networking & sharing of ideas, information and programs, etc.
- PD and education is required of Staff, Faculty and Students.

## Lessons Learned from my time in Academic Support

- Student Success Program - mandatory program
  - Catch and refer
    - need to know on and off campus services
  - opportunity to introduce supports on campus
  - hiring practices

## Lessons Learned from my time in Academic Support

- Flexible - reduced course load, PLAR
- Wrap-around supports, both professional and student supports
- Mentors - paid or volunteer, can have huge impact on student academic success
  - help organize and develop better time management skills
  - help identify study strategies
  - role model balance and how to maintain a healthy stress level

## Lessons Learned from my time in Academic Supports

"My education is giving me a purpose to live - I have a reason to get up each day".

"Be there for me - if not I have no one. If I'm ill and have to go to the hospital, I want to know my profs will go to bat for me -They won't give up on me".

## Creating a Culture of Care



# Mental Health Conference -panel discussion

Anne Comfort  
Meighen Centre  
for Learning Disabilities

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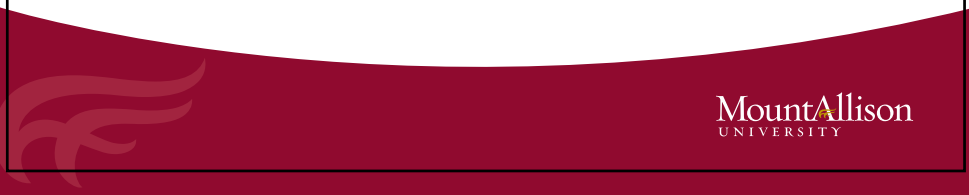
My Disclaimer

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Students with Learning Disabilities  
- Services & Accommodations  
- Best Practices



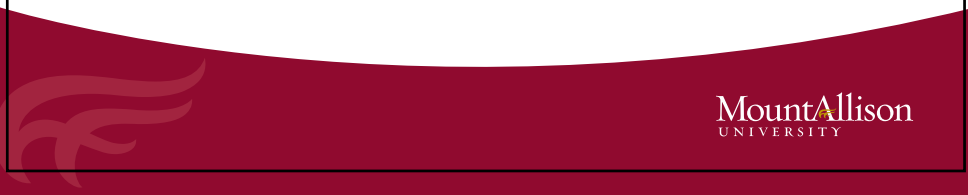
Serving Students with LD



- Documentation guidelines



- Individualized plans  
-Pre-orientation



## Personal and Protective factors

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- self advocacy
- Perseverance
- a caring individual
- family connectedness
- school connectedness

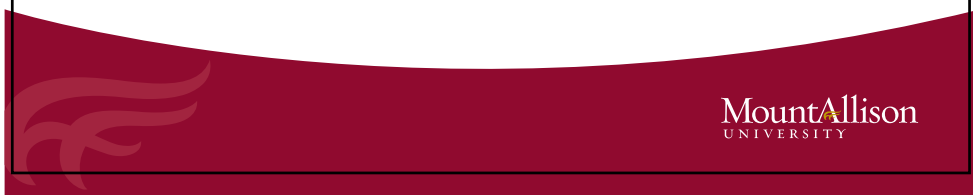
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PACFOLD Statistics  
2004 study by LDAC



disABILITY






**“The times they are a  
Changin”**  
(with apologies to Bob Dylan)

George Hurley, PhD, RPsych, Professor, Acting Director, and  
Training Director, Memorial University Counselling Centre

**Moderated case study panel discussion: Mt Allison University  
Nov. 1, 2012**

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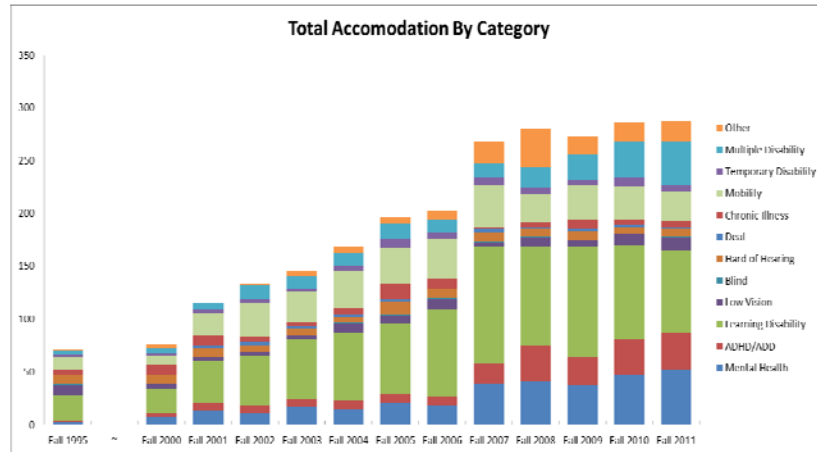


**Proposition: We are in a Fast  
Growing and Sustained Wave of  
University Mental Health Access  
and Complexity Issues**

- **What we are seeing at the Memorial  
University Counselling Centre...**
- **What we are seeing across North American  
College and University Counselling  
Centres...**
- **What people are doing/not doing about it...**

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# MUN Blundon Centre Accommodations 1995-2011

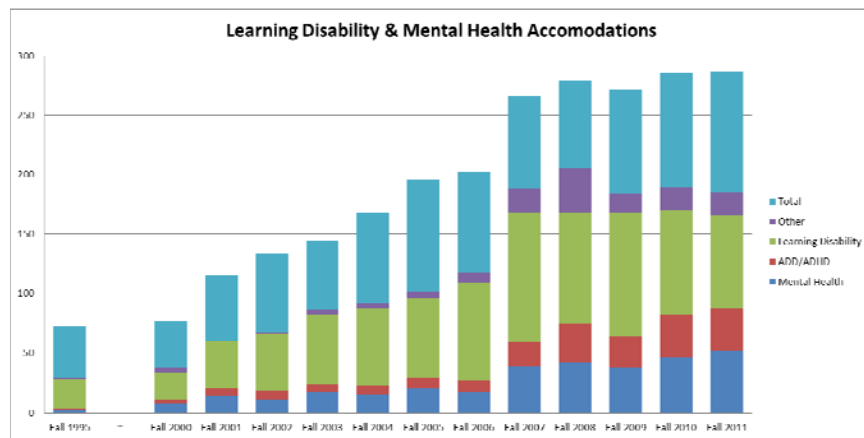


3

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# MUN Blundon Centre Accommodations 1995-2011

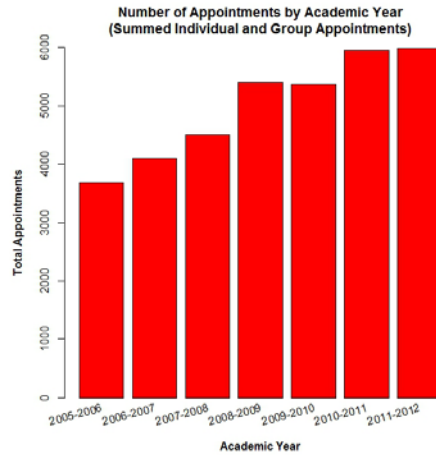


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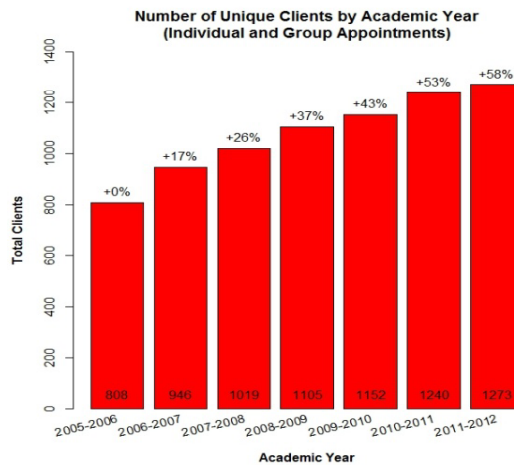
## MUN Counselling Centre Usage: 2005 – 2012 (Appointments)



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## MUN Counselling Centre Usage Trend: New Clients



6

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## What about the rest of North America?



- **The National Survey of College Counseling (previously The National Survey of Counseling Center Directors) has been conducted since 1981 and includes data provided by the administrative heads of college and university counselling centers in the United States and Canada.**

## Survey Overview



- **The survey attempts to stay abreast of current trends in counselling centers and to provide counselling center directors with ready access to the opinions and solutions of colleagues to problems and challenges in the field.**
- **The areas addressed cover a range of concerns including budget trends, current concerns, innovative programming, and a number of other administrative, ethical and clinical issues.**

## 2012 Survey Highlights (N=293 Participating Centres)



### 2012 Survey data can soon be found at:

- <http://www.iacsinc.org/>
- **Designed by Robert P. Gallagher , PhD**
- **University of Pittsburgh**
- [rgallagh@pitt.edu](mailto:rgallagh@pitt.edu)

## 2012 Survey Pool



- **The 293 centers surveyed represent 2.7 million students who are eligible for counselling services at their institutions.**
- **278,000 of these students (10.4 %) sought counseling during the year for individual or group counselling.**

## Survey 2012 Highlights



- **88% of directors report that the recent trend toward greater number of students with severe psychological problems continues to be true on their campuses.**

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## Survey 2012



- **15% of center clients are referred for psychiatric evaluation and 24.4% are on psychiatric medication. The latter is up from**
  - **9% in 1994.**
  - **17% in 2000**
  - **20% in 2003**
  - **24.4 % in 2012 (close to triple the percentage of the 1994 medication rate)**

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## Survey 2012



- **over the past five years, 88 % percent of directors have noted increases in the following problems:**
- **73% Crises requiring immediate response.**
- **67% Psychiatric medication issues.**
- **59% Learning disabilities.**
- **48% Illicit drug use (Other than alcohol)**

## IACS Survey 2012



- **40% Self-injury issues (e.g., Cutting to relieve anxiety).**
- **36% Alcohol abuse.**
- **30% Problems related to earlier sexual abuse.**
- **32% Sexual assault concerns (On campus).**
- **26% Eating disorders**
- **22% Career Planning issues**



## Survey 2012



- **Directors report that 39% of their clients have severe psychological problems.**
- **6% of these have impairment, so serious, that they cannot remain in school, or can only do so with extensive psychological/psychiatric help.**

## Survey 2012



- **90% of centers hospitalized an average of 8.5 students per school (2,000 students in all) for psychological reasons. This is more than triple the percentage of students hospitalized in 1994.**
- **The average number of hospitalizations per 1,000 students was 1.5**

## Survey 2012



- **88% of directors state that the increased demand for services, along with the increase in clients with more serious psychological problems, has posed staffing problems for them.**

## Survey 2012



- **What counselling centers across North America are doing to address the increase of students with serious psychological problems:**

## Survey 2012



- 71% served on interdisciplinary committees aimed at the early identification of troubled students.
- 67% increased the amount of time in training faculty and others to respond helpfully to students in trouble and to make appropriate referrals.
- 60% skills training for clients to help them learn to tolerate and manage mild to moderate emotional discomfort without medication.
- 59% expanded external referral networks.
- 58% worked with faculty and others who work with students to normalize emotional distress.
- 56% increased training for staff in working with difficult cases.
- 47% provide depression screening days for students.
- 45% encouraged student organizations and others who work with students to help these students develop better coping and resiliency skills.
- 33 % increased psychiatric consultation hours.
- 24% provided more mandated suicide assessments.
- 23% increased training for staff in time-limited therapy.

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## Survey 2012



- **Percentage of campuses that provide services thought to be essential for addressing suicidal behavior.**
- 74% Targeted programs for faculty/coaches/advisors/resident assts.
- 71% Off-campus referral networks
- 70% Emergency services
- 69% Stress reduction programs
- 69% Medical leave policies
- 65% On-site medical services
- 56% Adequately staffed counseling centers
- 55% Broad based campus –wide educational programs
- 50% On-site psychiatric services
- 52% Depression screening days
- 44% Education programs and materials for parents/families
- 35% Non-clinical student support network
- 32% Post-Vention programs

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## Survey 2011



- **89% of directors believe that that higher administration has a growing awareness of the problems counselling centers are facing with the increased demand for services and the growing complexity of student problems**

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## 2011 Survey



- **When asked whether they believe that this awareness will lead to more resources for their counselling program:**
  - **47% said yes and it had already begun.**
  - **15% said yes but there has been no movement as yet in this direction.**
  - **28% said no, the desire is there but their school's resources are too limited.**
  - **7% said no, the resources are there but counselling in not a high priority**
  - **4% said, no because their centers already had the resources they need.**

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## The times they are a Changin...



**1994...**



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## Some points to consider...



- **The new wave of mental health issues and utilization on campuses is growing steadily and shows no sign of abatement.**
- **Counselling centres need expanded resources and cooperation/coordination across campus to cope with this steadily growing phenomena.**
- **Regularly upgrading your counselling and disability centres and planning proactively across campus for mental health concerns is an excellent investment in an essential University service for 2012 and beyond.**

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2012: And, after all that,  
Some Good News...



- **58% of counselling centre clients indicated that it helped them remain in school**
- **63% stated that counselling helped better their academic performance**

A Good Summary Article



**2012 (Summer) *State of mind:  
Addressing mental health issues  
on university campuses.*  
University Manager pp. 51-56**