

SUPPORTING STUDENTS WITH MENTAL HEALTH CONCERNS:  
A RESOURCE GUIDE FOR ADMISSION PROFESSIONALS

by

Rachael Newman

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Capstone Project Facilitator: Susan Manikowski  
Content Reviewer: Christina Holmgren

## **Introduction and Research Question**

In my experience working in college admissions, I have come to recognize the increasing issue of students struggling with various mental and emotional concerns. I have witnessed colleagues feel helpless and unsure about how to help students who are experiencing this kind of distress. These many incidents led me to my research question: *How can admission professionals identify and support prospective students struggling with mental health concerns?*

Research indicates that adolescent help seeking behavior for mental health distress is associated with youth-adult relationships and teens perception of the adult's ability to support their concerns (Lindsey et al., 2006). I have identified a service gap at my university and this capstone project is a step towards closing that gap. One of the main ideas from my research is that there is a lack of education and guidance available for those who work closely with youth on the secondary and post-secondary side of education. Identification and timely, appropriate treatment for mental health concerns can have a lasting impact on students' lives (Ryan, 2003).

Another theme that stood out in the research that assisted in the development of my project idea was the Network Episode Model, a way of looking at help seeking as a social process, influenced by family, friends, and community members (Pescosolido, 1992). This model identifies school as a primary social setting for identifying and supporting mental health concerns and distress (Pisani et al., 2012). This idea can be adapted to fit my research question looking at the admission office and the relationships built with admission staff as another social setting that provides an opportunity for identification and support.

## **Description of the Project**

I chose to develop a resource guide for admission professionals to use when supporting prospective college students struggling with mental health concerns. The chosen method of a resource guide stems from my literature review and learning why school professionals do not feel confident in their ability to identify and support struggling students (Frauenholtz et al., 2017). Students are more likely to seek help from an adult that they have continued interactions with and that they feel can properly support their concerns (Pisani et al., 2012).

A resource guide is easily accessible and useable by staff throughout their career and can easily be updated and provided in multiple formats including electronically. Having a resource guide at their disposal will create a strong sense of self-confidence and that would be reflective in their relationship with their students. The format is also easily conducive to implementation with admission staff than a large scale mental health-screening process would be (Hunt, Watkins, & Eisenberg, 2012).

### **Intended Audience**

The intended audience for this project are admission professionals working at a small, private liberal arts undergraduate school. Their educational and professional background may be varied and some have months of experience in higher education, others 10 or more years of admissions experience. The students that will benefit from these staff members being trained in the area of mental health support includes a transitional population of students, either moving from high school to college or changing post-secondary institutions. They range between the ages of 15 and 25. These students may or may not be receiving support at their current school or through a community resource. They are not yet a member of the university and therefore do not yet qualify for the support services on campus available to current students.

### **Explanation of the Project Format**

The resource guide begins with a section discussing history of the problem and the impact of mental health distress on the adolescent population. The next section discusses the definition of mental health concern or distress as well as common help seeking behaviors. Another important section of the guide is dedicated to community resources specific to the location of my institution. This includes professional contacts and help lines as well as physical locations of professional establishments that support common mental health concerns.

There is also information about the resources that our school offers for current university students so that counselors can feel confident in providing information and developing a plan for students that need mental health support after enrolling at our school. I also chose to include a section on self-care for the admission staff. Lastly, the resource guide ends with some discussion questions to promote continued conversations on mental health and to reflect and share professional knowledge.

### **Conclusion**

My capstone project, a resource guide for admission professionals, is a thoughtful response to my research question: *How can admission professionals identify and support prospective students struggling with mental health concerns?* My hope is that the project begins a dialogue at my school about mental health support and provides a platform for further research and future projects.



Supporting Students with Mental  
Health Concerns:  
A Resource Guide



This is a resource guide written to help better inform the reader about mental health in the adolescent population and to be a source of support and information to guide you in your work with prospective college students. Please read it, learn from it, and use the resources to help your students. The resource guide is not however, a tool to diagnose or treat any mental illness but rather to be used to support students and encourage them to seek professional help when necessary.

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## Table of Contents

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<b>Why is this important?</b>	7
<b>The Numbers</b>	8
<b>Common Mental Health Conditions</b>	9
Recognizing Signs of Mental Health Distress	10
Risk Factors for Mental Health Concerns	11
Warning Signs of Common Mental Health Concerns	12
<b>Challenges to Obtaining Adolescent Mental Health Support</b>	13
<b>Impact of Support</b>	14
<b>Resources</b>	15
Service Locations and Insurance Help	15
Helplines and Websites	15
Hamline Resources	16
<b>Self-Care for Admission Professionals</b>	18
<b>Discussion Questions</b>	19
<b>Final Thoughts</b>	20
<b>References</b>	21

## Why is this important?

More students are entering college with serious mental health concerns and pursuing counseling services at their chosen school (Kitzrow, 2003). There has been a shift in many schools from providing preventative counseling and information, to supporting severe psychological problems. This shift is encouraging schools to develop ways to identify mental health concerns and confidently refer students to professional help services.

When discussing mental health, it is important to consider the wide range of concerns and issues that students are seeking counseling for: multicultural and gender issues, life changes, trauma, stress and anxiety, and various diagnosed psychological problems.

Mental health literacy is an important factor to identifying and supporting mental health concerns. Proper identification and referrals to professional help for a student's mental health distress, can have a lasting impact on the student's lifelong mental health.

In order to properly refer students to professional treatment, educators must feel confident in their ability to recognize signs of mental health distress and understand common adolescent help seeking behavior. There are some outward and inward actions that students may exhibit that can demonstrate mental health distress.

For college students, mental health concerns have also been associated with self-harming behavior such as cigarette smoking and binge drinking. That combined with the stress of transitioning to college life can lead to lower levels of campus engagement and poor academic performance. (Oswalt & Wyatt, 2013).

Untreated mental health distress can result in a number of negative consequences for students including low academic performance, dropping out of school, substance abuse, and even criminal issues. These consequences can go on to negatively impact students for years to come.

## The Numbers

Young adults aged 18-25 years had the highest prevalence of Any Mental Illness (22.1%) compared to adults aged 26-49 years (21.1%) and Adults aged 50 and older (14.5%)

The percentage of young adults aged 18-25 years with Any Mental Illness who received mental health treatment was 15-20% lower than adults with Any Mental Illness aged 26 and older.

According to the Centers for Disease Control and Prevention, as of 2016: Suicide is the 2nd leading cause of death among individuals 15-24 years of age

Half of all lifetime cases of mental illness begin by age 14 and  $\frac{3}{4}$  by age 24

On average, there is an 8-10 year delay between the onset of symptoms of a mental health disorder and intervention

37% of students age 14 and older with a mental health condition drop out of school, this is the highest dropout rate of any disability group

## Common Mental Health Conditions

Anxiety Disorders  
Depression  
ADHD  
Post-Traumatic Stress Disorder  
Eating Disorders  
Obsessive Compulsive Disorder  
Self-Injury/Self Harm  
Suicide  
Brain Injuries  
Co-Occurring Disorders

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**Anxiety Disorders:** described as feelings of extreme uneasiness, worry, and fear. Examples of disorders include: generalized anxiety disorder, post-traumatic stress disorder, social anxiety disorder, obsessive-compulsive disorder, and phobias

**Depression:** depressed mood that affects all aspects of daily living including eating, sleeping, and school. Examples of Disorders include: depressive disorder, postpartum depression, and seasonal affective disorder

**Attention Deficit-Hyperactivity Disorder:** described as continued inattention and/or hyperactivity and impulsivity that intrudes on daily functioning or development

**Post-traumatic Stress Disorder (PTSD):** can occur after enduring or witnessing a traumatic event. People who suffer from PTSD can feel stressed and afraid even after the traumatic event is over.

**Eating Disorders:** described as extreme and abnormal eating behaviors, such as not eating enough or eating in excess. Examples of disorders include: anorexia nervosa, bulimia, and binge eating disorder

**Obsessive-Compulsive Disorder:** described as repeated thoughts that are called obsessions. The thoughts are upsetting and the person suffering needs to do the same things over and over again in order to make the thoughts go away. The repeated actions are called compulsions.

**Self-Injury/Self Harm:** described as harming oneself without suicidal intent, most commonly through cutting or burning.

**Suicide:** There are a number of warning signs and risk factors for suicide among adolescents. Some include: depression, previous suicide attempts, recent loss, frequent thoughts about killing themselves or death, and using drugs or alcohol. (<https://www.nimh.nih.gov/health/publications/nimh-answers-questions-about-suicide/index.shtml>)

**Brain Injuries:** One of the most common brain injuries among adolescents is concussions. Youth that have suffered a concussion not only suffer from side effects such as difficulty concentrating, memory issues, anxiety, and behavioral or personality changed but they are at also at a higher risk of developing depression.

**Co-occurring Disorders:** When a person has a mental health and substance use disorder at the same time.

## Recognizing Signs of Mental Health Distress

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According to the Department of Health and Human Services, mental health is defined as “A state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society.”

Mental health distress is not easily identified by the presence or absence of symptoms. Symptoms can vary from person to person and adolescents can experience symptoms differently than other age groups. Adolescents also experience an influx of hormones that can cause them to experience unusual emotions and feelings. All of this can make it challenging to diagnose a mental health disorder in an adolescent.

# Risk Factors for Mental Health Concerns

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There are certain factors that may contribute to a young person experiencing mental health concerns: individual, family, and community influences. This chart is some of the examples of contributing factors that may occur on a personal, family, and community level that could be harmful to a student's mental health. Among this list are physical issues such as a head injury, concerns within the family support structure and/or dangerous living conditions, as well as traumatic events that may have occurred in a student's life.

<b>Individual:</b>	<b>Family Influences:</b>	<b>Community Influences:</b>
<ul style="list-style-type: none"> <li>-Low self esteem</li> <li>-Poor social skills</li> <li>-Extreme need for approval and social support</li> <li>-History of untreated anxiety and depression in childhood</li> <li>-Early substance use</li> <li>-Head injury</li> <li>-Anxiety</li> </ul>	<ul style="list-style-type: none"> <li>-History of parental anxiety and depression</li> <li>-Negative family environment</li> <li>-Divorce</li> <li>-Parent unemployment</li> <li>-Parent drug use</li> <li>-Lack of adult supervision</li> <li>-Abuse-physical and/or sexual</li> </ul>	<ul style="list-style-type: none"> <li>-Poverty</li> <li>-Stressful or traumatic event in the school or community</li> <li>-Loss of a close relationship</li> <li>-Peer rejection</li> </ul>

# Warning Signs of Common Mental Health Concerns

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According to the National Institute of Mental Health, students who are experiencing the following symptoms may need help for a mental health issue:

- Daily feelings of anxiety or worry
- Difficulty sleeping or eating
- Frequent stomach aches or headaches for no apparent reason
- Downturn in academic performance
- Use of alcohol, tobacco, or other drugs
- Suicidal thoughts or planning
- Self-Harming (i.e. cutting or burning)
- Feeling sad or withdrawn for more than 2 weeks
- Not eating, throwing up, taking laxatives, or obsessively working out
- Loss of interest in activities they used to enjoy
- Avoiding time with friends or social events

# Challenges to Obtaining Adolescent Mental Health Support

## **Discrimination and negative attitudes about seeking help:**

Many young people worry that if they get help they are going to be labeled in a negative way for the rest of their life.

## **Cultural beliefs and practices:**

Certain cultures and belief systems do not support seeking help for mental health, either through seeing a therapist or taking medication. Some do not even really support the idea that mental health is a serious issue

## **Unsure of where to start:**

This can be influenced by a combination of the other factors. Youth may not know where to turn to for help or who to talk to about their problems. They may not know the options available to them and may be worried about what their parents and friends will think of them if they get help.

## **Limited providers:**

Health insurance can play a factor in the number of available providers for a patient. Also, some students living in more rural areas may have limited access to professional resources.

## **Language barriers:**

Some students may have difficulty expressing their concerns because of a language barrier.

## **Access to support and services:**

There may be limited access to services and supports in the student's particular area or they may not have any supports in place at their current school.

## **Racism, bias, homophobia or Discrimination:**

Students may face some form of discrimination in treatment settings resulting in them not receiving the proper care

## Impact of Support

Knowledgeable school staff that are aware of common help seeking behavior and common risk factors for mental illness can play an important role earlier identification and referral to treatment for students. Just as a lack of support can have a negative effect on the student's life, the implementation of professional treatment can have a positive impact in the following ways:

- ❖ Higher levels of academic achievement
- ❖ Better attendance rates
- ❖ Higher rates of retention
- ❖ Lifelong impact on mental health, less recurring episodes of mental health distress
- ❖ Higher levels of student involvement on campus
- ❖ Trusting and supportive relationships between schools staff and students
- ❖ Stronger sense of school community

Studies have shown that effective treatment can improve those that suffer from depression and anxiety, for many years to come by breaking the cycle of relapse and recurrent episodes. The earlier that professional support is provided in a person's life after early onset of depression, the greater the chances of preventing future depressive episodes (Ryan, 2003).

## Resources

### Service Locations and Insurance Help

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**For help concerning mental health services and health insurance issues:**

<https://www.mentalhealth.gov/get-help/health-insurance>

**For help locating treatment facilities for abuse/addiction and/or mental health concerns in the United States or U.S. Territories:**

<https://findtreatment.samhsa.gov/>

### Helplines and Websites

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**Jed Foundation:** <https://www.jedfoundation.org/mental-health-resource-center/>

**ReachOut:** <https://au.reachout.com/> NextStep (interactive support)

**OK2Talk:** <http://ok2talk.org/> An online community sponsored by NAMI. Support available 24/7

**National Safe Place:** TXT 4 HELP is a nationwide, 24-hour text-for-support service for teens in crisis. Text the word “safe” and your current location (address, city, state) to **4HELP (44357)** For immediate help, reply with “2chat” to text interactively with a trained counselor.

**Crisis Text Line:** [www.crisistextline.org/](http://www.crisistextline.org/) or Text “START” to 741-741

**Lifeline Crisis Chat:** [www.crisischat.org/](http://www.crisischat.org/) to chat with crisis centers around the U.S.

**Love is Respect:** Visit [www.loveisrespect.org/](http://www.loveisrespect.org/), text “LOVEIS” to 22522, or call 1-866-331-9474 to talk with a peer advocate to prevent and end abusive relationships

**National Eating Disorder Association:** [www.nationaleatingdisorders.org/](http://www.nationaleatingdisorders.org/) or call 1-800-931-2237

**National Suicide Prevention Lifeline:** [www.suicidepreventionlifeline.org/](http://www.suicidepreventionlifeline.org/) or call 1-800-273-TALK (8255) (1-888-628-9454 for Spanish-speaking callers)

**SAMHSA Treatment Referral Helpline:** 1-877-SAHMHA-7 (1-877-723-4727) Get general information on mental health and locate treatment services in your area. Speak to a live person, Monday-Friday, 8 a.m. to 8 p.m. EST

**Disaster Distress Helpline:** 1-800-985-5990

**Youth Mental Health Line:** 1-888-568-1112

**Child-Help USA:** 1-800-422-4453 (24 hour toll free) Coping With Stress

**Ramsey County Mental Health Crisis Program:** Walk-in crisis services are available Monday-Friday from 8 a.m.-5:30 p.m. at [Urgent Care for Adult Mental Health](#). Support is also available through the 24/7/365 crisis line at 651-266-7900.

**Hamline Resources** [www.hamline.edu/offices/counseling-health/](http://www.hamline.edu/offices/counseling-health/)

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## **Counseling and Health Services**

Campus Location: Manor Hall, 1513 Englewood Avenue, Room 16 (basement level). The Entrance is through the courtyard on the north (campus side) of the building.

Appointments may be scheduled in-person or by phone.

Phone: (651) 523-2204

Available Services:

Counseling: individual, couples, and group addressing common mental health concerns. If the counseling office cannot support the level of treatment you need then they can help you locate a provider in the surrounding area

Health: short-term outpatient care and preventative care to Hamline students

Cost: Free to Hamline University Undergraduate students (via tuition fees) Graduate students pay a per-semester fee for access to counseling services if desired

Qualified Staff: counseling provided by individuals who have completed or in the process of completing a doctorate in counseling or clinical psychology from an APA accredited program. All permanent members of the counseling staff are MN State licensed psychologists.

Off Campus Referrals: Ability to provide a detailed list of community mental health providers that have offices close to campus that they can use to direct students to services

Waitlist: There may be a waitlist during “times of peak demand for services” Crisis counseling is available for those students on the waitlist during weekday crisis hours.

Directors of Hamline’s Counseling and Health Services Office:

Jodi Metz, M.S., P.A.-C., Director of Health Services

Hussein Rajput, Ph.D., Licensed Psychologist, Director of Counseling Services Staff

## Self-Care for Admission Professionals

Practicing self-care for professionals means taking the time to care for your own mental health and wellbeing so that you can be more effective in your job and support the young people that you work with each day. You are able to do more for others when you have taken care of yourself.

Working with young people going through difficult personal situations and possibly experiencing mental health distress can be very taxing. Practicing self-care as professional development is important to your career. The lack of self-care can contribute to job burnout and help retain those working in education over the long term.

### *What does this mean?*

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You should be participating in practices that lower your stress and give you energy. It is important to be aware of your stress levels and practice these activities before a crisis hits, being proactive instead of reactive. Self-care practices are different for everyone but these are few common examples of activities.

### Some Examples:

- ❖ Eat well
- ❖ Take your lunch breaks
- ❖ Go to bed on time to be well rested
- ❖ Exercise
- ❖ Find a more experienced colleague and develop a mentorship relationship
- ❖ Learn from your mistakes and celebrate your successes
- ❖ When possible, turn off your email and work phone outside of work hours
- ❖ Participate in professional development
- ❖ Have hobbies and interests outside of work

## Discussion Questions

1. What are some common mental health concerns you have observed in your students?
2. Have you ever had a student situation concerning mental health? How did you handle it? What would you change for the future?
3. Does anyone have any experiences of positive mental health support at other schools or universities that you would like to share?
4. How might this resource guide help you in your future work with students?
5. What are some barriers to mental health support that you see for your students?
6. What are some acts of self-care that you practice?

## Final Thoughts

Mental health is a growing concern among our young people today. Young adults ages 18-25 have the highest prevalence of any mental illness compared to adults ages 26 and older. More students are entering college with some kind of mental health condition. The research indicates that students often disclose their suffering through their social networks and are more likely to seek help when they feel that the adults in their life are competent and able to efficiently direct them to support.

There can be a number of barriers students face to receiving professional help for a mental illness. These barriers include discrimination, cultural beliefs that do not support seeking help or do not believe in mental illness, fear of what their family and peers will think of them after they disclose, limited access because of insurance or geographical location, or racism, bias, homophobia, or discrimination in their treatment process that results in them not receiving adequate care.

Knowledgeable and confident educators that can point students in the direction of professional support can make a difference. Earlier and effective identification and referral to professional treatment for mental health conditions results in a greater chance of preventing future episodes of mental health distress. Students who are being properly treated and supported for their mental health concerns are at less of a risk for dropping out of school, having low academic performance, and lower participating in drug, alcohol, and tobacco use. Trusting and supportive relationships between students and school staff can also result in a stronger sense of school community and campus involvement.

The hope is that this guide brings new information to light for admission professionals on mental health distress among the student population with whom we work with every day. Some students face many barriers in their educational journey and if we can educate ourselves and work to make improvements that result in student's facing less barriers to receiving mental health treatment, we are making a difference. This guide is a conversation starter and a springboard for a continued discussion about mental health on college campuses.

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