



Changing the Conversation about Mental Health to Support College Students During a Pandemic

Webinar Training Series: Session I

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Presenters: Alison Malmon, Founder and Executive Director, Active Minds
Dennis Mohatt, Co-Director, Mountain Plains MHTTC
Liza Tupa, PhD, Technical Trainer, Mountain Plains MHTTC

PARTICIPANT QUESTION AND PRESENTER RESPONSE

Q1 Are you getting questions or concerns about losing student health insurance coverage that helps cover some of the mental health or medical expenses due to school closure?

A1 Yes, this does remain an issue. We aren't able to collect information on each Institution of Higher Education, but some school primary care clinics are remaining open, some are offering on-line consultation, and some are providing emergency appointments. The number one question we've been getting, has been around interstate provider licensure reciprocity to serve students now learning from out-of-state. Every state and every institution have unique challenges!

Q2 Does Active Minds consider the well-being of graduate students in addition to undergrads?

A2 Definitely! They are welcome parts of the student groups and services offered.

Q3 Does Active Minds work internationally as well?

A3 Yes, they do have some international activity.

Q4 Do you have any resources for playing group games, or enabling social interaction?

A4 For high school and college students, here is an informative blog with ideas about helping students be successful with on-line learning and having fun: presence.io/blog/9-things-you-can-do-right-now-to-support-students-through-the-covid-19-epidemic/

Q5 Will this be addressing high school/elementary students at all?

A5 This webinar focused upon college student mental health. The Active Minds website does have resources for high school students. Other MHTTC resources focusing on K-12 students can be found at: mhttcnetwork.org/centers/global-mhttc/responding-covid-19



Q6 How are you creating safety nets, or safety planning when providing social interactions? How would you handle if someone gets triggered and suddenly leaves the group/space?

A6 You could attempt to reach out to that person individually. Also, at the beginning of those group sessions you can make a statement about getting help individually, asking you or peers to help, etc. Let participants know about options such as contacting you individually, local help lines, etc., ahead of time if possible.

Q7 My freshman college daughter is now home and doing online college. She has a history of depression/anxiety. I'm trying to give her a lot of space, since she was living in a dorm before COVID, and I've told her I'm trying to give her space. What can I do to be supportive without coming across as if I don't care? I don't know how to balance between giving her space and giving her the support she needs. Thanks!

A7 You could let her know that you're still concerned about her and ask her when the best time would be for you to check in with her each day, or every other day, or however frequently she's comfortable with. It's ok to ask once in a while! If you feel she is isolating more than usual, or struggling worse with her depression, you can call your local mental health clinic or local mental health crisis line for guidance. Also, many therapists in all states provide telehealth psychotherapy – you can do a great search for therapists at Psychology Today's website.

Q8 What does this all look like for non-traditional students? How do you reach out to non-traditional students who are at commuter community colleges?

A8 Non-traditional students may face varied challenges during this time. Some may have more social support, and some may have less. Many may be doubly stressed by being out of work as well as trying to attend classes on-line. Reaching out to non-traditional students during this time and providing them with resources for mental health (such as local or national health lines) and daily life resources (such as information about local food banks or housing assistance) may be helpful. College Administrators may be able to assist with this outreach if you provide them with information/materials.

Q9 How does Active Minds find students' situations to be in other countries as well (especially developing countries if Active Minds works there)?

A9 Active Minds is primarily a US-based organization, though we are contacted often by students from across the globe interested in our work. The same themes of stigma and need for open conversations come up regularly, but we haven't gone too deep into work specifically focused on other countries/development countries.



Q10

I know many students who've had their internships cancelled/suspended for the summer. What's the general attitude of employers or organizations to the students who relied on those internships for income or for resume builders? Many are looking to move onto professional programs or future job positions, so these internships would've helped them greatly.

A10

This is a critical issue across the nation. We can't speak to all private agencies offering internships, but we are aware that schools and accrediting agencies are encouraging flexibility in letting interns finish/start in a timely fashion. We suggest that you, or an institution internship coordinator, reach out to the internship agencies soon to discuss contingency plans.

Q11

I am continuing to see undergraduate clients through Zoom Telepsychology. Many of my clients are really struggling with being in homes that do not feel safe for their mental health. Do you have any specific tips for helping undergraduate clients navigate tough conversations with parents/siblings/family members about their mental health? Or to help these students adjust when their usual coping strategies are incompatible with social distancing guidelines?

A11

This is a real issue with many students. I suggest coaching the students you see to talk to family members effectively, or even suggesting they invite their parents to a session with you. Otherwise, I encourage students to pick a good time to have a conversation about healthy boundaries and the other things they need from their environment to be successful with online learning, write down the things they want to be sure to say, do it calmly and productively, and help families understand that they will all get along better if there is a balance boundaries and distance, as well as togetherness, in place. Lastly, safety is the number one priority during this challenging time, and you can encourage your clients to keep their safety in mind when interacting with others in the home.



Q12

I work as a SUDS counselor at a recovery high school. A huge portion of the population has co-occurring disorders. I've been reaching out to students (via Zoom, email, phone, FaceTime, & text). I'm having a devil of a time engaging a couple of students. Can you suggest strategies (beyond calling the parents) for engagement? I would also be delighted with a list of resources including topics to generate discussion with students. Thank you so much!

A12

You're in a tough spot but we commend your tenacity in helping your students! If you aren't comfortable calling the parents, and you can't enlist peers to reach out because of confidentiality issues, I suggest that you just keep reaching out with supportive messages via text. Even if students aren't willing or able to engage in a therapy session, your words of encouragement are sure to be appreciated and meaningful. Of course, safety is the number one priority, so if you fear that a student isn't safe, you could request a welfare check within the parameters and processes of your state. number one priority during this challenging time, and you can encourage your clients to keep their safety in mind when interacting with others in the home.

Q13

Through Active Minds, are there webinars or other resources for students even if the university they are enrolled in does not have an Active Minds chapter? How can I access them to guide my students?

A13

Yes! Most of our resources are available to campus and school communities at large. For pandemic-specific resources, visit: activeminds.org/remote-resources and otherwise, feel free to browse our website for our myriad resources. Some require that you give us your email address, just so we know where our resources are being seen, but most don't require you to be part of a chapter.

Q14

Are there resources on Active Minds website for high school students?

A14

Yes, there are! Check out the Active Minds website at activeminds.org/

Q15

How can we as mental health counselors in the community help the college campus during this epidemic?

A15

Try reaching out to the college counseling centers and asking how to help - many counseling centers are closed but phone lines are forwarded to at-home staff. Each institution handles community partnerships differently.



Q16 We have made sure to maintain therapeutic work with clients and provide and extend resources, specifically because disengagement is due to mental health. I have understood that not many schools are doing this. Is this the case and how do we expand our care to these students – are there general referral pamphlets to share with students?

A16 We are not aware of any general pamphlets available, but we encourage every institute of higher education to find ways to outreach their student body and provide information about the resources and needs discussed in today's webinar. Make sure your campus website clearly lists numbers to access both campus resources for help, as well as the national hotlines noted in today's webinar. Be proactive!

Resources referenced in today's webinar include:

- Crisis Text Line at: [crisistextline.org/](https://www.crisistextline.org/)
- The National Suicide Prevention Lifeline at: [suicidepreventionlifeline.org/](https://www.suicidepreventionlifeline.org/)

Q17 I'm currently the president of a student led club on campus similar to Active Minds. What would you recommend student advocates do to help maintain during this time or what actions/roles should we play?

A17 Student leaders and advocates can have a big impact during this challenging time! We encourage you to think of creative ways to outreach the student body, including posting on school forums and various forms of social media, and provide students with information about resources, words of encouragement, and even fun contests or games that can be played virtually.

Q18 Any ideas about medical resident students who are constantly dealing with COVID patients in hospitals? How to deal and talk with them through telepsychology?

A18 Certainly, medical students who are treating patients during the pandemic may be facing high levels of stress and feel overwhelmed. Providing a safe space for them to just vent their feelings and share their experiences would be important. Additionally, you can stress self-care- two excellent resource for physician self-care are: healthcaretoolbox.org/self-care-for-providers.html, and [nam.edu](https://www.nam.edu)

Q19 Something to consider is also LGBTQ+ young people who are in unsupportive households, have no access to hormone treatment, or affirming surgeries have been paused.

A19 As Alison Malmon addressed in the webinar today, the Trevor Project at [thetrevorproject.org](https://www.thetrevorproject.org) is one excellent resource for LGBTQ+ students to get resources and emotional support.



Q20 I am curious for suggestions as to how to help keep students motivated when they are struggling to keep up with their work. Several of the students I am working with are feeling hopeless about accomplishing anything (“What’s the use”) and struggling to do the work on their own in isolation. They are not comfortable joining a virtual group.

A20 You could try to encourage your students to think each day about what they hope to accomplish in the long run with their education. This shutdown won't last forever! Have them make their own list of what they want to accomplish in life and what they are most looking forward to when the pandemic quarantine ends Also - encourage them to be their own boss and find ways to structure their days and reward themselves for getting their work done each day.

Q21 What advice would you have for college and university presidents and other leadership to support student mental health in the short term? And in the long term?

A21 For the short term, work with your counseling and wellness center, student leaders, and community partners to aggressively outreach your student body, providing them with updates about your institution, resources they may need during this time (such as mental health and substance use treatment, food and housing assistance, financial assistance), words of encouragement, and messages of school unity. Network with other institutions of higher education to learn about other successful strategies. For the long term, continue to prioritize student mental health, as it is strongly related to successful degree attainment; assess the adequacy of your campus and community to serve the behavioral health needs of your students, and dedicate resources to meeting these needs.

Q22 Does the nature of counseling change due to the transition to tele-health? For example, deeper, psychotherapeutic work in person vs. crisis management, solution-focused, more logical counseling?

A22 This tends to depend on both the therapist's and the client's level of comfort with technology and technology-assisted psychotherapy. The length and depth of the therapeutic relationship can also play a part. Certainly, with new clients during a difficult time like the pandemic quarantine, a therapist may want to focus on helping their client meet basic needs, manage any stress or anxiety, and resolve crises. Some forms of therapy may be more challenging to deliver via telehealth, but the nature of the therapeutic relationship, the client's treatment goals, and the therapist's skill set, and experience will likely drive what can be accomplished in telehealth psychotherapy. For the long term, continue to prioritize student mental health, as is strongly related to successful degree attainment; assess the adequacy of your campus and community to serve the behavioral health needs of your students, and dedicate resources to meeting these needs.



Q23 I manage a youth suicide prevention program. I really like the idea of weekly chats with students and would like to partner with our tribal higher education department on this. Is there an outline or some basic ideas/guidelines you would suggest?

A23 There are some excellent toolkits for addressing the mental health of tribal youth and outlining some of these types of activities, including To Live to See The Great New Day That Dawns, store.samhsa.gov/product/To-Live-To-See-the-Great-Day-That-Dawns-Preventing-Suicide-by-American-Indian-and-Alaska-Native-Youth-and-Young-Adults/SMA10-4480, and the Qungasvik Toolbox for Living: sprc.org/resources-programs/qungasvik-toolbox-toolbox-promoting-youthsobriety-reasons-living

Q24 Data coming out of many states is showing that the virus is disproportionately affecting people of color. Could you please talk more about the added stress and needs of students of color, especially in light of health inequities that they and their families face even in pre-pandemic?

A24 Indeed, preliminary data is indicating that the COVID-19 virus is disproportionately effecting people of color, especially African Americans. Research indicates that students of color often face additional stress due to a variety of factors including racial discrimination, stigma, the fact that students of color may not seek help as often as white students, and issues related to the lack of available culturally relevant services. We would certainly recommend that institutions of higher education outreach their students of color during this challenging time to offer culturally relevant resources.

Q25 Do you know how VAR related to QPR? Is VAR evidence-based – what is its main purpose?

A25 VAR was created as a complement to QPR. QPR is about initiating a conversation about mental health/suicide, while VAR is about responding to someone who expresses they are struggling and increasing everyday communication skills. VAR is known as "everyday conversations for everyday struggles." It is intended for laypeople to implement immediately, without training necessary, while QPR requires a professional trainer. While not yet evidence-based, the concept is rooted in peer and bystander intervention theories of health promotion.



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