IN IT TOGETHER: TAS AND MENTAL HEALTH

Natacha Foo-Kune <fookune@uw.edu>, Ph.D.; Director, Counseling Center
Ken Yasuhara <yasuhara@uw.edu>, Ph.D.; Director, Engineering Teaching & Learning

To download session materials, including this handout, visit <<http://bit.ly/uwiit22>>.

# Prevalence, Relevance, and Destigmatization

U.S. data: One in five adults ages 18 or older has a diagnosable mental illness.

UW data: Asked of grads and undergrads: “In the past 4 weeks, how many days have you felt that emotional or mental difficulties have hurt your academic performance?”
 84%: at least once
 55%: three or more times

UW data: 10% of students reported suicidal ideation in 2020.

UW data: More than 70% of non-binary, trans, Latinx, and Native ASEs reported feeling in 2018 that they didn’t belong at UW.

International data: Graduate students are six times more likely than the general population to experience depression and anxiety.
 Depression: 39% of grad students
 Anxiety: 41% of grad students

UW data: 94% of UW students *disagreed* with the statement, “I would think less of someone who has received mental health treatment.”

# Scenarios

1. In your office hour, a distressed student shares about being homeless and feeling like they are cracking under the pressure of school, finding a new place to live, and “the state of the world in general.” They thank you for listening, saying you’re the only person who seems to understand. You mention on-campus resources, but they reply, “I don’t have any money and it takes too long to get in anyway.”
2. A student stays after class and seems overly fixated on a test grade. They are in tears because of a lower grade than expected, repeatedly saying that they “have to get an A or I’ll die.”
3. A grad student in your research group seems disoriented, speaks more rapidly than usual, and is not making sense. They reveal that they haven’t slept for three days and tell you that they have been working on an idea that will revolutionize higher education. When you mention counseling, they say they have never felt better and do not need to talk to a therapist.
4. A colleague of yours tells you that they feel overwhelmed, pulled in too many directions with research, committees, and wanting to do a good job teaching, all while trying to care for a sick family member at home.

# Warning Signs (\*Seek immediate help.)

|  |  |
| --- | --- |
| ACADEMIC* Sudden decline in work/grades
* Repeated absences
* Inconsistent performance
* Multiple requests for extensions
* Expressing feelings of hopeless, not belonging, being a failure or burden
* Bizarre content in coursework
* Communicating plan to kill self or others, giving away prized possessions\*
 | PHYSICAL* Marked changes in appearance
* Excessive fatigue or sleep disturbance
* Signs of intoxication, hangovers
* Panic reactions
* Disorientation, appearing “out of it”
* Bizarre or out-of-context behavior
* Tangential, disconnected, garbled, or slurred speech\*
* Nausea, seizure, trouble breathing, slow heart rate, clammy skin\*
 |
| PSYCHOLOGICAL* Expressing personal distress (problems with finances, family; grief, extreme sadness, contemplation of suicide)
* Unusual/disproportionate emotional responses (e.g., irritability, apathy)
* Disruptive behavior (taunting, badgering, intimidation)
* Delusions or paranoia
* Expressions of concern from peers
 | SAFETY RISK* “Cry for help” in coursework (themes of extreme hopelessness, rage, worthlessness, isolation, suicidal ideation, violence)
* Threats to harm self or others\*
* Unprovoked anger, hostility
* Harassing behaviors
* Physical violence (shoving, grabbing, assault, use of weapons)\*
 |

# How to Intervene

*Express concern:* “I appreciate your sharing with me. What do you need right now? How can I help?”
“You shared something really concerning with me, and I want to make sure you have access to all the resources that are available. It’s your choice to access them—now, in the future, or never.”

*Be direct:* Ask directly about suicide: “Are you thinking about suicide?”

*Employ active listening:*

|  |  |
| --- | --- |
| * Be attentive. Focus on understanding, not problem-solving.
* Ask open-ended and probing questions.
* Request clarification.
 | * Paraphrase what they say.
* Be attuned to and reflect feelings.
* Summarize.
 |

# UW Resources

* Campus resources for well-being <<http://wellbeing.uw.edu>>
* Emergency Financial Aid <<http://bit.ly/uwemfa>>
* Counseling Center and mental health services: **206-543-1240** <<http://bit.ly/uwcounseling>>
* My SSP (24-7 phone or chat access to a counselor): **866-775-0608** <<http://myssp.app>>
* Student Life’s Student Care Report <<http://bit.ly/uw-scr>>
* CareLink (24-7 confidential services for employees): **866-598-3978** <<http://bit.ly/uwcarelink>>
* SafeCampus (help line for UW community): **206-685-SAFE** <<http://bit.ly/uwsafecampus>>