

CULTURAL COMPETENCE NEWS

Cultural Competence Newsletter: College Student Mental Health

Editors: Debbi M. Heredia & Zachary Kasow

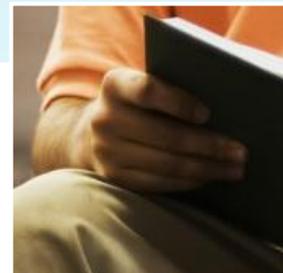


Welcome to the College Student Mental Health edition of the SLO County Cultural Competency Newsletter. In this newsletter our aim is to highlight the cultural factors that influence the mental health and well-being of the college population. College students are viewed in a variety of ways. In general, college students are usually viewed as individuals whom are learning, preparing for a career, and in the process of self-discovery. In research, college students are viewed as a convenience sample group, which only represents a portion of the entire population. Rarely are college students viewed as a cultural group with specific characteristics, traditions, strengths, and barriers. It is our hope that this newsletter will assist mental health practitioners in serving such a large population in SLO County by addressing some of the unique cultural needs, resources, and attributes. In addition to providing information, the intent of the newsletter is to inspire a basic understanding of the college student worldview as well as to create interest in further exploration of best practices related to college students' mental health.

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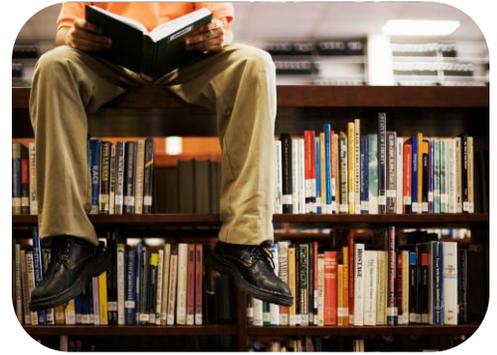
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Cultural Competence Mission and Committee

The mission of the Cultural Competence Committee is to ensure that cultural diversity is incorporated into all levels of San Luis Obispo County Behavioral Health Services. Given that since the year 2000, ethnic minorities exceed 50% of the population in California, and that the state demographics include diverse racial, ethnic and cultural communities, the Cultural Competence Committee is dedicated to eliminating cultural, linguistic, racial and ethnic disparities in the populations served by San Luis Obispo County Behavioral Health Services. The term culture includes race, ethnicity, gender, sexual orientation, primary language, spiritual life, age, and physical condition. Since 1996 the Cultural Competence Mission was shaped by the work of La Frontera Consulting Group.

In February 2010, the California Department of Mental Health (DMH) issued the Cultural Competence Plan Requirements (CCPR) which set state wide standards for achieving cultural and linguistic competence for County Behavioral Health Systems. The CCPR sets criteria that will move County Behavioral Health Services “toward the reduction of mental health service disparities identified in racial, ethnic, cultural, linguistic and other underserved/underserved populations”. The revised mission works towards the development of the most culturally and linguistically competent programs and services that meet the needs of the County of San Luis Obispo’s diverse racial, ethnic and cultural communities.



The Cultural Competence Committee was formed in 1996 and has been entrusted with overseeing that San Luis Obispo County Behavioral Health Services adheres to the Cultural Competence Plan. The members of the committee consist of representatives from diverse cultural backgrounds who bring the richness of this diversity to the committee. The members are affiliated with San Luis Obispo County Behavioral Health Services, California Polytechnic State University, Family Care Network, and Consumer Groups.

About the Editors

Debbi M. Heredia and Zachary Kasow are second year M.S. in Psychology students at Cal Poly, San Luis Obispo. The newsletter was completed as a service-learning project in a community mental health course in conjunction with the SLO County Cultural Competence Committee. The editors extend a debt of gratitude to Frank Warren, Dr. Lisa Sweatt and all the contributors named in the newsletter for their assistance and support in the creation of this newsletter.

University Student Mental Health

The college and university years are commonly described as some of the greatest years in a young person's life. These years are full of constant growth and change. Along with this growth and change there is an increase in psychological distress due to the unique stressors present in the college and university setting. In a national survey of undergraduates, more than 80% of university students reported elevated levels of psychological distress (Stallman, 2010). Approximately 19.2% met the criteria for serious mental illness while the remaining 64.7% reported subsyndromal symptoms. Full-time student status, financial stress, being aged between 18 and 34 years, being female, and having a subsequent year to their degree are all factors that predict psychological distress.

Several articles have been published which detail the mental health concerns of undergraduate students. The university experience is not limited to the undergraduate years. What about graduate students? These students are different from undergraduates in many ways including: age, amount of life/work experience, years in school, and a tendency to spend most of their time with their specific cohort. With this in mind, it is also important to consider the mental health concerns of graduate students.

According to Hyun, Quinn, Madon, and Sustig (2006) the prevalence of mental health needs among graduate students is high. Nearly half of the grad students surveyed reported experiencing a stress related problem which significantly impacts their emotional well-being and/or academic performance. More than half reported knowing someone else experiencing a stress related problem. Nearly half (46%) reported feeling overwhelmed frequently or all of the time while 40% reported feeling exhausted. While mental health concerns are high among graduate students, few actually seek

out services. Similar results were found in a sample of international graduate students expect that international graduate students are even less likely to seek counseling services (Hyun, Quinn, Madon, & Sustig, 2007).

Collectively, the results from these studies point out the necessity of a community based approach to the prevention and treatment of mental illness. Several barriers to seeking mental health services among university students have been proposed, for example stigma. These community based approaches should focus on overcoming these barriers and normalizing the experience of seeking out mental health services.

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Interview with Dr. Sarah Haag at Cal Poly Counseling Services

Q: What are the most common issues reported by people coming to seek counseling?

A: Some of the most common issues, which bring students into therapy/counseling, are: stress, depression, anxiety, trauma, sexual assault, relationship issues, eating disorders, and substances

Q: What kinds of counseling services are available to students?

A: Students are entitled to individual counseling. There are also several counseling groups available including: bipolar group, several process groups, an anxiety group, and others. Counseling is only one of the services offered, there are several others including: mental health screenings, referrals, peer counselors, outreach, and the sponsorship of a club called Active Minds.



Q: What should private practice clinicians know about college students they serve?

A: · Accepting insurance helps because students typically don't want to pay out of pocket for therapy. A sliding scale also helps and so does returning phone calls quickly.

- Having a specialty (e.g. eating disorders or anxiety) marketing that specialty so counseling center can make appropriate referrals
- Knowing students will leave between quarters so there will likely be gaps in when they come in for sessions
- If you are interested in working with college students, being on a bus route or within walking distance because many students don't have cars
- Know what resources are available on campus like the Disabled Student Resource Center (DRC)
- In order to receive services through the DRC students must have a documented disorder. A diagnosis from a clinician is not enough; the student needs to be a formal psychological assessment performed. Cal Poly does not do these assessments. It is important that clinicians know of referrals in the community and the impact of making these referrals (this kind of assessment is expensive and often not covered by insurance)

Q: What role do you think stigma plays in someone's decision to seek therapy?

A: It can play a big role. There is the societal stigma attached to seeking therapy. There is also self-stigma, which may play out in different forms. For some people it may manifest as thoughts about being smart enough to handle the pressure of college i.e. "I should be able to deal with my own problems." For others it may come from beliefs around not airing one's own dirty laundry i.e. "Where I come from, we don't talk about it."

The Stigma of Mental Illness and Seeking Psychological Help

Stigmatized individuals may face limited integration into their communities. Social stigma has been defined as “the process by which the reaction of others spoils normal identity” (pg. 95; Nettleton, 2006). Goffman (1990) distinguishes three types of stigma: the presence or imposition of mental illness, physical form (i.e. deformity), and undesired differentness (e.g. sexual orientation, race, religion). Stigma affects the individual as well as society at large with concomitant exclusion, discrimination, and power inequity (Link & Phelan, 2001). Individuals with mental illness may be excluded from social interaction (Corrigan, 2004) because of the stigma tied to having had or currently experiencing mental illness.

Stigma and social distance may differ depending on the attribution of mental illness. The term “mental illness” is a broad term that can encompass anything from Tourette’s syndrome to chronic Schizophrenia. The reaction to mental illness may depend on the perception of the origins of the mental illness. For example, someone who views a mental illness as biological in origin may have more empathic attitudes towards the individual and hence, less stigma. Several previous studies have consistently shown stigma differs across mental illnesses. Corrigan (2004) found that psychotic disorders are judged more harshly than mood disorders by individuals. Breheny (2007) found a difference in stigma between individuals with skin cancer compared to schizophrenia. In another study, Kasow and Weisskirch (2010) found stigma was highest for schizophrenia and major depression lowest for a physical condition (in this case, skin cancer).

While the stigma of mental illness is an important issue, not every college/university student who seeks mental health services suffers from a diagnosable mental illness. Still, there is significant stigma attached to seeking

psychotherapy/counseling whether it is in an individual or group setting (Sibicky & Dovidio, 1986; Vogel, Schechtman, & Wade, 2010). In a review of the literature concerning barriers and facilitators to help seeking in young people Gulliver, Griffiths, and Christensen (2010) found stigma (both public and self) as one of the biggest barriers to young people (ages 16-24) seeking mental health services.

This research demonstrates that the stigma surrounding mental health and seeking psychological services is a pervasive issue. As such, programs are needed to reduce stigma both at the society level and the individual level. There are several methods which can be used to help reduce stigma which are discussed more thoroughly in another article of this newsletter.

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Intersections of Innovation



Art and innovation are almost synonymous terms. Intersect these with the concepts of mental wellness and academic success, and there is strong possibility for growth. This is the case with the newly created Wellness Arts class at Cuesta College, a class that uses art as a way to work through the stresses of the college environment to build academic success. Kelsey Kehoe, LMFT is the Wellness Arts Program Coordinator and instructional aide for the course. Kelsey lent her time to answer some important questions about the class and to give insight about the needs of college students.

1. What is the main purpose of the class?

The Wellness Arts class is a two-unit, non-transferrable academic success class. The class incorporates the fundamentals of wellness and therapeutic art techniques to help students who have behavioral health challenges work through those challenges as they relate to being in the college setting. This class is about what it means to be well in college, what factors affect wellness and how students can thrive academically despite challenges. The class is broken down into a lecture and lab section, with the lab consisting of an art activity that relates to the lecture component of the day. The class is not an art therapy group nor is it about the quality of the art project, but the process of creating art.

2. How was the class created and how is it funded?

The class was created as part of the Innovation Grant from the California Mental Health Services Act (MHSA). The purpose of this grant is to create a program/approach to service that has never

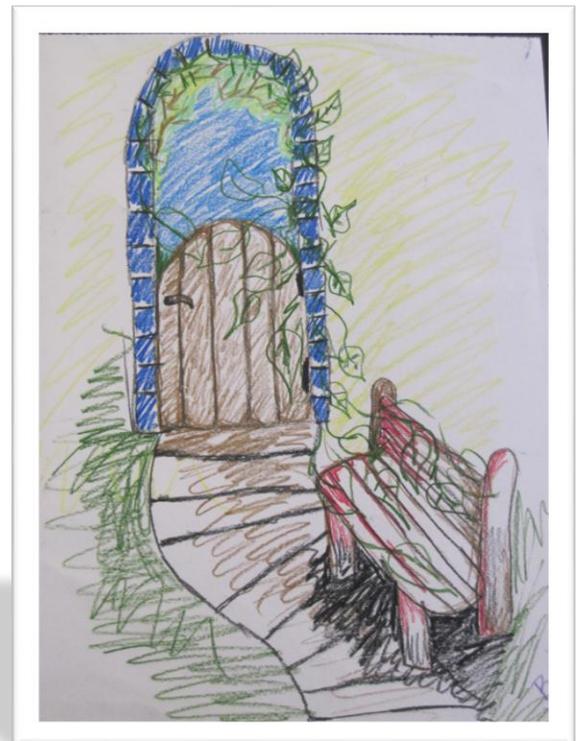
been done before. Prior to applying for the grant, San Luis Obispo County gathered ideas from and assessed the needs that mental health consumers, particularly Transitional Age Youth (age 16-24), felt were important. When the grant was funded, Matthew Green (Cuesta College Director of Workforce Economic Development and Community Programs), Robin Powers (Cuesta College DSPS Specialist & Class instructor), and Kelsey Kehoe teamed up to develop the stakeholder's ideas into the course curriculum.

3. Around how many students do you have in your class?

There were a total of 11 students in this class, which is conducive to the team-building aspect of the class. The class will be held for the second time in Fall 2012 and will have a maximum enrollment limit of 20 students.

4. What are the most common issues reported by those who participate in your class?

The students who take the class have, at some point, experienced a range of issues that have impacted their academics including anxiety, sadness, intrusive thoughts, and social phobia. [Continued on Page 7](#)



"My Safe Place" – Becky Carroll

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Students who take the class do not have to have a documented disability and do not have to disclose the specifics of what they experience.

5. What should private practice clinicians know about the college students they serve (i.e., best practices)? What should they know about this class?

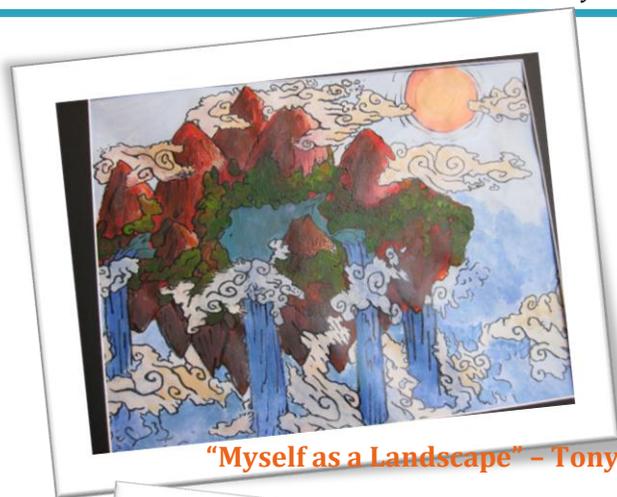
Something important for clinicians to remember is that clients may already have a lot of stressors, but adding on the academic and social components of college life just adds another layer of difficulty. Given this, students should continue already established mental health routines such as seeing their private clinician, while also utilizing support resources such as the Wellness Arts Class. If clients may be thinking of going back to school or need more support in college, this class is a great stepping-stone for them.

For additional information or questions about the class please contact Kelsey Kehoe, LMFT, 805.546.3100 ext. 2213 or

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kelsey_kehoe@ciasta.edu



“The Monster Inside Me” – Cheryl Tychewicz



“Myself as a Landscape” – Tony Hough



“The Monster Inside Me” – Tina Doherty

Student Perspectives

“I am a disabled Army Iraq War Veteran and I took the Wellness Arts class to help with my anxiety and PTSD.

This class has helped me with learning coping skills for anxious feelings and how to deal with strange environments. I learned to use art as a tool to stay calm while dealing with a stressful college setting. In the Fall I plan to take this class again because it was so much fun.” - Chris Firth

“I signed up for Wellness Arts not knowing actually how much I needed to learn the balance of life through the arts.

I am a single parent raising two children, 15 years and 8 years old. Every day is a challenge. I work very hard to keep up the house, pay bills and raise my children. I have no time to myself but through the Wellness Arts class I have learned art can be therapeutic. At the same time, I am learning that I can be an artist and I am enjoying myself through this process.

Now I feel that I have a balance and that I can give myself much needed ‘me time’.” - Tina Doherty

Reducing the Stigma of Mental Illness

In another article in this newsletter, we outlined the stigma of mental illness and even reaching out for psychological services. This work led us to wonder what can be done to reduce the stigma of mental illness. In this article we outline some of the theory behind what stigma reduction programs should include and some methods that have been tested empirically to reduce mental illness stigma.

Drawing from social psychological theory, Corrigan and Penn (1999) suggest programs emphasizing education (i.e. instruction, discussion, and simulation) or contact with someone with mental illness would reduce stigma. One additional strategy has been proposed, in 1999 the Surgeon General also suggested that if the public thought of mental illness as a brain disorder with a biological foundation, stigma might be reduced. Subsequent research has examined the efficacy of different programs utilizing these strategies of reducing stigma.

Programs using contact with a person with mental illness tend to be successful in reducing stigma; however, these results decrease with time i.e., within a week (Brown, Evans, Espenschade, & O'Connor, 2010; Schulze, Richter-Werling, Matschinger, & Angermeyer, 2003). Simulation programs (listening to an audio recording with content similar to what someone experiencing auditory hallucinations) by themselves seem to actually increase stigma (Brown, 2010; Brown et al., 2010). The negative results found associated with simulation programs may be the result of an incomplete educational experience. Inclusion of discussion and inclusion of narratives from people with mental illness which together evoke empathy may make simulation programs more effective in reducing stigma (Mann & Himelein, 2008). Finally, another group of researchers compared public attitudes towards mental illness across ten years and found over the ten year

period the public's endorsement of mental illness as a brain disorder has increased; however, the stigma towards mental illness has not decreased (Pescosolido, Martin, Long, Medina, Phelan, & Link, 2010).

Research shows that some methods of reducing stigma are more effective (e.g., contact with someone who has mental illness) than others (e.g., simulation). Findings like these should be kept in mind when designing any new campaign designed to decrease the stigma of mental illness. At this time, more work is needed to develop programs that will decrease stigma for longer periods of time.

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Mental Health Awareness: Our Personal Journeys

By now, you are probably familiar with the SLO the Stigma campaign. What you may be more unfamiliar with is a small project the SLO the Stigma video spawned. Upon viewing the SLO the Stigma video, a group of Cal Poly Students felt it was lacking the college student perspective and set out to create a similar video targeted at college students. The result of their efforts is a video posted on Cal Poly's Orientation Programs website.

The video follows a similar format to the SLO the Stigma video as it is divided up into sections including: treatment, reaching out, finding resources in our community, and you are not alone. It contains clips of four people sharing their experiences with mental illness whether personally or through people close to them. Riley shares what life was like for her after her close friend and sorority sister committed suicide several years ago. Kevin Hines shares the personal message of hope he has been communicating throughout the state after trying to end his life by jumping off the Golden Gate Bridge at the age of 19. Madison shares her experience living with a dad with alcoholism, a mom living with depression, and several friends who engage in self-harm. Randall shares his story of managing mental illness and his plan to end his life during the 2010-2011 academic year. Every story is not only inspirational but provides a glimpse of unique aspects and resources related to college student mental health.

Please follow this link to view the video for yourself:

[Mental Health Awareness: Our Personal Journeys](http://www.studentlife.calpoly.edu/orientation/mental_health_awareness.php)

Or just type the following address into your Url window:

http://www.studentlife.calpoly.edu/orientation/mental_health_awareness.php



Resources for College Students

Below is a list of just a handful of resources that can help college students navigate college life in SLO County.

Cuesta College

Health Services and Personal Counseling Services –

SLO Campus: (805) 546-3171,
vsawzak@cuesta.edu

North County Campus: (805) 591-6200

The goals of this department are to “help students achieve and maintain optimum physical, mental and emotional health and educate students in taking responsibility for their own health.”

Disabled Students Programs & Services –

SLO Campus: (805) 546-2148, (805) 546-3149
TDD

North County Campus: (805) 591-6215, (805)
591-6216 TDD

Provides support services to students with documented disabilities.

Veterans Office – SLO Campus: (805) 546-3142

Offers information on college services and benefits for Veterans.

Associated Students of Cuesta College, Student Life and Leadership

Cultural Center - SLO Campus: A center that provides information and celebration of cultural differences, 5104A and 5104B,
<http://academic.cuesta.edu/lead/cultural.htm>

Clubs - Variety of professional academic and cultural clubs that can meet various student needs,
<http://academic.cuesta.edu/lead/clubs.html>

Cal Poly, San Luis Obispo

Counseling Services - (805) 756-2511

Students are open to individual and group counseling for a variety of mental health and academic related issues.

Health Services - (805) 756-1211

Students have access to laboratory, x-ray, and pharmacy services as well as immunizations, wound care and an after-hours nurse line.

Health Education/P.U.L.S.E - (805) 756-6181

Student leaders who promote healthy lifestyles and help peers by providing basic health information.

Disability Resource Center – (805) 756-1395

Provides resources and accommodations for various types of disabilities.

Cal Poly Community Counseling Clinic - (805) 756-1532
Offers short-term, confidential counseling services to individuals, couples, families, children and adolescents. Counseling fees are on a sliding scale that ranges from \$3 to \$15 per session.

Associated Students, Inc.

Rec Center - (805) 756-1366, <http://www.asi.calpoly.edu/recreation-center>

This brand new facility features aquatic center, sports courts, sports equipment, full-service gym and fitness classes. There is also an excursion program for trips

Clubs - <http://www.asi.calpoly.edu/clubs>

With around 300 clubs, students can find a club that fits their academic, professional and/or personal interests.

Craft Center - (805) 756-1266

Inside the UU, the Craft Center offers seven different studios various arts and crafts mediums. Students can sign up on a quarterly basis

Student Life & Leadership - <http://studentlife.calpoly.edu>

Provides programs that enhance student's lives and overall education. Programs include the Community Center, Gender Equity Center, Greek Life, Men & Masculinity Programs, MultiCultural Center, Pride Center, Safer and Orientation Programs.

Community Resources

Community Counseling Center - (805) 543-7969,
www.cccslo.com

Provides short-term, low-cost counseling for individuals, couples, and families.

San Luis Obispo YMCA - (805) 543-8235,
www.sloymca.org

Offers a variety of healthy living activities including sports, art, yoga, dance and more.

SARP Center – 24-Hour Crisis Line: (805) 545-8888 or 1-800-656-HOPE

Assists sexual assault survivors, their families and the community.

SLO Hotline - 800-549-4499

Suicide prevention and mental health support. Confidential and available 24 hours of every day.

Transitions- Mental Health Association - (805) 540-6500,

<http://t-mha.org>,
Agency dedicated to eliminating stigma and promoting recovery and wellness.