A.A.A. MENTAL HEALTH
AWARENESS, ADVOCACY, ASSISTANCE

JOSH BROWN M.S., LMHC
COLLEGE COUNSELING CENTER
INTENDED TAKEAWAYS

• Why do we need programs like this?
• Understand Mental Health & Mental Illness
• How to identify people who may need psychological support
• Learn how to offer sound, evidenced-based support
• Understand where and how to refer them for professional help
<table>
<thead>
<tr>
<th></th>
<th>National Average Population: (2501-5000)</th>
<th>SUNY Potsdam 2017-2018</th>
<th>SUNY Potsdam 2018-2019</th>
<th>SUNY Potsdam Fall 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students seeking counseling</td>
<td>12%</td>
<td>17%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Psychiatric Hospitalizations</td>
<td>7</td>
<td>46 (85% returned)</td>
<td>37 (60% returned)</td>
<td>18 (59% returned)</td>
</tr>
<tr>
<td>Suicide Attempts</td>
<td>2</td>
<td>8</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>National Average Population: (2501-5000)</td>
<td>SUNY Potsdam 2017-2018</td>
<td>SUNY Potsdam 2018-2019</td>
<td>SUNY Potsdam Fall 2019</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>------------------------------------------</td>
<td>------------------------</td>
<td>------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td><strong>Primary Concern</strong></td>
<td>Anxiety 48.2%</td>
<td>Anxiety 77%</td>
<td>Anxiety 80%</td>
<td>Social Anxiety 77%</td>
</tr>
<tr>
<td></td>
<td>Depression 34.5%</td>
<td>Depression 64%</td>
<td>Depression 69%</td>
<td>Depression 61%</td>
</tr>
<tr>
<td></td>
<td>Stress 39.1%</td>
<td>Academic 42%</td>
<td>Acad/Adjust 42%</td>
<td>Acad/Adjust 37.9%</td>
</tr>
<tr>
<td><strong>Diversity</strong></td>
<td>No Data</td>
<td>Diverse gender 5%</td>
<td>Diverse gender 9%</td>
<td>Diverse gender 7%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diverse race 29%</td>
<td>Diverse race 29%</td>
<td>Diverse race 36%</td>
</tr>
</tbody>
</table>

Association of University and College Counseling Center Directors
WHY IS THE NEED FOR MENTAL HEALTH SERVICES GROWING? (+)

• Normalization of help-seeking behavior

• Increase in early intervention in communities and schools

• Proliferation of mental health services and pharmacological interventions
WHY IS THE NEED FOR MENTAL HEALTH SERVICES GROWING?(-)

• Growing income disparity

• Increase in social media- crafted narratives, social selection

• Lack of novel experiences

• Lack of access to community mental health resources

• Divisive socio-political climate
WHAT IS “MENTAL HEALTH?”

Mental health is our cognitive, emotional, psychological and social well-being

- Best possible version of ourselves
- Just like our physical health it needs to be attended to
MENTAL HEALTH

Positive emotion - Byproduct of moving towards goals that are meaningful and important

✓ Work
✓ Education
✓ Relationships
✓ Health
✓ Extracurricular
SOCIO-CULTURAL IMPLICATIONS

- The greater the barriers to your goals = greater potential for challenges to your mental health and of developing a mental illness

✓ Bias & Discrimination (gender orientation, sexual orientation, race, religion, culture, physical ability, etc.)
✓ Food & housing insecurity
✓ Low/no access to healthcare
REDUCING MENTAL HEALTH STIGMA

- Easier to be proactive through lens of self improvement

Reduces delay of interventions for:

✓ Cultures with inherent stigma to mental health
✓ Future LEO/ROTC
✓ Males
✓ Those with preconceived notions about what mental health is
MENTAL ILLNESS - A DIAGNOSABLE DISORDER WHICH:

• Affects a person's social, emotional, and psychological experience

• Disrupts an individual's ability to engage in:
  ✓ Work
  ✓ Carry out daily activities
  ✓ Engage in satisfying relationships
MENTAL HEALTH CONTINUUM

Positive Mental Health

Compromised Mental Health

Mental Illness
ACTION PLAN FOR ASSISTANCE

• **B**- Be genuine with observations and concerns ( “I” statements, specifics)
• **E**- Encourage sharing (what, when, severity)
• **A**- Assess for Safety (suicide and NSSI)
• **R**- Refer to appropriate resources/encourage coping skills
B- BE GENUINE

• Verbalize how you’re feeling about your observations
• Be specific with your concerns
• Use “I” statements to avoid blaming language
• Be empathic and validate
  - Be the person you wish had been there for you when you needed someone
E- ENCOURAGE SHARING

• Express appreciation for their courage to share
• Acknowledge the difficulty in sharing
• Ask what the problem(s) are
• When did this/these begin
• How is it affecting your life? (relationships, school, work, etc.)
A- ASSESS FOR SAFETY AND SELF HARM

- Suicide is the second leading cause of death amongst college students
- Seventh leading cause of death for males, 14th for females in general population
- Statistically our students report suicidal ideation and attempt suicide at higher rates than the national average for schools our size
A- ASSESS FOR SAFETY AND SELF HARM

• Risk Factors
  ✓ Gender- M/F (Transgender individuals twice as likely to contemplate suicide)
  ✓ Race/Ethnicity -(Caucasian 16%, Native American 14%, African- American 7%, Asian/Pacific Islander 6%, Hispanic 6%)
  ✓ Age
  ✓ Sexual orientation- (LGB three times more likely to contemplate suicide than heterosexual counterparts)
A- ASSESS FOR SAFETY AND SELF HARM

• **Warning Signs- Direct Verbal**
  
  ✓ “I’ve decided to kill myself.”
  ✓ “I wish I were dead.”
  ✓ “I’m going to commit suicide.”
  ✓ “I’m going to end it all.”
A- ASSESS FOR SAFETY AND SELF HARM

• **Warning Signs- Indirect Verbal**
  ✓ “I’m tired of life, I just can’t go on.”
  ✓ “My family would be better off without me.”
  ✓ “Who cares if I’m dead anyway.”
  ✓ “I just want out.”
  ✓ “I won’t be around much longer.”
  ✓ “Pretty soon you won’t have to worry about me.”
  ✓ “If (such and such) doesn’t happen, I’ll kill myself.”
A- ASSESS FOR SAFETY AND SELF HARM

• **Warning Signs- Behavioral**
  
  ✓ Any previous suicide attempt
  
  ✓ Acquiring or researching lethal means
  
  ✓ Mental health concerns - depression, moodiness, hopelessness
  
  ✓ Putting personal affairs in order/giving away prized possessions
  
  ✓ Discussing religion/death/after-life
  
  ✓ Drug or alcohol abuse, or relapse after a period of recovery
  
  ✓ Change in Behavior - anger, aggression, irritability, crying
A- ASSESS FOR SAFETY AND SELF HARM

• **Warning Signs- Situational**
  ✓ Being fired or being expelled from school
  ✓ A recent unwanted move
  ✓ Anticipated loss of financial security
  ✓ Diagnosis of a serious or terminal illness
  ✓ Fear of becoming a burden
  ✓ Pressure to meet expectations of self and/or others
  ✓ Loss of any major relationship, especially if by death or suicide
A- ASSESS FOR SAFETY AND SELF HARM

• How to ask someone about suicide
  ✓ If in doubt, don’t wait: ask the question.
  ✓ If the person is reluctant, be persistent.
  ✓ Talk to the person alone in a private setting.
  ✓ Allow the person to talk freely.
  ✓ Give yourself plenty of time.
A- ASSESS FOR SAFETY AND SELF HARM

• Easing into the conversation

✓ “Do you ever wish you could go to sleep and never wake up?”
✓ “Have you been struggling so much that you’ve been thinking about ending your life?”
✓ “You know, when people are hurting as you seem to be, sometimes they wish they were dead. I’m concerned... Are you feeling that way, too?”
A- ASSESS FOR SAFETY AND SELF HARM

• Arriving at the conversation

✓ “Are you hurting so much that you’ve been thinking about ending your life?”
✓ “Are you thinking about killing yourself?”
✓ “It sounds like you are really struggling. I wonder - Are you thinking about suicide?”
✓ “When people feel hopeless and stuck, sometimes suicide seems like an option. Have you been considering suicide?”
A- ASSESS FOR SAFETY AND SELF HARM

• **AVOID**- Bias and negative connotations

✓ “You’re not suicidal, are you?”
✓ “You’re not thinking about killing yourself, are you?”
✓ “You wouldn’t do anything crazy would you?”
✓ “Surely you’re not thinking about suicide, right?”
A- ASSESS FOR SAFETY AND SELF HARM

- Connecting with help if they are at risk
  “Nothing about you without you”
  ✓ Encourage connection with others who care
  ✓ If danger is imminent contact University Police at 315-267-2222
  ✓ Walk person directly to the College Counseling Center- 315-267-2330
MEDICAL EMERGENCIES

Seek emergency medical help when someone has:

- Taken an overdose of medication
- Consumed poison
- A life-threatening injury
- Confusion, disorientation, or unconsciousness
- Rapid or pulsing bleeding
A- ASSESS FOR SAFETY AND SELF HARM

• Unexplained or clustered scars or marks
• Fresh cuts, bruises, burns or other signs of bodily damage
• Bandages worn frequently or constant use of wrist bands
• Inappropriate dress for the season, such as long sleeved shirts or long pants worn consistently in summer
A- ASSESS FOR SAFETY AND SELF HARM

- Recognize that self-injury is usually a symptom of serious psychological distress (not necessarily suicidal)
- Avoid any negative reactions to the self-injury
- Discuss the situation calmly
- Focus on ways to stop the distress

Do Not
- Focus on stopping self-injury
- Trivialize the feelings or situations that have led to self-injury
- Punish the person
- Threaten to withdraw care
R- REFER TO APPROPRIATE RESOURCES AND COPING SKILLS

• Refer to appropriate mental health resources

✓ Psychiatrists

✓ Therapists, social workers, psychologists

✓ Primary Care Physicians
R- REFER TO APPROPRIATE RESOURCES AND COPING SKILLS

• Start with the familiar:
  ✓ Counselor, social worker, psychologist
  ✓ SHS provider
  ✓ Current PCP

• If there are no existing:
  ✓ Counseling Center
  ✓ Reachout
  ✓ Canton Potsdam Hospital (Behavioral Health)
R- REFER TO APPROPRIATE RESOURCES AND COPING SKILLS

• Encourage attendance to sleep hygiene
• Suggest increase in daily physical movement
• Highlight importance of nutrition
• Emphasis value of socialization
• Historical successful coping (skills are transferable)
• Abstain from drug and alcohol use
• Alternative coping skills- Pleasant events, deep breathing, etc
COPING SKILLS

Encourage Healthy Nutrition- You are what you eat

• Neurotransmitters are associated with mood regulation, reward, motivation, sleep, movement, cognitive function, etc.

• 90% of neurotransmitters are produced in our stomach

• The nutrients essential to the synthesis and regulation of neurotransmitters are found in healthy diet
COPING SKILLS

• Encourage proper sleep hygiene

• CSF “car wash”

• Waste proteins inhibit transmission of neurotransmitters
COPING SKILLS

• Encourage movement
COPING SKILLS

• Socialization

✓ Provides concrete evidence of worth and value
✓ Undermines cognitive distortions present in many individuals
✓ Stimulates Oxytocin release
✓ Allows for happenstance- invites, activities, novel experiences
COPING SKILLS

- Cessation of Drugs & Alcohol
  - Consequences of use/abuse/dependence
  ✓ Reduces the brain’s activation of neurotransmitters
  ✓ Damages neurons needed for normal transmission of neurotransmitters
  ✓ Rebound of negative emotions self medicated by drug/alcohol use
CYCLE OF ADDICTION

Target Mood Achieved → Undesired Mood State

Higher Drug Intake → Drug Intake

Target Mood Achieved → Return to sub-baseline
MENTAL ILLNESS

• Anxiety - 80% of students seen at CCC indicate symptoms
• Anxiety disorder differs from normal stress and anxiety

• The symptoms of an anxiety disorder are more severe and can cause impairment in daily life (i.e., Work, relationships)
• There is a presence of excessive anxiety and worry about a variety of topics, events, or activities.
ANXIETY: SIGNS AND SYMPTOMS

Physical

• Cardiovascular: pounding heart, chest pain, rapid heartbeat, blushing
• Respiratory: fast breathing, shortness of breath
• Neurological: dizziness, headache, sweating, tingling, numbness
• Gastrointestinal: choking, dry mouth, stomach pains, nausea, vomiting, diarrhea
• Musculoskeletal: muscle aches and pains, restlessness, tremors and shaking, inability to relax
ANXIETY: SIGNS AND SYMPTOMS

Behavioral

• Avoidance of situations, distress in social situations, phobic behavior

Psychological

• Unrealistic or excessive fear and worry
• Mind racing or going blank,
• Decreased concentration and memory,
• Irritability, impatience, anger, confusion, restlessness or feeling “on edge” or nervous,
• Fatigue, sleep disturbance
ACTION PLAN FOR ASSISTANCE - ANXIETY

• **B-** Be genuine with observations and concerns ("I" statements, specific,)

Note concerns about:

✓ Attendance and/or missed appointments
✓ Avoidance of face to face discussion and reliance on email/ social media contact
✓ Focus
✓ Shakiness
✓ Complaints about stomach/chest pain
✓ Decreased academic performance
ACTION PLAN FOR ASSISTANCE - ANXIETY

**E**- Encourage sharing (what, when, severity)
Source of fears/worries, duration of struggle, how it has affected them

- **A**- Assess for Safety (suicide and NSSI)
Ask about thoughts of suicide or self harm as a method of coping

- **R**- Refer to appropriate resources/encourage coping skills
Deep Breathing exercises, Cold water splashed on face
Sleeping, eating, **moving**, socializing, abstaining from drugs/alcohol (including caffeine)
Counseling Center, Student Health Services, or current provider
SYMPTOMS OF A PANIC ATTACK

✓ Palpitations, pounding heart, or rapid heart rate
✓ Sweating
✓ Trembling and shaking
✓ Shortness of breath, sensations of choking or smothering
✓ Chest pain or discomfort
✓ Abdominal distress or nausea
✓ Dizziness, light-headedness, feeling faint, unsteady
✓ Feelings of being detached from oneself (unreality)
✓ Fear of losing control or “going crazy”
✓ Fear of dying
✓ Numbness or tingling
✓ Chills or hot flashes
ACTION PLAN FOR ASSISTANCE - PANIC ATTACK

**B-** Be genuine with observations and concerns ("I" statements, specific,)
Let the person know you are concerned and want to help

**E-** Encourage sharing (what, when, severity)

**Inquire if they know what is happening:**

*If you don’t know it is a panic attack or other medical problem:*

✓ Check for a medical alert bracelet and follow the instructions
✓ Seek medical assistance

*If the person believes it is a panic attack:*

✓ Reassure the person that it is a panic attack
✓ Ask the person if you can help
ACTION PLAN FOR ASSISTANCE - PANIC ATTACK

Remain calm and speak in a reassuring but firm manner
Speak clearly and slowly, and use short sentences
Avoid any negative reactions
Remind the person that while a panic attack is frightening, it is not life threatening
Reassure the person that he or she is safe and that the symptoms will pass

R- Refer to appropriate resources/encourage coping skills

Sleeping, eating, moving, socializing, abstaining from drugs and alcohol (including caffeine)
Counseling Center, Student Health Services, or current provider

* No SI/NSSI assessment
MENTAL ILLNESS

Post-Traumatic Stress Disorder

- PTSD involves exposure to one or more event(s) that involved death or threatened death, actual or threatened serious injury, or actual/threatened sexual violation.
POST-TRAUMATIC STRESS DISORDER

1. Persistent Re-experiencing

• recurrent nightmares or flashbacks,

• recurrent images or memories of the event—these images or memories often occur without actively thinking about the event,

• intense distress of reminders of the trauma and/or

• physical reactions to triggers that symbolize or resemble the event.
POST-TRAUMATIC STRESS DISORDER

2. Increased Arousal
   • difficulty falling asleep or staying asleep,
   • outbursts of anger/irritability,
   • difficulty concentrating,
   • increased vigilance that may be maladaptive and/or
   • exaggerated startle response
3. Avoidant/Numbness Responses

- efforts to avoid feelings or triggers associated with the trauma;
- avoidance of activities, places or people that remind the person of the trauma;
- inability to recall an important aspect of the trauma;
- markedly diminished interest in activities;
- feelings of detachment or estrangement from others;
- restricted range of feelings
- difficulty thinking about the long-term future
ACTION PLAN FOR ASSISTANCE - PTSD

- **B-** Be genuine with observations and concerns ("I" statements, specific,)
  Hypervigilant behavior, avoidance, fearful, irritable, exhaustion

- **E-** Encourage sharing (what, when, severity)
  Did a traumatic event occur? Are relationships suffering, are symptoms interfering with daily activities?

- **A-** Assess for Safety (suicide and NSSI)
  Thoughts of suicide, homicide, or NSSI

- **R-** Refer to appropriate resources/encourage coping skills
  Refer to CCC/NPP

Sleeping, eating, moving, socializing, abstaining from drugs/alcohol (including caffeine)
MENTAL ILLNESS

Obsessive-Compulsive Disorder

Obsessions:

• Recurrent and persistent thoughts, urges, or impulses that intrusive that cause marked anxiety or distress.

• There are attempts to ignore or suppress with some other thought or action
OBSESSIVE-COMPULSIVE DISORDER

Compulsions:

• Repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the individual feels compelled to perform

• The behaviors or mental acts are aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation

• Behaviors or mental acts are not connected in a realistic way with what they are designed to neutralize or prevent, or are clearly excessive.

(O/C are time-consuming or cause clinically significant distress or impairment in important areas of functioning.)
ACTION PLAN FOR ASSISTANCE- OCD

• **B**- Be genuine with observations and concerns ("I" statements, specific, )

Excessive cleaning, washing, checking, careful selection of items related to food consumption, atypical use of PPE, hoarding, obsession with symmetry/order, missed assignments or frequently late to class

• **E**- Encourage sharing (what, when, severity)

Does this observed behavior cause you distress? How long has it occurred? What do you fear would happen if you didn’t? How often does this happen?

• **A**- Assess for Safety (suicide and NSSI)

Thoughts of suicide or NSSI

• **R**- Refer to appropriate resources/encourage coping skills

Encourage proper sleep hygiene, caffeine/alcohol/drug avoidance, movement.

Enlist support of faculty/staff

Refer to CCC/NPP
TYPES OF MOOD DISORDERS

• Major depressive disorder

• Bipolar disorder

• Depression with seasonal pattern
DEPRESSION

• This Fall 2019 Semester 61% of the students seen reported symptoms of depression

• Major depressive disorder lasts for at least 2 weeks and affects a person’s
  • Emotions, thinking, behavior, and physical well-being
  • Ability to work and have satisfying relationships
Depression: Signs and Symptoms

Physical

• Fatigue
• Lack of energy
• Sleeping too much or too little
• Overeating or loss of appetite
• Constipation
• Weight loss or gain
• Headaches
• Irregular menstrual cycle
• Loss of sexual desire
• Unexplained aches and pains
Behavioral

- Crying spells
- Withdrawal from others
- Neglect of responsibilities
- Loss of interest in personal appearance
- Loss of motivation
- Slow movement
- Use of drugs and alcohol
• Sadness
• Anxiety
• Guilt
• Anger
• Mood swings
• Lack of emotional responsiveness
• Feelings of helplessness
• Hopelessness
• Irritability

• Frequent self-criticism
• Self-blame
• Pessimism
• Impaired memory and concentration
• Indecisiveness and confusion
• Tendency to believe others see one in a negative light
• Thoughts of death and suicide
RISK FACTORS FOR DEPRESSION & ANXIETY

- Stressful or traumatic events
- Difficult childhood; history of childhood anxiety
- Ongoing stress and anxiety
- Another mental illness
- LGBTQI2- (2.5 times higher than hetero/gender conforming counterparts)
- Previous episode of depression or anxiety
- Family history
- More sensitive emotional nature
RISK FACTORS FOR DEPRESSION & ANXIETY

- Illness that is life threatening, chronic or associated with pain
- Medical conditions
- Side effects of medication
- Recent childbirth
- Premenstrual changes in hormone levels
- Lack of exposure to natural light (winter or summer)
- Chemical (neurotransmitter) imbalance
- Substance misuse; intoxication, withdrawal
ACTION PLAN FOR ASSISTANCE-DEPRESSION

• **B-** Be genuine with observations and concerns ("I" statements, specific, )
  
  Withdrawal, sadness, pessimism, negative self-statements, fatigue

• **E-** Encourage sharing (what, when, severity)
  
  What has occurred and when, barriers/problems they are facing, how is it affecting them, what is their hope like?

• **A-** Assess for Safety (suicide and NSSI)
  
  Thoughts of suicide, homicide, NSSI

• **R-** Refer to appropriate resources/encourage coping skills
  
  Sleeping, eating, moving (especially outside), socializing, abstaining from drugs/alcohol
  
  Counseling Center, Student Health Services, or current provider
DEPRESSION WITH SEASONAL PATTERN

• Seasonal changes alter our circadian rhythms via melatonin production and light exposure
• Farther from equator associated with harsh weather and decrease in outdoor activities
• Misconception Depression with SP occurs only in winter

• Interventions:
  ✓ Physical movement especially outside during daylight
  ✓ Improved nutrition (Vitamin D)
  ✓ Light therapy: At home or at Counseling Center
SIGNS OF MANIA (BI-POLAR DISORDER)

- Increased energy and overactivity
- Elated mood
- Need less sleep than usual
- Irritability
- Rapid thinking and speech
- Lack of inhibitions
- Grandiose delusions
- Lack of insight
ACTION PLAN FOR ASSISTANCE-MANIA

• **B-** Be genuine with observations and concerns ("I" statements, specific,)
  Pressured speech, difficulty following thought process/topics, physical agitation, social contract violations

• **E-** Encourage sharing (what, when, severity)
  What is their sense of how they are doing, have others expressed concern, past mental health concerns or current treatment?

• **A-** Assess for Safety (suicide and NSSI)
  Thoughts of suicide, homicide, NSSI

• **R-** Refer to appropriate resources/encourage coping skills
  Counseling Center, Student Health Services, or current provider (University Police if person is significantly concerning with comments/behaviors)
PSYCHOSIS

- First episode of psychosis often occurs in late teens
- Psychosis is a condition in which a person has lost some contact with reality
- The person may have severe disturbances in thinking, emotion, and behavior
- Disorders in which psychosis can occur are not as common as depression and anxiety disorders
- Psychosis usually occurs in episodes and is not a constant or static condition
COMMON SYMPTOMS WITH PSYCHOSIS

Changes in emotion and motivation

- Depression
- Anxiety
- Irritability
- Suspiciousness
- Blunted, flat, or inappropriate emotion
- Change in appetite
- Reduced energy and motivation
COMMON SYMPTOMS WITH PSYCHOSIS

Changes in thinking and perception
- Difficulties with concentration or attention
- Sense of alteration of self, others, or the outside world (e.g., feeling that self or others have changed or are acting different in some way)
- Odd ideas
- Hallucinations (auditory, visual, gustatory, olfactory, tactile)
- Aggression or hostility

Changes in behavior
- Sleep disturbances
- Social isolation or withdrawal
- Reduced ability to carry out work and social roles
DISORDERS WHERE PSYCHOSIS CAN OCCUR

- Schizophrenia
- Bipolar disorder
- Depression with psychotic features
- Schizoaffective disorder
- Drug-induced psychosis (only instance where onset can be rapid)
FEATURES OF SCHIZOPHRENIA

• Delusions
• Hallucinations
• Thinking difficulties
• Loss of drive
• Blunted emotions
• Social withdrawal
WITHOUT EARLY INTERVENTION

• Poorer long-term functioning
• Increased risk of depression and suicide
• Slower psychological maturation and slower uptake of adult responsibilities
• Strain on relationships and subsequent loss of social supports
• Disruption of education and employment
• Increased use of alcohol and drugs
• Loss of self-esteem and confidence
• Greater chance of problems with the law
ACTION PLAN FOR ASSISTANCE- PSYCHOSIS

• **B-** Be genuine with observations and concerns ( “I” statements, specific, )
Withdrawn, academic difficulty, decline in personal self care, difficulty thinking/processing, suspiciousness, social contract violations/odd behavior, intense or no emotions

• **E-** Encourage sharing (what, when, severity)
What is their sense of how they are doing, have others expressed concern, past mental health concerns or current treatment?

• **A-** Assess for Safety (suicide and NSSI)
Thoughts of suicide, homicide, NSSI

• **R-** Refer to appropriate resources/encourage coping skills
Offer to be a supportive listener moving forward
Encourage sleep hygiene
Counseling Center, Student Health Services, or current provider (University Police if person is significantly concerning with comments/behaviors)
SUBSTANCE USE DISORDERS
SUBSTANCE USE DISORDERS

Associated Risks:

• Dependence
• Work/home/social problems
• Abuse that causes damage to health
UNDERSTANDING SCOPE AND ETIOLOGY

WHY?

• Stress (depressants)
• Demanding work load (stimulants)
• Curiosity combined with autonomy
• Social cohesion (compounds difficulty in future attempts at sobriety)
COMORBIDITY

• Substance use disorders can co-occur with almost any mental illness

• Some people “self-medicate” with alcohol and/or other drugs

• People with mood or anxiety disorders are two to three times more likely to have a substance use disorder
WARNING SIGNS

• Increased use over time
• Increased tolerance for the substance
• Difficulty controlling use
• Symptoms of withdrawal
• Preoccupation with the substance
• Giving up important activities (work, social, family, etc.)
• Continued use even after recognizing problem with substance use
WARNING SIGNS

• Usage in morning or before situations likely to cause stress
• Usage before social interactions/engagements
• Blackouts/memory loss
• Defensiveness about usage
• Social problems, illegal or aggressive behavior
• Sexual/regrettable/risky behavior
• Suicidal behavior
COMMON SUBSTANCES

• Marijuana, Marijuana concentrates
• Synthetic Marijuana (Spice, K2)
• Heroin (and other opioids)
• Sedatives and tranquilizers
• Cocaine
• Amphetamines
• Methamphetamines
• Ecstasy and other hallucinogens
• “Bath Salts” (HU-210, M-694, CP-47)
• Inhalants
• Tobacco
• Alcohol
ALCOHOL AND MARIJUANA USE BY STUDENTS

- Fall 2019 Semester-

“Over the past two weeks have you had 5 (4) or more drinks in a row” = 16.5%

“Over the past two weeks how many times have you used marijuana?”

✓ - 3- 5 times- 6%
✓ - 6-9 times- 5.3%
✓ - 10 or more times- 5.3%

However, only 2.3 % of students coming to counseling are doing so for drug abuse/dependence
RISK FACTORS FOR SUBSTANCE ABUSE DISORDER

- Availability and tolerance of the substance in society
- Social factors
- Genetic predisposition
- Sensitivity to the substance
- Other mental health problems
ACTION PLAN FOR ASSISTANCE- DRUG/ALCOHOL

• **B-** Be genuine with observations and concerns (“I” statements, specific,)
  Shifts in behavior, concerns about academics, relationships, health, legal/judicial involvement

• **E-** Encourage sharing (what, when, severity)
  What is their sense of the problem, what are others concerns if they don’t have any

• **A-** Assess for Safety
  Thoughts of suicide, NSSI, drug/alcohol intoxication information

• **R-** Refer to appropriate resources/encourage coping skills
  Encourage socialization with substance free friends/activities
  Counseling Center, Student Health Services, Reachout (referral resource) or current provider
  Canton-Potsdam Hospital (if dependent)
WHEN TO CALL AN AMBULANCE

- Cannot be awakened or is unconscious
- Has irregular, shallow, or slow breathing
- Has irregular, weak, or slow pulse
- Has cold, clammy, pale, or bluish skin
- Is continually vomiting
- Shows signs of a possible head injury (e.g., talking incoherently)
- Has seizures
- Has delirium tremens — a state of confusion and visual hallucinations
THANK YOU

- “Treat yourself like you would someone you are responsible for helping”
  - Dr. Jordan B. Peterson
WHEN YOU ARE UNCERTAIN...

**College Counseling Center**
Monday-Friday 8:30am-4:30pm
Main Office - 131 Van Housen Hall
315-267-2330

Monday- Friday- 12pm- 8:00pm

**Counselors in Residence**
Bowman West 1145  (315-267-2529)
Draime 121  (315-267-3159)

**University Police**
24/7
315-267-2222
RESOURCES

• SUNY Potsdam Counseling Center- 315-267-2330 (private practitioner list on website)
• SUNY Potsdam University Police- 315-265-2222
• Reachout- Crisis and Information Hotline- 315-265-2422
• St. Lawrence County Mental Health Clinic- 315-386-2167
• Canton-Potsdam Hospital (Behavioral Health Dept.)- 315-265-3300
• United Helpers: Canton (Behavioral Health)- 315-386-0264
• Mental Health Counseling Services of Northern New York-(315) 268-0264
• Community Health Center of the North Country- (315) 386-8191
RESOURCES

• National toll-free 24/7 hotlines:
  
  1-800-SUICIDE (800-784-2433)
  
  1-800-273-TALK (800-273-8255)

• Crisis Text Line: Text HOME to 741741

• Trevor Project (LGBTQI2 support): 866-488-7386 or text START to 678678
Sleep Hygiene Tips
(Therapistaid.com)

✓ Set a schedule. Establish a regular sleep schedule every day of the week. Don’t sleep in more than an hour, even on your days off.

✓ Don’t force yourself to sleep. If you haven’t fallen asleep after 20 minutes, get up and do something calming. Read a book, draw, or write in a journal. Avoid computer, TV, and phone screens, or anything else that’s stimulating and could lead to becoming more awake.

✓ Avoid caffeine, alcohol, and nicotine. Consuming caffeine, alcohol, and nicotine can affect your ability to fall asleep and the quality of your sleep, even if they’re used earlier in the day. Remember, caffeine can stay in your body for up to 12 hours, and even decaf coffee has some caffeine!

✓ Avoid napping. Napping during the day will make sleep more difficult at night. Naps that are over an hour long, or those that are later in the day, are especially harmful to sleep hygiene.

✓ Use your bed only for sleep. If your body learns to associate your bed with sleep, you’ll start to feel tired as soon as you lie down. Using your phone, watching TV, or doing other waking activities in bed can have the opposite effect, causing you to become more alert.

✓ Exercise and eat well. A healthy diet and exercise can lead to better sleep. However, avoid strenuous exercise and big meals for 2 hours before going to bed.

✓ Sleep in a comfortable environment. It’s important to sleep in an area that’s adequately quiet, comfortable, and dark. Try using an eye mask, ear plugs, fans, or white noise if necessary.
## Neurotransmitters & Associated Functions

<table>
<thead>
<tr>
<th>Neurotransmitter</th>
<th>Functions Affected</th>
<th>Substances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serotonin</td>
<td>Mood, Sleep, Libido, Appetite</td>
<td>MDMA, LSD, Cocaine</td>
</tr>
<tr>
<td>Norepinephrine</td>
<td>Mood, Sleep, Anxiety, Movement, Sensory Processing</td>
<td>Cocaine, Methamphetamine, Amphetamines</td>
</tr>
<tr>
<td>GABA</td>
<td>Memory, Anxiety, Anesthesia, Neuron Activity (slowed)</td>
<td>Alcohol, Tranquilizers, Sedative</td>
</tr>
<tr>
<td>Dopamine</td>
<td>Pleasure, Reward, Attention, Memory, Movement</td>
<td>Cocaine, Methamphetamine, Amphetamines</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Virtually all drugs augment Dopamine pathway)</td>
</tr>
<tr>
<td>Endogenous Cannabinoids</td>
<td>Movement, Cognition, Memory</td>
<td>Marijuana</td>
</tr>
<tr>
<td>Endogenous Opioids</td>
<td>Sedation, Mood, CNS, Anesthesia</td>
<td>Heroin, Morphine, Rx Pain Killers</td>
</tr>
</tbody>
</table>
BELLY BREATHING

1. Sit or lie flat in a comfortable position.

2. Put one hand on your belly just below your ribs and the other hand on your chest.

3. Take a deep breath in through your nose, and let your belly push your hand out. Your chest should not move.

4. Breathe out through pursed lips as if you were whistling. Feel the hand on your belly go in, and use it to push all the air out.

5. Do this breathing 3 to 10 times. Take your time with each breath.

6. Notice how you feel at the end of the exercise.
| PLEASANT EVENTS                                      |  |  |
|-----------------------------------------------------|  |  |
| Meditating                                          |  |  |
| Taking a warm bath                                  |  |  |
| Reading a book                                      |  |  |
| Watching TV                                         |  |  |
| Playing a game                                      |  |  |
| Call a friend                                       |  |  |
| Sing                                                |  |  |
| Listen to music                                     |  |  |
| Draw or doodle                                      |  |  |
| Stretch                                             |  |  |
| Write a card to a friend                            |  |  |
| Color in a coloring book                           |  |  |
| Walk downtown and have a tea                        |  |  |
| Play frisbee with a friend                          |  |  |
| Volunteer at the humane society                     |  |  |
| Eat a favorite food                                 |  |  |
| Sit outside and people watch                        |  |  |
| Exercise                                            |  |  |
| Clean your room                                     |  |  |
| Sing (even if you think you can't)                  |  |  |
| Watch the birds                                     |  |  |
| Make a list of hopes /goals                         |  |  |
| Start a journal/diary                              |  |  |
| Play a game of pool                                 |  |  |
| Go for a hike                                       |  |  |
| Plan a dream vacation                               |  |  |
| Research places to live                             |  |  |
| Go to the library and browse                        |  |  |
REFERENCES


• Korb, Alex (2015). *The Upward Spiral: Using neuroscience to reverse the course of depression*. Oakland California: New Harbinger, California


• National Institute of Drug Abuse: [https://www.drugabuse.gov](https://www.drugabuse.gov)