

# Emotional Vital Signs

Identifying & Connecting Students Presenting  
with Urgent Health Needs

Reducing the Stigma of Mental Health

# Wellesley College Health and Counseling Service

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# Objectives

- Review "emotional vitals" used in Health Service urgent care visits
- Describe how culture, gender, and first generation identification impacts how students struggling emotionally present on college campuses using Wellesley College as example.
- Explain evaluation of the "emotional vitals" and the impact on health and counseling services and student wellbeing.



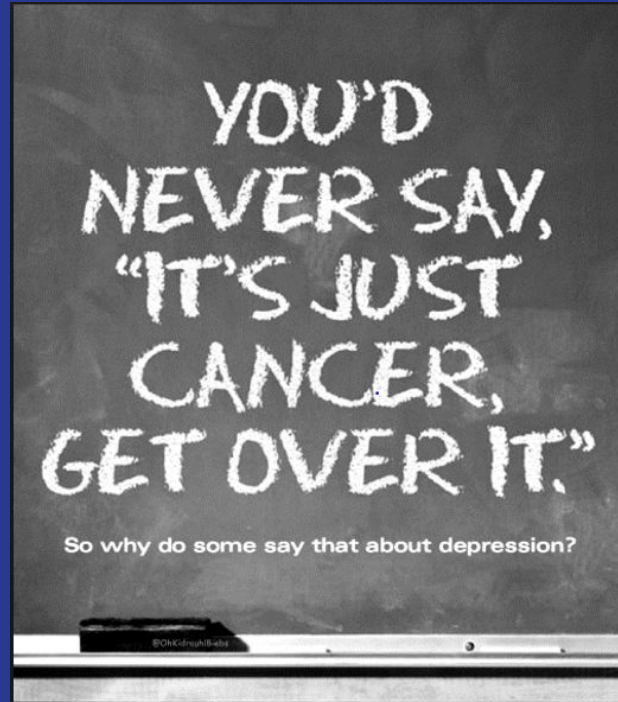
# Planting Seeds and Putting it Out There

“If the questions aren't asked, patients won't get the care they need. They may not be ready the first couple of times, but if you keep asking the questions, the patients will respond eventually. They want to talk to someone about it.”

Julie Schreiner, DNP, MSN, FNP, PMHS, RN



# Case Study



# 2016 NCHA data- emotional health

89% described health as good, very good, or excellent

10% international student response

38% identify as Asexual, Bisexual, Gay, Lesbian, Pansexual, Queer, Questioning, Same Gender Loving, or Another

5.4% identify as non-binary





86%

Felt overwhelmed in the last year

16%

In the last 30 days

(NCHA 2016)

# Wellesley College

**“We both went to  
Wellesley College, so I  
know where she got her  
study habits.”**

— Former Sec. of State Madeleine Albright on  
Hillary Clinton





# Negative academic impact due to

stress

41%

anxiety

29%

depression

19%



61%

Felt very lonely in the last year

13%

In the last 30 days

(NCHA 2016)



82%

Felt exhausted in the last year

16%

In the last 30 days

(NCHA 2016)



51%

Felt things were hopeless in the last year  
10%

In the last 30 days

(NCHA 2016)

## Racial Identity

58% White

31% AAPI

9% Latino/a

3% Other

9% Multiracial

8% Black/ Af. Am

.5% Am. In./HI/AK





# Culture, Gender & First Generation Access to Care

# Cultural barriers to seeking help

- Different cultural ways of understanding mental health
- Stigma and shame regarding mental illness
- Lack of awareness and understanding of mental health and treatment

# Ways of understanding mental health

- Mind body connection-  
“Within the Chinese culture mental health is viewed as part of overall health concerns. Psychological problems are related to physical problems and concerns are expressed in concrete terms connected to the body” (Tung, 1994)
- Mental illness as imbalance in body, nutrition
- Somatization- the manifestation of physical illness related to mental health



# Somatization

- Somatization occurs at a rate of 15% among African Americans and 9% among Caucasian Americans (NAMI African American Community Fact Sheet)
- “Among American Indian Alaskan Native people, there is a wide range of beliefs about illness, healing, and health. The concept of mental illness and beliefs about why and how it develops have many different meanings and interpretations. Often physical complaints and psychological concerns are not distinguished.” (APA Fact Sheet: Mental Health Disparities: American Indians and Alaskan Natives)
- Asian American Pacific Islanders often experience somatic symptoms of distress and prefer to go to primary care providers rather than mental health specialists, may not even identify it as related to mental health (Lu, 2002)

# Stigma and Shame

- Stigmatization among many cultures regarding mental health.
- Mental health problems seen as reflecting poorly on family, loss of face, **expression of mental illness as personal weakness**, issue of will power
  - In Asian cultures expressing one's feelings can be seen as an admission of weakness, seeking help and going to counseling then is being weak and not being able to control oneself.
  - Chinese Americans view seeking help as “not necessary” or not culturally acceptable because emotional challenges are a just a part of normal life (Kung, 2003)

# Because of the stigma.....

- Becomes easier and less stigmatized to express emotional distress somatically.
- Asian Americans have low rates of any type of mental health services (Abe-Kim et al., 2007)
- “Mental illness is frequently stigmatized and misunderstood in the African American community. African Americans are more likely to seek help through their primary care doctors as opposed to accessing specialty care.” (NAMI Fact Sheet)

# Lack of awareness and understanding of mental health and counseling

Other ways of seeking help

Leung et al. (2012) found among Chinese Americans with depressive symptoms

- 34.9% sought help from family or relatives
- 15.7% from physicians
- 4.7% from mental health providers

Traditional healers, pastors, acupuncture, herbalists, family



## A quote to sum up

Hispanics/Latinos often have different attitudes about accessing mental health services, and may feel highly stigmatized for doing so. For example, Hispanics/Latinos often mistake depression for nervousness, tiredness, or even a physical ailment, and may see it as something that is temporary. Affected individuals may not recognize their symptoms as those that require the attention of mental health specialists.

American Psychiatric Association: Let's talk facts about mental health in the Latino/Hispanic community



# Barriers for LGBT populations

- Fear of loss of confidentiality
- Fear of negative attitude by mental health provider
  - Lack of cultural sensitivity
    - Not using correct pronouns
    - Reinforcement of gender normative standards
    - Difficulty communicating needs and realities to providers with no training
  - History of homophobia within psychology
    - “Reparative therapy”
    - Assumption of link between mental health problem and sexual orientation
- Fear of discrimination and stigma- negative experiences with health care providers

# Issues for first generation college students

- Socioeconomic
  - Lower income
  - Less academically prepared- less academic confidence
  - Less active in extracurriculars- may need to work
- Navigating college without intergenerational guidance
  - Not aware of resources
  - Not aware of norms
  - Family may not understand the stress
  - Cultural mismatch- interdependent community, independent college environment
- Guilt or conflict over surpassing family in educational level
  - Education and experience creating a sense of distance
  - Feeling the pressure of responsibility for success for family and community
  - Feeling financially responsible after graduation.



# Barriers to seeking help

1. Lack of awareness of resources
2. Shame in seeking help
  - a. Wanting to prove to themselves and others that they can do it
  - b. Not wanting to appear weak or asking for special treatment



# Available Counseling Resources

Stone Center appointment based system- Referral or Self Referral

Stone Center website- online self-screening tools

- depression
- alcohol use
- bipolar disorder
- eating disorders
- generalized anxiety disorders
- posttraumatic stress disorder
- substance use

Off Campus resources



# How have you been feeling lately?

Feeling sad, down, or empty

*Depression*

---

Worried about my drinking habits

*Alcohol Use Disorder*

---

Experiencing mood swings from very high to very low

*Bipolar Disorder*

---

Afraid of gaining weight or concerned about my eating habits

*Eating Disorder*

---

Constantly worried, anxious

*Generalized Anxiety Disorder*

---

Troubled by traumatic events

*Posttraumatic Stress Disorder*

---

Difficulty controlling my substance use

*Substance Use*

---

# Case Study

# 30 Years Experience in College Health & Beyond



NEWTON-WELLESLEY  
HOSPITAL



**Boston  
Children's  
Hospital**

Until every child is well™



MassGeneral Hospital  
*for Children™*





# SIC Clinic -Sudden Illness/Injury/Incident Clinic

2,300 enrolled students >90% residential campus

Health Service Visits AY'15-16- **5,650**

50%- SIC Visits- Urgent issues with RN triage

50%- Scheduled Appointments



**MULTIPLE**  
**SCLEROSIS**  
*Thyroid Nodule*  
**INFLUENZA**  
**PSORIASIS**  
**ARDS**  
*Group F Strep*  
**Cardiac**  
**Arrhythmia**  
**PROLONGED QT**  
**SYNDROME**

*Nephroectomy*  
**Crohn's**  
**Disease**  
*Takotsubo*  
*Cardiomyopathy*  
**SEIZURE**  
**DISORDER**  
**TURNER'S**  
**SYNDROME**  
**Ulcerative Colitis**

**STRESS**  
**TRANSGENDER**  
**HEALTH**  
**Lymphadenopathy**  
*Red Man's*  
*Syndrome*  
**Chlamydia**  
**Anaphylaxis**  
**Pheochromocytoma**  
**Anorexia**  
**SEXUAL**  
**ASSAULT**

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# Reading between the lines with our students





# Emotional Vitals Questions

Are you currently feeling **safe in your relationships?**



# What we've heard

"My dad is verbally abusive"

"I don't feel safe in my romantic relationship"

"My mother was physically abusive"

"Overwhelming pressures from parents to become concert violinist"

"I'm in long term therapy for something that happened to me a long time ago"

"My mom hates my boyfriend"



# Emotional Vitals Questions

Are you currently struggling with **substances/**  
**eating issues?**



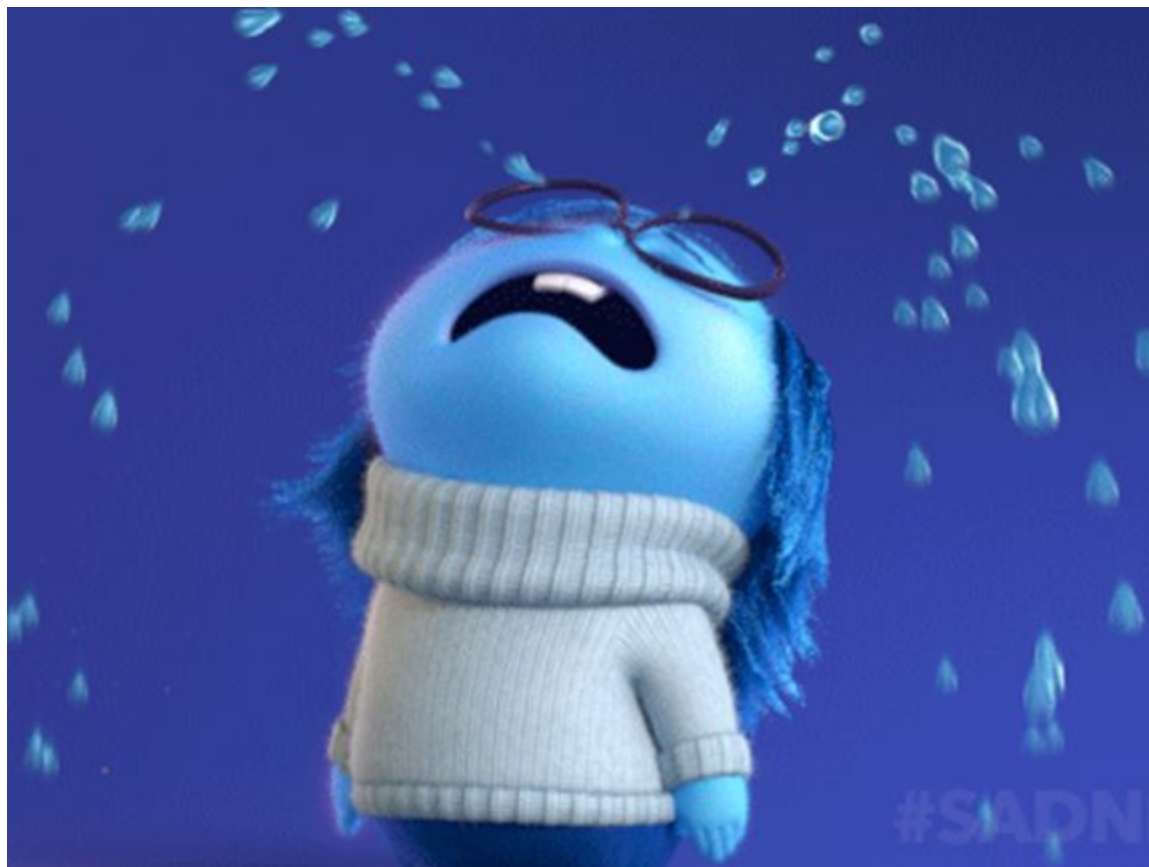
“I have an Eating Disorder. I’ve never told anyone before”.

“I’m in recovery from a Substance Use Disorder”.



# Emotional Vitals Questions

- Are you currently feeling **sad or fragile** about anything in your life?
- Are you currently having thoughts of **self harm or suicide**?



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**I don't like it here**, family issues, **academic anxiety**, stress, problems at home, **overwhelmed**, grandpa died, **"can't remember the last time I was happy"**, still mourning loss of grandma, depression, homesick, can't sleep, **mother is dying in Wisconsin**, parents getting divorced, loss of family pet, fellow students cause her to feel sad, **painful past event still causing anxiety & depression**, back from semester abroad that she loved more than here, panic attacks, worries about friend on LOA, **"I'm disappointed in myself for getting sick and not being able to keep up"**, **"Events in Lebanon are affecting my family"**, transfer student - broke down - mother non english speaking leaving this student responsible for several younger sibs.



# Screening Time

Negative Screen-

1-2 minutes

**“Thanks for asking”**

Positive screen-

**It can change the whole day**





# Goals of the brief assessment

- Common language within a diverse community
- Consistency
  - Raise the Subject
  - Provide Feedback
  - Enhance Motivation
  - Negotiate and Advise

# Case Study

# Positive Emotional Vitals

17%



# On Campus Resources

- Counseling Service
- Class Deans
- Title IX Coordinator
- Residential Life
- Religious & Spiritual Life
- Disability Service
- Student Financial Service
- Student Aid Society
- Campus Police



# Off Campus Connections

- Family
- Off campus counseling
- Primary care provider
- Off campus clinical specialist or team
- AA/Alanon/NA
- Other campus Title IX Coordinator





options if our “vitals” are abnormal

# Validated Screening Tools

## The Patient Health Questionnaire-2 (PHQ-2)

Patient Name \_\_\_\_\_ Date of Visit \_\_\_\_\_

**Over the past 2 weeks, how often have you been bothered by any of the following problems?**

	<b>Not At all</b>	<b>Several Days</b>	<b>More Than Half the Days</b>	<b>Nearly Every Day</b>
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3

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# PHQ-9

Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3



# AAFP- Psychiatric Review of Systems

**Depression** and other mood disorders (major depression, bipolar disorder, dysthymia).

**Personality disorders** (primarily borderline personality disorder).

**Substance abuse** disorders.

**Anxiety disorders** (panic disorder with agoraphobia, obsessive-compulsive disorder).

**Somatization disorder**, eating disorders (these two disorders are combined because both involve disorders of bodily perception).

**Cognitive disorders** (dementia, delirium).

**Psychotic disorders** (schizophrenia, delusional disorder and psychosis accompanying depression, substance abuse or dementia).

(AAFP, 1998)



# SIGECAPS

**Sleep Disorder** (increased or decreased)\*

**Interest deficit** (anhedonia)

**Guilt** (worthlessness,\* hopelessness,\* regret)

**Energy deficit\***

**Concentration deficit\***

**Appetite disorder** (increased or decreased)\*

**Psychomotor retardation or agitation**

**Suicidality**

(AAFP, 1998)



# DIGFAST

**D**istractibility

**I**ndiscretion (DSM-IV's “excessive involvement in pleasurable activities . . . “)

**G**randiosity

**F**light of ideas

**A**ctivity increase

**S**leep deficit (decreased need for sleep)

**T**alkativeness (pressured speech)

(AAFP, 1998)



# CRAFT- I

During the PAST 12 MONTHS, did you: No Yes

1. Drink any alcohol (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)
2. Smoke any marijuana or hashish?
3. Use anything else to get high? (“anything else” includes illegal drugs, over the counter and prescription drugs, and things that you sniff or “huff”)

(AAFP, 1998)



# CRAFT- II

1. Have you ever ridden in a **CAR** driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
2. Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?
3. Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?
4. Do you ever **FORGET** things you did while using alcohol or drugs?
5. Do your **FAMILY or FRIENDS** ever tell you that you should cut down on your drinking or drug use?
6. Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?

(AAFP, 1998)



# SCOFF

**Sick:** Do you make yourself sick or vomit after a meal because you feel uncomfortably full?

**Control:** Do you fear loss of control over how much you eat?

**One stone:** Has the patient lost one stone or 14 lbs in a 3-month period? (The questionnaire originated in the United Kingdom, where stones are a common measure of weight.)

**Fat:** Do you believe you are fat even when others tell you that you are too thin?

**Food:** Does food dominate your life?

(AANP, 2015)



# Summary

Cultural, gender, first generation issues are relevant in student health

Walk-in acute visits are an opportunity to assess general wellbeing

Underlying issues may be disclosed

Opportunity to connect students who may not seek resources independently

Identifying resources for friends & fellow students



# Wellesley's New President - Paula Johnson, M.D., M.P.H

Quote from Feb 18, 2016 Wellesley News Interview:

“And lastly, I do want to say something about student health. We know that young women experience disease differently; that’s the work I’ve done.....I would like to put a real focus on student health, both the physical and mental, how might we expand our focus, deepen our focus, and innovate in that area is also a significant goal for us.”








Questions & Thank You

# References

- Abe-Kim J., Takeuchi D., Hong S., Zane N., Sue S., Spencer M., Appel H., Nicdao E, Algria M. (2007). Use of Mental-Health Related Services Among Immigrant and U.S. Born Asian Americans: Results from the National Latino and Asian American Study. *American Journal of Public Health*, 97(1) 91-98.
- American College Health Association (2016). Wellesley College Institutional Spring Data Report 2016. National College Health Assessment, LLC.
- American Psychiatric Association. (2016). Let's talk facts about Mental health in the Latino/Hispanic community. Retrieved from <http://www.nami.org/Find-Support/Diverse-Communities/Latino-Mental-Health>
- American Psychiatric Association. (2016). Mental Health Disparities: American Indians and Alaskan Natives Retrieved from [http://www.integration.samhsa.gov/workforce/mental\\_health\\_disparities\\_american\\_indian\\_and\\_alaskan\\_natives.pdf](http://www.integration.samhsa.gov/workforce/mental_health_disparities_american_indian_and_alaskan_natives.pdf)
- Ash, M., Mackareth, C. (2013) Assessing the mental health and wellbeing of gay, lesbian, bisexual, and transgender population. *Community Practitioner*, 86, (3).
- 

# References

Carlat, D. (1998) The Psychiatric Review of Symptoms: A Screening Tool For Family Physicians 58 (7) Retrieved from

<http://www.aafp.org/afp/1998/1101/p1617.html#ref-list-1>

Dean, L., Meyer, Robinson, K., Sell, R., Sember, R., Silenzio, V., Bowen, D., (2000). Lesbian, Gay, Bisexual, and Transgender Health: Findings and Concerns. Journal of the Gay and Lesbian Medical Association, 4, 3.

Garriott, P., Hudyma, A., Keena, C., Santiago, D. (2015). Social Cognitive Predictors of First and Non-First Generation College Students' Academic and Life Satisfaction. Journal of Counseling Psychology, 62 (2) 253-263.

George, S. (2015) Screening Tool Detects Eating Disorders, Retrieved from

[http://www.clinicaladvisor.com/aanp-2015-annual-meeting/screening-tool-eating-disorders/article/421554/?DCMP=EMC-CA\\_UP DATE&cpn=np%2cnppa%2cpcp\\_nppa%2callergy\\_pcp\\_pulmnppa%2cpcp\\_all&hmSubId=ICRSb8O82841&NID=1477527182&spMailingID=11682762&spUserID=MjMzMjM4NTE4MAS2&spJobID=561377926&spReportId=NTYxMzc3OTI2S0](http://www.clinicaladvisor.com/aanp-2015-annual-meeting/screening-tool-eating-disorders/article/421554/?DCMP=EMC-CA_UP DATE&cpn=np%2cnppa%2cpcp_nppa%2callergy_pcp_pulmnppa%2cpcp_all&hmSubId=ICRSb8O82841&NID=1477527182&spMailingID=11682762&spUserID=MjMzMjM4NTE4MAS2&spJobID=561377926&spReportId=NTYxMzc3OTI2S0)

# References


Knight, J., Roberts, T., Gabrielli, J., Hook, S. Adolescent Alcohol And Substance Use and Abuse. American Academy of Pediatrics, 105-107. Retrieved from <https://brightfutures.aap.org/Bright%20Futures%20Documents/Screening.pdf>

Kung, W.W. (2003). Chinese Americans help seeking for emotional distress. Social Service Review, (77) 110-135.

Leung P., Cheung, M, Tsui, V. Help-Seeking Behaviors among Chinese Americans with Depressive Symptoms (2012). Social Work, (57) 61-71.

Lu Francis (2002). The poor mental health care of Asian Americans. Western Journal of Medicine, 17.

McFadden, D. (2015). Health and academic success. A look at the challenges of first-generation community college students. Journal of the American Academy of Nurse Practitioners. DOI 10.1002./2327-6924.12345.



# References

National Alliance on Mental Illness African American Fact Sheet (2016) Retrieved from

<http://www.nami.org/Find-Support/Diverse-Communities/African-Americans>

Tung, M.P. (1994) Symbolic meanings of the body in Chinese culture and “somatization”. Culture, Medicine, and Psychiatry, (18) 483-492.

