

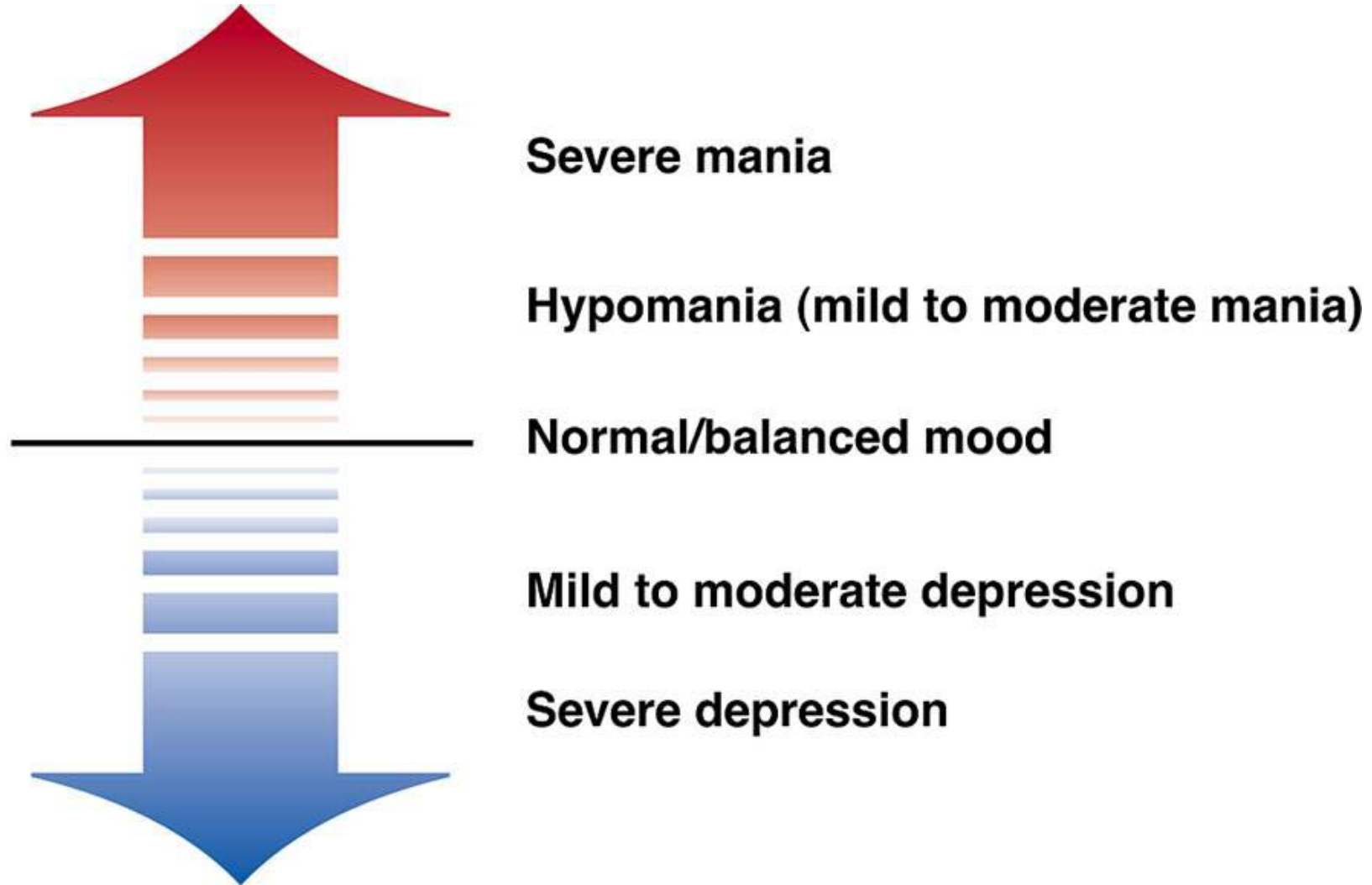
STUDENT DEPRESSION: SIGNS, RESPONSES, AND ACCOMMODATIONS

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CTL Talk; Oct. 25, 2017

Mood Thermometer



Descriptive Classifications

■ *Depressed Mood*

- Major Depressive Disorder
- Persistent Depressive Disorder (Dysthymia)
- Adjustment Disorder with Depressed Mood

■ *Mania & Hypomania*

- Bipolar I Disorder
- Bipolar II Disorder
- Cyclothymic Disorder

Depressed Mood Experiences

■ *Physical / Motivational*

- Sadness, exhaustion, & body symptoms (e.g., headache)
- Changes in eating, sleeping, & sex behavior

■ *Cognitive*

- Attention, concentration, & memory problems
- Judgment biases, & errors in everyday thinking
- Guilt, hopelessness, & thoughts of self-harm

■ *Behavioral*

- Social isolation from family, friends, coworkers

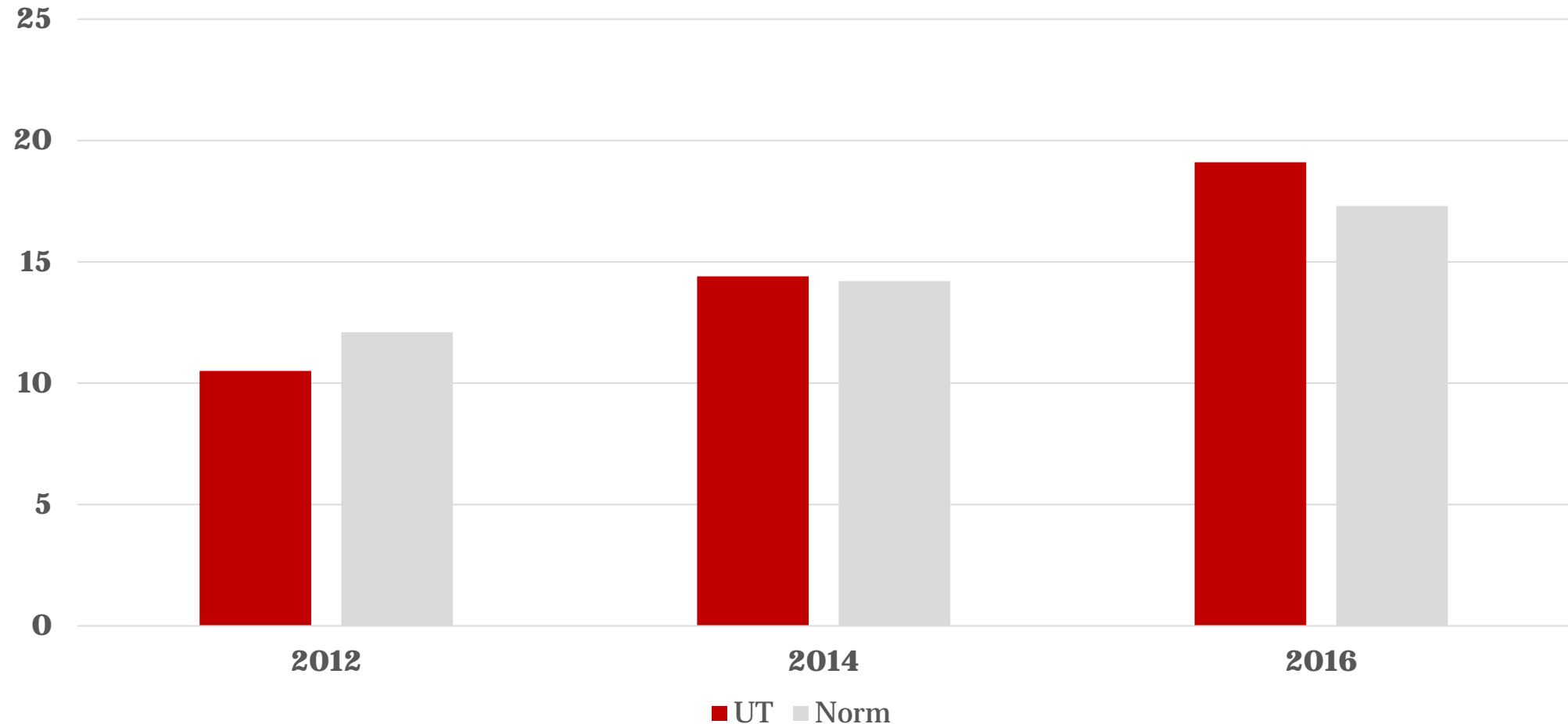
Selected UT NCHA Results 2012-2016— % in Agreement

	2012		2014		2016	
In the Past 2 Weeks...	UT <i>N=494</i>	(Norm) <i>N=24,179</i>	UT <i>N=364</i>	(Norm) <i>N=25,841</i>	UT <i>N=659</i>	(Norm) <i>N=27,787</i>
Felt overwhelmed	55.8	(53.2)	61.8	(54.1)	62.4	(58.0)
Felt very lonely	27.2	(24.7)	35.7	(26.3)	33.4	(29.5)
Felt very sad	27.7	(25.0)	31.6	(27.5)	35.8	(32.1)
Felt that things were hopeless	17.4	(17.0)	20.6	(19.0)	24.3	(22.7)
SO depressed hard to function	9.6	(9.6)	15.8	(12.0)	16.2	(15.0)
Seriously considered suicide	1.0	(1.6)	3.9	(2.0)	2.9	(2.5)
Non-suicidal self-injury / harm	1.4	(1.4)	3.3	(1.6)	1.8	(1.8)

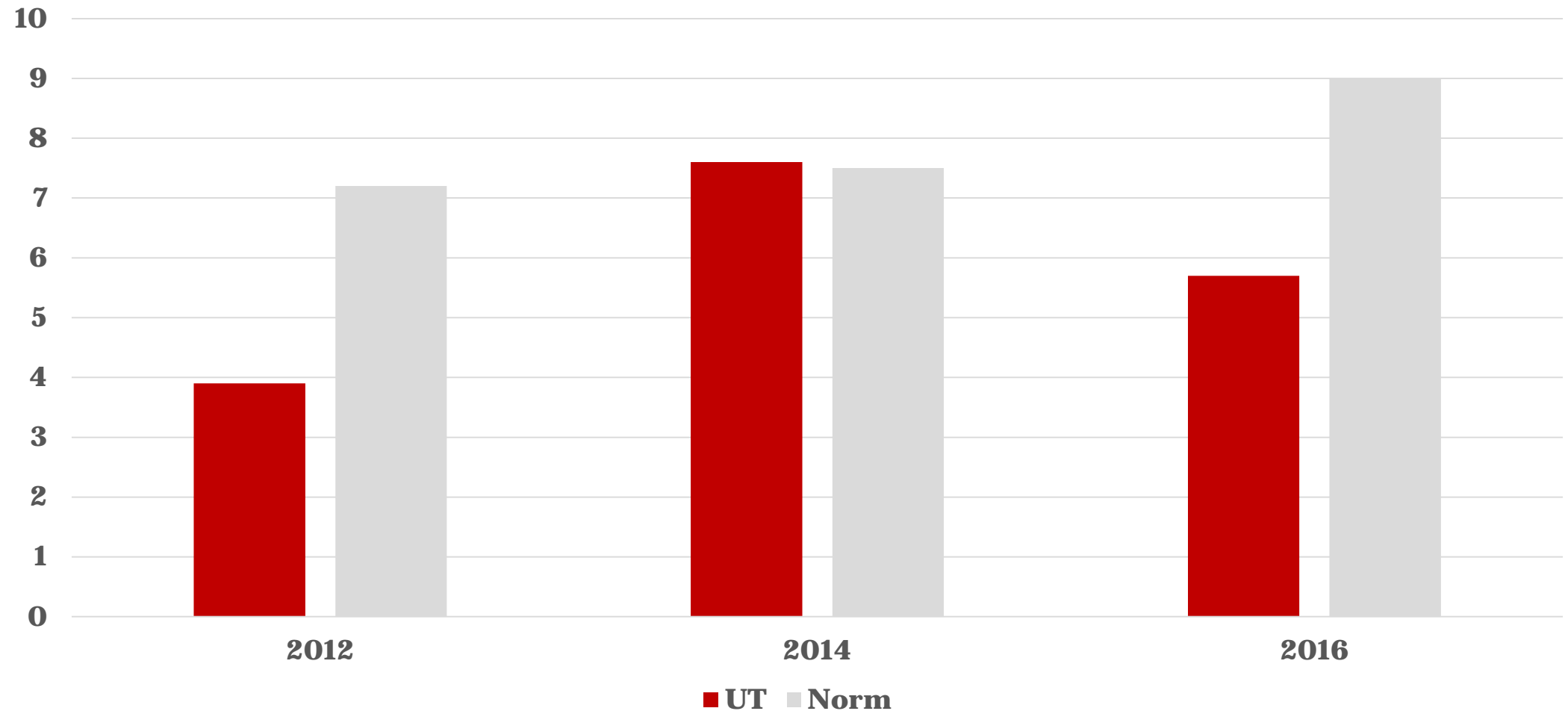
UT NCHA Data by Year and Sex

Group	<i>N</i>	Male %	Female %
2012--UT	494	26.1	73.5
2012--Norms	24, 179	32.0	67.2
2014--UT	364	22.3	76.9
2014--Norms	25, 841	33.3	65.6
2016--UT	659	18.7	78.6
2016--Norms	27, 787	29.2	68.2

% Females Reporting Depression Diagnosis— Past 12 Months; UT NCHA 2012-2016



% Males Reporting Depression Diagnosis— Past 12 Months; UT NCHA 2012-2016



Coping Skills Deficits?

■ **Low Emotional Management Skills**

- Academic, social, career, health, daily hassles, weather
- Limited tolerance for frustration

■ **Avoidance Coping**

- Procrastination, distraction, rumination
- 24/7 social media use; Binge-watching *Netflix*

■ **Facebook Use**

- Several recent studies have linked FB use with negative / depressed mood

Depressed Mood: Classroom Signs

■ Traditional Cues

- Excessive lateness / absences
- Noticeable changes in attention (e.g., daydreaming), mood, appearance, sleepiness
- Lower academic performance / engagement

■ Subtler Cues

- Increase in irritability, surliness, & sarcasm
- Directed to other students and / or academic demands

Post-Concussion Syndrome

■ Possible Sports-Related Injury

- Most common: Mild concussive TBI
- Psychological symptoms appear days to weeks later and may persist for months

■ Cognitive / Mood Symptoms

- Attention, concentration, & memory problems
- Irritability & anger
- Anxiety, depressed mood, even personality changes

How to Respond?

■ **A Reasonable Approach**

- Talk to student privately before or after class
- Frame concerns in terms of academic progress in class

■ **Campus Referrals**

- Academic Success Center; Saunders Writing Center; UT Speaking Center
- Counseling Center; students get 6 free confidential sessions; off-campus referral list available

■ **If No Change—**

- Complete online *Student of Concern* form

Student Disclosure of Distress

■ **DO**

- Listen to student with attention and concern
- Maintain ***clear boundary*** as student's instructor (vs. friend or staff/faculty confidant)
- Ask student if he or she knows Counseling Center policy

■ **AVOID**

- Asking student to check-in / report back as to how self-help / counseling is progressing

Class Engagement as Support

■ **Consider Social Connection to Class**

- Is there a study group that student could ask to join?
- Another classmate who may be a good study partner?
- Consider encouraging student to drop in to office hours for check-in about how course prep is going

■ **What About Other Social Groups?**

- Recommendation is to maintain clear boundary and engage student academically
- Avoid non-classroom problem-solving discussions

Student Disclosure of Suicide Thoughts

■ ***DO***

- Listen to student with attention and concern
- Okay to ask plainly if student is thinking about suicide
- State that you'd like to call Counseling Center for help
- Stay with student; accompany student over to CC

■ ***AVOID***

- Promising secrecy or confidentiality
- Trying to convince student that suicide is wrong

What About Accommodations?

■ **Psychiatric / Psychological Disability**

- Documentation procedure through ASC
- Otherwise, emotional distress by itself does not excuse student from academic requirements stated in syllabus

■ ***Emotional Support Animals***

- Again, documentation procedure through ASC
- (ESA's are not Service Animals)
- Counseling Center does not evaluate students for ESAs

Staff & Faculty Self-Care

■ **Depression among US adults**

- *Age 26 to 49: 7.5%*
- *Age 50 or older: 4.8%*
- *All age groups: Females (8.5%), Males (4.7)*

■ **Resources for Living (EAP)**

- *Access via SpartanWeb—Human Resources—Benefits*
- *Site has range of web-based resources, plus contact number for confidential counseling*

Wrap-Up

– *Questions & Discussion*