Mental Health Education Course: Freshman Seminar Proposal

Structure of the course:

- The course will take place over a span of 7 weeks.
- Each week will consist of 2 hours of class that will be divided into approximately 1 hour of lecturing and approximately 1 hour of open discussions and/or activities in each student’s respective discussion group.
- The class will be open to 100 first-year undergraduate students at the University of Michigan. All students will be in lecture together for an hour, and then break into discussion groups at different days and/or times. The discussion sections will be capped at 25 students per section in order to facilitate conversation and create relationships between the students.
- The course will be taught by University of Michigan Graduate Student Instructors (GSIs) along with professional speakers/presenters that can be the best sources of knowledge for the topic of each week. Since each week will have a different lesson to be taught, the teachers may vary from week to week, but the same GSI will be present in discussion every week.
- A Board-Certified Psychiatrist at the University of Michigan Health System will be present at the beginning of the first class of the course. In the case that a student adds the class to his or her schedule after the first class, the psychiatrist will meet with the student(s) after the first class they attend (there will be a set date for the psychiatrist to come in for late-adds to the class). This will ensure that all students meet the psychiatrist and are aware that he or she will be available the entire semester and henceforth in the student's college careers for any help they may need. The psychiatrist will perform a purely supervisory role, which includes gaining feedback from students on how the
workshop is going and indirectly guiding the content of each class to ensure that the workshop is achieving its goals.

- Our long-term goal is to require completion of this seminar for students to graduate and will appear on the audit checklist for each college within the University of Michigan.
- In order to monitor the success of this mental health educational class, we will implement pre- and post-class surveys. These surveys will gauge the knowledge students have about mental health in general and services on campus before and after they take the class.
  - Dr. Daniel Eisenberg will help to assist us in developing and analyzing these surveys in order to extract the most pertinent information from these students.
  - We also may find it beneficial to compare the knowledge of students who took this class to those who did not take the class to identify whether the class produces a better understanding and awareness of mental health.

**Purpose and goals of this course:**

This course is intended to educate University of Michigan students on mental health wellness. According to statistics from the Active Minds organization, the 18-24 year old age group, or the typical age for students on college campuses, shows the lowest rate of help-seeking for individuals battling mental illnesses compared to adults (Active Minds, n.d). Additionally, 80-90% of college students who die by suicide were not receiving help from their college counseling centers (Active Minds, n.d). At the University of Michigan, 42.1% of students said that they had felt so depressed at school at least once that it was hard to function (“Active Minds-The University of Michigan”).

There is a clear need for this course at the University of Michigan. The lack of knowledge of resources for mental health and wellness was evident from analysis of the two Central Student Government surveys on Mental Health Resource Innovation and Campus Climate sent out in 2016 to university students. The survey reported that, while 90.32% of students are aware of CAPS, only 27% of students are aware of the CAPS embedded model, 18.41% of students are aware of the UM Psychological Clinic, and 16.96% of students are aware of the Department of Psychiatry and Outpatient Clinics. Further, it was found that students are fearful of seeking out resources they need and do not want to be marginalized by the stigma around mental health. Students found that it was extremely difficult to prioritize their health over their school work and balance the costs, therefore not seeking treatment they need.

In a Survey Report on Mental Health from the National Alliance on Mental Illness (NAMI) featuring College Students Speak, respondents were surveyed on how important it is to them that their colleges offer mental health awareness events. Results showed that 73% of respondents expressed the importance of having suicide prevention activities, and 61% expressed support of having mental health information during orientation and peer-to-peer support and mentoring (National Alliance on Mental Illness, 2012). As a result, nation-wide statistics on the
importance of having mental health education as a staple of their college education correlates to what students feel and express here at the University of Michigan.

Through this course, we hope to equip students with the knowledge and tools to identify when their mental health is at risk and when a peer is struggling. We want students to first learn about mental health disorders and their symptoms, and then determine how to effectively respond as a bystander or friend. This course will introduce students to the mental health resources available on campus and encourage use of these professional resources and peer support. It is our hope that this course will establish a comfortable environment in the classroom which will transition onto our broader campus. Our mission is to educate students on mental wellness and increase awareness about issues pertaining to mental health. In doing so, we will increase the dialogue regarding mental health, student support-seeking and use of resources on campus, as well as encourage mental illness prevention through group discussion and education. This will stem beyond mental health and help students lead healthier lifestyles and succeed in college. While we understand that 1 in 4 adults live with a diagnosable mental health disorder, it is important to help all students keep their mental health intact. During orientation over the summer, students are supposed to attend mental health demonstrations and a workshop that addresses sexual assault, called “relationship remix”. However, since it does not have any negative consequences if one does not attend, many students skip these demonstrations during orientation. Additionally, even if students do attend, with so much information thrown at them in a period of 3 days, months before school starts, it is easy to forget where the resources are on campus. There are currently no courses that offer this information at the University of Michigan, and thus students must do research about mental illnesses and resources on campus on their own. Through these efforts, we hope to destigmatize mental health illnesses on our campus and make these resources more known and accessible to students.

Course Content:

- **Week 1 - Stress Management: How Do You Cope With Stress?**
  - In the first week, students will be introduced to stressors and will have a chance to explore how to deal with stressors, especially in their recent adaptation to college (i.e., the stress related to changing environments, such as the transition from living at home to living in a dorm; being away from one’s family; adapting to a different community and meeting new people)
  - This class will explain different types of stress and make sure students are familiar with each. The following information was derived from: [http://www.apa.org/helpcenter/stress-kinds.aspx](http://www.apa.org/helpcenter/stress-kinds.aspx) (American Psychological Association, n.d)
    - Types of stress to address:
      - Acute stress: most common form of stress, highly treatable and manageable
○ Symptoms:
  ■ Emotional distress — anger or irritability, anxiety, depression, or all three
  ■ Muscular problems including tension headache, back pain, jaw pain and the muscular tensions that cause pulled muscles and tendon and ligament issues
  ■ Stomach, gut and bowel issues such as heartburn, acid stomach, flatulence, diarrhea, constipation and irritable bowel syndrome
  ■ Elevation in blood pressure, rapid heartbeat, sweaty palms, heart palpitations, dizziness, migraine headaches, cold hands or feet, shortness of breath and chest pain

● Episodic acute stress: Repeated suffering from acute stress, requires professional intervention
  ○ Symptoms:
    ■ Over arousal, short-temper, irritable, anxious and tense
    ■ These individuals describe themselves as having "a lot of nervous energy"
    ■ Always in a hurry, abrupt, and sometimes their irritability comes across as hostility
    ■ Constant worrying, often referred to as being a “worry wart”
    ■ Symptoms of extended arousal: persistent tension headaches, migraines, hypertension, chest pain and heart disease

● Chronic stress: Long-term stress caused by demands and pressures for endless periods of time
  ○ Common causes are poverty, dysfunctional families, and fear of being trapped in an unhappy marriage or in a despised job or career
  ○ Traumatic, early childhood experiences can also contribute to chronic stress
  ○ Symptoms:
    ■ Suicide
    ■ Violence
    ■ Heart attack
The class this week will generally consist of group sharing and discussion during which students will identify hypothetical situations which contain an individual being stressed. Together, students will brainstorm healthy stress management advice and share their own coping mechanisms.

Reflection: There will be a two-paragraph reflection due at 11:59 PM the day after each seminar. This reflection will be online and regard the material learned in class this week. For week one, the prompt will urge students to consider a stressful situation that they had personally experienced and explain how they responded. If they feel they did not handle this situation well, we ask students to consider a new approach to stress management as discussed in class that week.

Quiz: A quiz will open for a week on Canvas that tests the students’ comprehension of the topics covered that week. Credit for the quiz can only be received once all the answers are correct. Students can submit the quiz multiple times until they receive 100%. The quiz will test material discussed that week. For week one, the quiz will urge students to recall coping mechanisms for stress discussed in class and to distinguish between chronic stress, acute stress, and episodic stress.

Class Project Introduced: Semester-long stress management project that the students are able to customize to their life. The GSI will give ideas as to projects that they think would be helpful to students, but it is completely up to the students to choose what would help them in their lives to relieve stress. This project will be introduced on the first day of class and students will have 48 hours to email their GSI to tell them their stress management idea so that the GSI can have an idea of what everyone is doing, and make sure that it is appropriate. Students will have to document what they are doing at least once a week (a journal reading, a picture, a meditation, etc.). At the end of the semester students will combine their weekly documentations into a project (hard copy or web presentation) to give to their GSI on the last day of class that will be graded on completion. Along with the project, students will have to write a reflection about their thoughts on the project that will be included in the final presentation.

The American Psychological Association suggests five healthy techniques that psychological research has proven to help reduce stress, both short- and long-term:

1. Take a break from the stressor
a. Example that students could use: when becoming frustrated with homework, take a 10 minute break to get up and walk around. Come back to the work with a fresh mind.

2. Exercise
   a. Example that students could use: 20 minutes of running or walking a day, weight-lifting, biking, etc.

3. Smiling and laughing
   a. Example that students could use: monitor how many times you laugh or smile a day. According to the American Psychological Association, when people are stressed, they often hold a lot of the stress in their face. Laughing or smiling can help relieve some of that tension and improve the situation, while also making the individual feel better.

4. Get social support
   a. Example that students could use: spend 10 minutes talking with a friend or family member about your day and expressing your stresses and concerns. Sharing feelings with another person can help alleviate stress.

5. Mediate
   a. Example that students could use: meditate for 5-10 minutes every day.

**Week 2-Depression/Anxiety: Identifying Symptoms and Recognizing Signs**
   - According to the 2015-2016 CAPS Annual Report, the top two reasons students come seek help from CAPS are anxiety (71%) and depression (64%).
   - This class will focus on identifying the signs and symptoms of depression and anxiety in oneself and in others, and comprehending how these mental illnesses affect other aspects of your life. The following topics to address were derived from:
   - **Depression**
     - **Symptoms:**
       - Feelings of sadness or unhappiness
       - Change in appetite or weight
       - Slowed thinking or speech
       - Loss of interest in activities or social outings
       - Fatigue, energy loss, sleeplessness
       - Unexplained feelings of guilt or anger
○ Trouble concentrating, indecisiveness
○ Thoughts of self-harm, death, or suicide

● Recognizing signs:
○ Individual does not enjoy activities he or she once loved
○ Individual has extremely low motivation
○ Individual struggles to get out of bed
○ Individual no longer attends classes or social outings
○ Individual experiences extreme anger or sadness over relationships
○ Individual reacts negatively or with apathy to most things
○ Individual expresses ideas of death or suicide

■ Anxiety

● Types of anxiety disorders:
○ **Generalized anxiety disorder (GAD)** – Constant, severe anxiety that interferes with daily activities
○ **Obsessive-compulsive disorder (OCD)** – Unreasonable thoughts, fears and obsessions that cause repetitive behaviors or compulsions
○ **Panic disorder** – Frequent sudden attacks of terror, panic and fearfulness
○ **Posttraumatic stress disorder (PTSD)** – Induced by experiencing or witnessing a horrifying event
○ **Social anxiety disorder (SAD)** – Occurs when daily interactions cause unexplained anxiety, fear, self-consciousness and embarrassment

● Symptoms:
○ Feelings of stress and apprehension
○ Irritability
○ Trouble concentrating
○ Fearfulness
○ Sweating and dizziness
○ Shortness of breath
○ Irregular heartbeat
○ Muscle pain and tension
○ Headaches
○ Frequent upset stomach or diarrhea

● Recognizing the signs:
○ Individual has experienced a tragic event and is unable to develop healthy coping habits
- Individual appears to live in constant fear of academic or social failure
- Individual is uncomfortable and anxious in social environments
- Individual has trouble concentrating or has a blank mind
- Individual suffers from constant guilt or stress
- Individual has visible panic attacks

- The guest speaker will come in and talk about the previous symptoms of each disorder and how to recognize signs in friends or loved ones.
- In the discussion section of the class, students will practice offering help to those that they notice are struggling with either anxiety or depression.
- Reflection: For week two, the prompt will describe a hypothetical individual struggling with either depression or anxiety. The students will identify which mental illness the hypothetical individual is enduring and explain the symptoms and signs that they used to recognize the struggling individual. They will be asked how they will respond to this individual and offer help.
- Quiz: For week two, the quiz will ask students to identify symptoms and signs of depression and anxiety.

**Week 3-Sexual Assault and its Impact on Mental Health: Identifying Symptoms and Recognizing Signs**

- The students will have a chance a week before this lecture to submit a mental health illness they want to have taught to the class that is not included in the aforementioned list. We will provide handouts regarding symptoms and signs for the popular topics that students chose, but the class period will focus heavily on sexual assault and mental health. The information for this week is derived from: http://www.bestcolleges.com/resources/preventing-sexual-assault/ (“The Realities of Sexual Assault on Campus”, n.d.)

**Sexual Assault Statistics**

- In April 2014, The White House Task Force to Protect Students from Sexual Assault reported that one in five college students experience sexual assault during their college career.
- In a 2016 study released by the Bureau of Justice Statistics (BJS), an average of approximately 21% of undergraduate women across the nine schools participating in the study reported experiencing sexual assault since entering college. In the two years between these studies, the frequency of
sexual assault on campuses remained relatively the same (with a 1% decrease in the latter study).

- The ACLU estimates that 95% of campus rapes in the United States go unreported.
- In a SAPAC study conducted at the University of Michigan, 11.4% of the student population reported experiencing non-consensual touching, which equates to almost 5,000 individuals and 22.5% of this includes undergraduate females.
- In a 2015 survey including 3,000 University of Michigan students, 25% of female undergraduates reported feeling unsafe from sexual misconduct at the university, compared to only 3% of males. Compared to reports in 2001, a survey in 2013 indicated that the instances of sexual assault on campus have increased by 62%.

What is sexual assault?

- Sexual assault describes any unwanted sexual activity, such as kissing, exhibitionism, groping, and rape
- Often, sexual assault includes coercion through verbal or non-verbal threats or through the use of substances (i.e., drugs and alcohol)
- According to the Rape, Abuse, and Incest National Network (RAINN), about 38% of rape incidents are committed by someone close to or know by the victim
- It is important to educate ourselves about who attackers may be in order to recognize signs of a potential attack
- Location and time can play a role in preventing sexual assaults and rape trends, as most rape or sexual assaults occur in the homes of victims and perpetrators, during the summer time (U.S Department of Justice)
- A survey published by RAINN indicated that 60% of victims do not report the incident, while only 25% of reported assaults lead to arrests
- 10% of sexual assaults involve attacks against male victims
- Both males and females may be hesitant to report their attack due to societal stigmas
  - Women feel that they are to blame
  - Men try to protect their “machismo”
- Recognizing signs of abuse
  - Emotional Abuse:
    - **Tone:** Harmless statements can transform into threats or insults if your partner uses an aggressive tone.
    - **Language choice:** Your partner uses harsh language, such as swear words, while speaking to you.
    - **Jealousy:** Your partner attempts to control your behavior, isolate you, or monitor your communications with others.
    - **Controlling statements:** Your partner commands you to do something or often says you “must” or “have to” do something.
    - **Pejorative language:** Your partner addresses or describes you using insulting names or adjectives, such as “stupid” or “idiotic.”
    - **Threats:** Your partner forces you to comply with their wishes by using “or else” statements or negative consequences. Your partner might threaten you with physical, emotional, or verbal abuse.
  - Physical Abuse:
    - **Violence:** Your partner uses unwanted and forceful contact, including grabbing or striking your body.
    - **Threatening body language:** Your partner uses forceful movements. Your partner may lunge or glare at you and aggressively invade your personal space.
    - **Damaging property:** Your partner damages items around the house, such as smashing dishes when he or she becomes angry.
    - **Violence during sex:** Your partner is excessively forceful or violent during sex.
- Prevention
  - According to the National Institute of Justice, self-protection actions such as fighting back, running, hiding, getting help, or struggling decrease the risk of rape completion by 80%.
  - Basic safety guidelines:
○ **Know your alcohol limits:** According to research conducted at Wayne State University, over half of sexual assaults committed against college students involve alcohol. Intoxication can impair one’s judgment or inhibit one’s physical ability to fight an attacker, increasing vulnerability to attack. Binge drinkers are at a higher risk of suffering incapacitation, blackout or unconsciousness.

○ **Watch your drinks:** Never drink a beverage that has been given to you by someone else or taken from a communal alcohol source. Do not leave your drink unattended.

○ **Trust your gut:** We often subconsciously process body language and other danger indicators. If you get a bad feeling about a location or a person, leave immediately. If you feel like someone is attempting to attack, head in the direction of the nearest crowd, lighted area or building. Talk loudly on your phone. Many attackers are unwilling to pursue victims who are aggressive or loud, as it draws attention to the crime.

○ **Stick with your friends:** Attend social gatherings with a group of friends that you trust. If you do go out alone, always tell someone where you are going.

● **Assault Prevention in Relationships:**

○ **Contact a support line:** If you’re unsure how to get away from an abusive partner, contact a support hotline for assistance. You can receive 24/7 phone assistance by contacting Love is Respect and the National Domestic Abuse Hotline.

  ■ Love is Respect: 1-866-331-9474
  ■ National Domestic Abuse Hotline: 1–800–799–7233

○ **Try not to blame yourself:** Self-blame is extremely common in abusive relationships. It can be easy to feel trapped, however, you are not to blame for your partner’s abusive actions.

○ **List safe places:** Know where you can go in case you need to escape an abusive partner. This might include a campus counseling center, a friend’s house or dorm room, a survivors’ shelter, or a residence hall staff office.

○ **Document hostile communications:** It can be emotionally painful to save threatening messages from your partner.
However, voicemails, emails, texts and other hostile communications can be immensely useful to demonstrate a history of assault when you speak to a counselors or authority figure.

- **Get counseling:** Contact an on-site counselors at your university who is trained to help with relationship assault and domestic violence. If you can’t find a way to contact a campus counselor directly, ask a residence advisor, professor, or academic advisor to help you explore these resources.

- **Call the police:** If you are being threatened with assault, immediately go to a safe place and call police.

### After an Assault

- **Implications on Mental Health:**
  - According to the Student Health Services Department at the University of South Carolina, only 25-50% of survivors seek professional mental health services following an assault.
  - 10% of rape victims currently suffer from Post Traumatic Stress Disorder.
  - 30% of rape victims will develop PTSD during their lifetime.

- **Immediate Steps**
  - **Get to a safe place:** Get away from your assailant to a location where you can call for help. Try to find a secure place where you aren’t alone, such as a campus health center, or the home of a nearby friend or family member.
  - **Contact the authorities:** Call 911 to report the incident immediately. Provide the dispatcher with the time, place, and description of your assailant. Wait for the police to arrive.
  - **Get medical attention:** Seek medical attention at a doctor’s office, urgent care clinic or a hospital as soon as possible. Doctors can collect vital evidence and treat your injuries directly after an assault. These are some of the specialized care options to ask for:
    - **Advocacy:** RAINN suggests calling the National Sexual Assault Hotline to request hospital referrals and check for the availability of an emergency advocate to help you through the medical examination.
Sexual Assault Nurse / Forensic Examiner (SANE or SAFE): These professionals are trained to conduct victim examinations, document injuries, and collect DNA evidence that can help to identify the assailant. Potential evidence includes hair, skin, and bodily fluid samples.

Emergency Contraception: Victims can use Plan B up to 120 hours after an attack to prevent the risk of pregnancy.

STD Testing: Victims can get screened for possible infections that can be transmitted during unwanted sexual contact.

To preserve evidence from an assault, RAINN advises victims to write down details about the attack and the attacker immediately. Do not change your clothes, shower, brush your teeth, or clean the scene of the crime until you can see a medical professional. If you think you may have been drugged, you may want to ask for a urinalysis during your examination.

Moving Forward

Make safe arrangements: If you live with an abusive partner, make arrangements to relocate to a new residence. To prevent future incidents, do not let your assailant know where you will be living.

Seek counseling: Contact your campus health service office and inform them you need a crisis counselor who specializes in sexual assault.

You can also contact the National Sexual Assault Hotline at 1-800-656-HOPE to speak with a counselor over the phone immediately.

File a civil protection order (CPO): If you know the identity of your assailant, you can pursue a protection order (restraining order). An assailant who violates a CPO can face criminal charges.

What To Do If Someone You Know Is Assaulted

Help the victim reach a safe location away from the assailant.

Make the victim feel as safe and listened to as possible.

Inform the victim that the sexual assault was not their fault.

Be a supportive listener.

Thank the victim for telling you about this.

Avoid phrases that evoke powerlessness, including “I’m sorry.”

If you witnessed any part of the assault, take detailed notes.

Accompany the victim to the hospital.

Ensure that the victim meets with medical professionals.

Follow up with the victim.

Encourage participation in counseling sessions and support groups.
• Recovery

  ○ Survivors often struggle with resuming their normal daily activities in the aftermath of a sexual assault.
  ○ Work with your physicians, counselors, and instructors to take the appropriate time off from classes and other academic responsibilities and heal.
  ○ Take care of your mental health following an attack. The Mental Impact of Rape, a report by the Medical University of South Carolina, shows that compared to other victims, rape survivors are 6.2 times more likely to develop PTSD, 3 times more likely to have a major depressive episode, 26 times more likely to abuse drugs, and 13 times more likely to abuse alcohol.
  ○ Physical aftereffects
    ■ Jitteriness
    ■ Abnormal sleeping patterns
    ■ Muscle cramps
    ■ No libido
    ■ Aching at site of injuries
  ○ Emotional aftereffects
    ■ Anxiety
    ■ Self-blame or guilt
    ■ Rage
    ■ Helplessness
    ■ Emotional outbursts
    ■ Constant worry
  ○ Mental aftereffects
    ■ Inability to concentrate
    ■ Depression
    ■ Denial
    ■ PTSD
    ■ Suicidal thoughts
  ○ Due to the seriousness of trauma that often comes with an attack, it is extremely important for victims of sexual abuse to get professional help.
  ○ The speaker(s) for this week will be experts on sexual assault at the University of Michigan (possibly Holly Rider-Milkovich, Director of SAPAC). Students will learn about the difference between healthy and unhealthy relationships and recognizing signs of intimate partner abuse.
○ The discussion will be centered around identifying at-risk situations and how to reduce one’s vulnerability of an attack in a variety of situations (ie., in a party situation, we will discuss how to be alert, leave with friends, and constantly monitor your drink; in an everyday situation, we will discuss leaving the library with a friend at night, or calling Safe Ride at (734) 647-8000). We will also discuss the question: “If you noticed someone in your life was experiencing symptoms of a sexual assault, what are the steps you would take? How would you respond in a sensitive way, help them cope and encourage them to seek help?” As always, the last 30 minutes of class will be an optional time to allow for students to talk to the guest speaker(s) and/or the GSI if they have any other lingering questions.

○ The quiz will consist of students being knowledgeable about the signs of abuse discussed in class during Week 3.

- **Week 4- Eating disorders: Identifying Symptoms and Recognizing Signs**
  ○ This week will focus on eating disorders and the effects for both men and women. The following information was derived from: [http://www.bestcolleges.com/resources/top-5-mental-health-problems-facing-college-students/](http://www.bestcolleges.com/resources/top-5-mental-health-problems-facing-college-students/) (“The Top Mental Health Challenges”, 2016) and statistics were provided by the National Association of Anorexia Nervosa and Associated Disorders (ANAD):
    - People ages 12-25 represent 95% of those with eating disorders
    - Anorexia is the third most common chronic illness in adolescents
    - 91% of college women attempt to control their weight through dieting
    - 25% of college women binge and purge to manage their weight
  ○ Types of eating disorders:
    - **Anorexia Nervosa** – An unhealthy fixation on thinness, distorted body image and fears of gaining weight. Anorexia Nervosa results in disturbed eating patterns and emaciation.
    - **Bulimia Nervosa** – A type of binge eating disorder that involves recurrent and frequent episodes of eating unusually large amounts of food, followed by purging, fasting or over-exercising.
    - **Binge Eating Disorder** – Constant cravings that result in binge eating. BED is usually associated with poor body image and low self-esteem.
  ○ Symptoms of eating disorders:
    - Distorted or poor body image
    - Excessive exercise
    - Irregular heartbeats
    - Dehydration
Feeling like eating is out of control
Fear of eating in public
Constantly making excuses for eating habits

○ Severe symptoms:
  - Kidney failure
  - Stunted growth
  - Loss of female menstruation
  - Failure in the reproductive system
  - Heart problems

○ Recognizing signs:
  - Individual skips meals or only eats small portions
  - Individual is suddenly uninterested in foods they once enjoyed
  - Individual limits their meals to foods very low in calories
  - Individual takes diet pills excessively or medication that suppresses hunger, (ie., Adderall or Ritalin)
  - Individual disappears suddenly to the restroom after meals
  - Individual’s teeth are noticeably stained
  - Individual uses mints or perfume after going to the bathroom to mask the smell of vomit

○ Guest speaker will come in and talk about the symptoms of each eating disorder and how to recognize signs in friends or loved ones. For this week, the guest speaker may be someone from the U-M Comprehensive Eating Disorders Program, such as one of the Program Social Workers or one of the two leading physicians (http://www.mottchildren.org/conditions-treatments/your-health-care-team-u-m-comprehensive-eating-disorders)

○ Discussion will be focused on distinguishing between healthy eating and weight obsession. During discussion, students will learn how to naturally maintain a healthy weight.

○ Reflection: For week four, the prompt will ask students to distinguish between healthy and unhealthy behaviors. Students will be asked to describe what they do to feel healthy (ie., going to the gym, running, eating vegetables twice a day) and will reflect on their habits. Students may contemplate changes if they are dissatisfied with their health and propose healthy solutions.

○ Quiz: For week four, the quiz will prompt students to distinguish between different types of eating disorders.

● Week 5- Addiction: Symptoms and Signs of Alcohol and Drug Addiction
  - Information for this week is derived from:
    http://www.bestcolleges.com/resources/top-5-mental-health-problems-facing-coll
The Top Mental Health Challenges (2016) and statistics are provided by the National Institute on Alcohol Abuse and Alcoholism (NIAAA):

- About 80% of college students drink
- About 50% of those are binge drinkers
- 1,825 students, ages 18 to 24, die from alcohol-related injuries annually
- Students are more likely to be assaulted, sexually abused or injured by someone who has been drinking
- About 25% of students who drink regularly report academic problems

- Alcohol/drug use symptoms:
  - Slurred speech, bloodshot eyes or impaired coordination
  - Fearful, anxious or paranoid without reason
  - Prone to suspicious behaviors, frequently involved in violent behavior or legal trouble
  - A sudden need for money
  - Built tolerance for alcohol and drug use
  - Deterioration of physical appearance, such as weight loss or gain, and change in grooming habits
  - Change in friends, activities or hobbies

- Recognizing signs:
  - Individual drinks to relieve stress or suppress issues
  - Individual’s drinking or drug use interferes with their relationships with others
  - Individual has withdrawn from activities or school work
  - Individual’s life revolves around drug or alcohol use
  - Individual has developed a change in personality
  - Individual has an unusual smell on their breath or body

- Guest speaker will come in and talk about the symptoms and signs for alcohol and drug abuse. We will define a “standard drink” in terms of different alcohols. Near the end of lecture, we will also discuss recovery options for individuals who may be struggling. We will provide a video from the University of Michigan Collegiate Recovery Program, which will depict real students who struggled with addiction throughout college and found help through this program on our campus. The video can be found at: [https://www.youtube.com/watch?v=tT5xklc7jS0](https://www.youtube.com/watch?v=tT5xklc7jS0)

- Discussion will be focused on distinguishing when alcohol use transforms from having fun to becoming addictive for college students. Discussion will touch on social pressure to consume alcohol, how to feel comfortable in a drinking environment if one does not drink, and will provide students with information on how to consume alcohol safely. Additionally, students will have the option of completing a BAC calculator to determine a safe BAC based on their body
weight. The BAC calculator can be found online at: https://www.uhs.umich.edu/stayintheblue

- Reflection: For week five, the prompt will ask students to distinguish between safe and unsafe drinking behaviors and consider the consequences of substance abuse.
- Quiz: For week five, the quiz will ask students to identify symptoms of alcohol and drug addiction.

- **Week 6- Resources on Campus: Learning about Local Resources**
  - During this class, students will learn about the many different mental health resources on campus: where they are located, what services they provide, and if they have a fee associated with them or not. An interactive map will be provided so students will feel comfortable on how to get to each service, and handouts will be provided as well.
  - Information regarding these resources was derived from: https://caps.umich.edu/ and https://www.uhs.umich.edu/stressresources. The resources on campus to be discussed are:
    - **Counseling and Psychological Services (CAPS)**
      - Located at 3100 Michigan Union, 530 South
      - Mission is to foster the psychological development and emotional well-being of students through counseling and psychotherapy, preventive and educational programming, consultation and outreach, as well as contributions to the mental health professions.
      - Services include:
        - Wellness Zone: Available on a drop-in basis that helps students manage stress, rest and relaxation
        - Initial consultations: Online intake information followed by a 30 minute face-to-face Initial Consultation (IC) with a CAPS counsel within 1 - 5 days (depending on student demand)
          - Discuss the concern(s) that brought you to seek services at CAPS
        - Groups, Lunch Series, & Workshops: more information for specifics can be found online at: https://caps.umich.edu/article/groups-lunch-series-workshops
        - Individual and Couples Counseling: referred to after IC
        - Referral Services
          - When you know you want longer-term treatment
- When it is unclear which resource on campus in Ann Arbor is best for you
- When you need help with insurance coverage questions
  - Psychiatric Support: referred to after IC
  - Screenings
    - Online Screenings
    - CAPS Screenings For ADHD Concerns
    - First Appointment for Eating and Body Image Concerns
    - First Appointment for Alcohol and Other Drug Concerns
  - Crisis Services: available for those students who are in crisis or have an urgent need to be seen by the counselor on duty
  - Case Management
    - Resource for students seeking support while connecting with resources both on and off campus
- MiTalk (“My Talk”)
  - A website for U-M students with mental health resources such as online screening for depression and anxiety, skill-building tools, and recorded workshops, lectures and relaxation exercises
- CampusMindWorks (campusmindworks.org)
  - Supports UM students who have been diagnosed with an ongoing mental health disorder.
  - This site provides information and resources, including a searchable database to help students manage their illness and get the most out of their college experience
- U-M Center for the Child and Family
  - Located at 500 E. Washington St., Suite 100
  - Phone: 734-764-9466
  - Comprehensive range of mental health services for children and families in the community including:
    - Learning disabilities, social skills, IQ testing, ADHD evaluations, emotional and behavioral concerns, parenting, grief and loss
- U-M University Health Service
  - Located at 207 Fletcher St
  - Phone: 734-764-8320
- Provides medication management of common mental health concerns

■ U-M Psychological Clinic
- Located at 500 E. Washington St., Suite 100
- Phone: 734-764-3471
- Offers assessment, counseling and treatment for adults at U-M and in the community
- Can help with a wide range of issues including: anxiety, depression, couples issues, and problems with work and study

■ Sexual Assault Awareness and Prevention Center
- Located at 530 S State St. Rm 1551 (Michigan Union)
- Phone: 734-764-7771
- 24/7 Crisis Line at 734-936-3333
- https://sapac.umich.edu
- Crisis intervention: SAPAC offers crisis intervention by providing information and referral services to survivors of sexual assault, dating/domestic violence, sexual harassment and stalking
  - 24-hours-a-day information and support is also available for the friends, partners, and family members of survivors
  - Services are free and confidential
- Advocacy: SAPAC professional staff is available to listen, provide resources, answer questions, and offer support about:
  - Where to go for help
  - Support in deciding how to talk with a friend or family member
  - Information on making a formal complaint
  - And simply provide a safe place to talk
- Peer-Led Support Groups: weekly, drop-in group open to all survivors of sexual assault, intimate partner violence, sexual harassment and stalking. Individuals express their concerns and support their peers in a comfortable setting that is facilitated by student staff members

■ U-M Police
- Can do “wellness checks” for students
- Call if you are concerned about a student’s well-being
- For emergencies: call 911
- For non-emergencies: call 734-763-1131

■ Wellness Coaching
- https://www.uhs.umich.edu/wellness-coaching
- Can help students if they are feeling stuck or want to work through barriers to achieving overall wellness

■ Helping a Friend
  - https://www.uhs.umich.edu/helping
  - If you are concerned about a friend, try these tips

■ Student Groups
  - Active Minds
  - Finding Voice
  - PULSE
  - Wolverine Support Network
  - Awaken Ann Arbor

  ○ A brochure of these resources, how to contact them, and where to find them on a campus map would be handed out to the students at the beginning of lecture. This brochure will also help the students with the quiz for week six.

  ○ Employees, volunteers, or members from each organization will be asked to come in and give a brief overview regarding the goal of their organization. Each person will also be asked to contribute to the brochure with any updates on their organizations. Discussion will consist of a field trip to CAPS so that students can see where this resource is physically located and utilize it when necessary.

  ○ Reflection: For week six, students will be asked to think of a situation in which they should seek out one of the resources mentioned in class and what steps they would take to utilize that resource (ie., first call, then get screened, then meet with a professional at the location of the resource).

  ○ Quiz: The quiz for week six will include knowing where resources are (online, what location on campus) and when to utilize each resource.

- **Week 7- Decreasing stigma and building self-esteem**

  ○ Stigma is one of the most challenging aspects of living with a mental health condition. It causes people to feel ashamed for something that is out of their control and prevents many from seeking the help they need and speaking out. The following information regarding mental health stigmas was derived from Penn and Couture, 2002.

  ○ What is the best way to prevent stigma?
    - Education: what students are achieving in this class
      - There is evidence that individuals who possess more information about mental illness are less stigmatizing than individuals who are misinformed about mental illness
- Causes of mental illness will be discussed because it will help students understand why it is happening to them or people around them. We may also show short clips from movies during this final class that depict mental illness, as real-life experiences help to reduce stigmas.

- Choose your words carefully
  - You never know who around you is dealing with a mental health issue or has someone in their life that is dealing with a mental health issue. It is a serious problem and is not one to joke about.

- Support People
  - Treat people you know that have a mental health disorder with dignity and respect. Encourage people’s effort to get well. Having a support system expedites the healing process for people with mental illnesses.

  - Discussion: Students will focus on ways that they can personally reduce stigma in their life and on campus.
  - Reflection: Students will reflect on what they have learned during the course of this class and apply it to their lives moving forward, specifically in what they will do to reduce stigmas and identify and accept those who are struggling.
  - Additionally, students will think back to their stress management plan from week one and reflect on how the plan worked in their daily life. Students will turn in their final project with a separate reflection during finals week.
  - Quiz: The last quiz will consist of students filling in their own answers on how they are going to try to destigmatize mental health and how they are going to build their own self-esteem.
Resources


