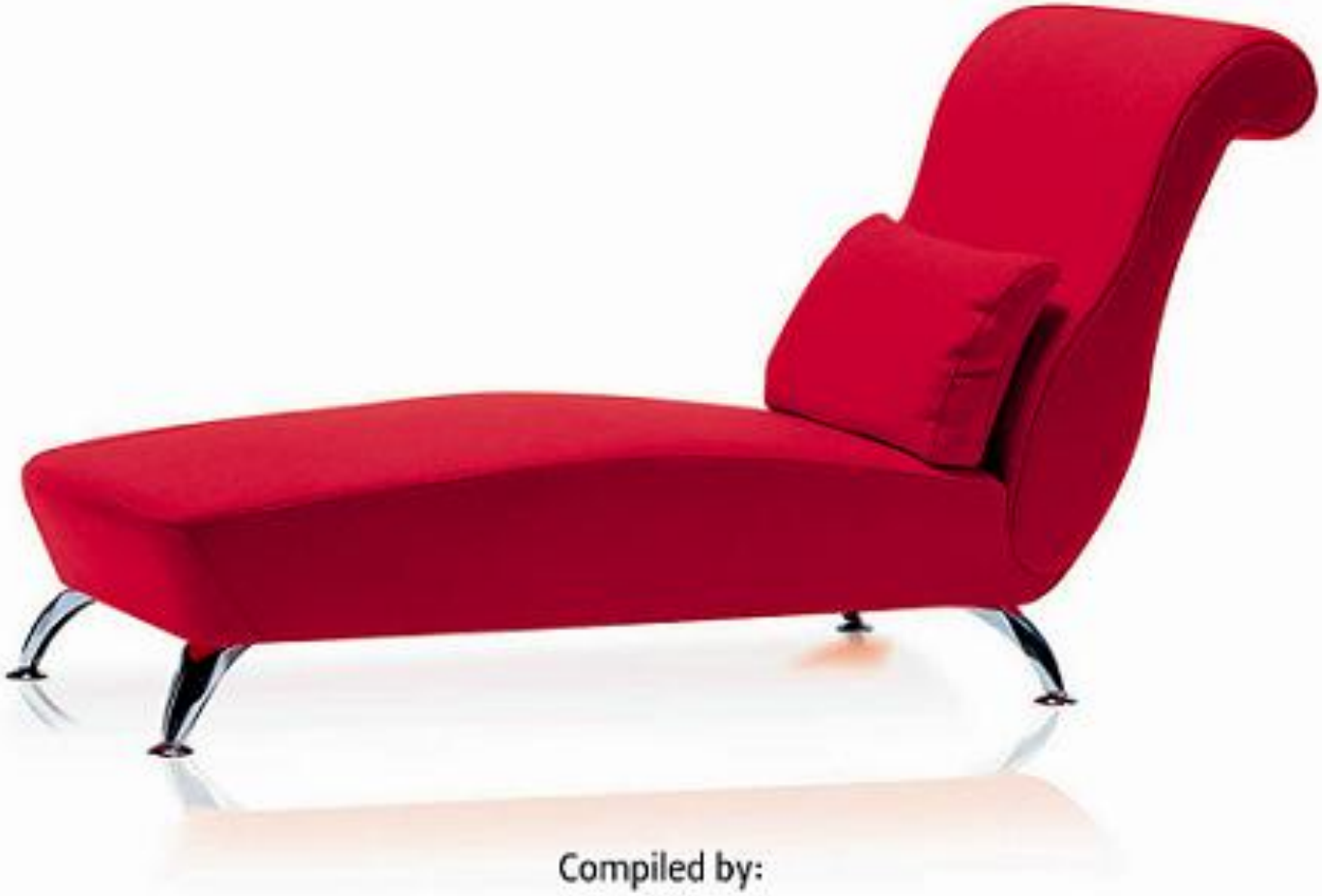
On the red couch:

A guide to student wellness



Compiled by:
Student Counselling & Development
University of the Free State
2013

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Foreword

As members of a caring community, and developers of future leaders at the UFS, all of us can play an important role in fostering the well-being of our students. Not everybody on campus is clued up about the mental health challenges facing our young people at their different stages of development. It is for this reason that Student Counselling & Development has developed this guide to student wellness. The guide provides important information about student mental health and wellness and the important role that others within the various faculties of the university can play in providing support to those in distress. At Student Counselling & Development we value healthy minds as a path to successful learning. I encourage you to review this valuable resource and use it as a guide in handling those challenging situations that face all of us at one stage or another in our lifetime.

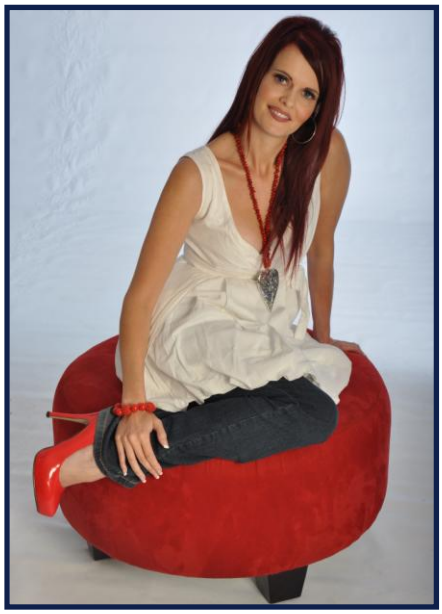
Refiloe Seane
Director
Student Counselling & Development

From the editor

I am pleased to introduce this guide on behalf of Student Counselling & Development. In 2008 the Student Mental Health and Well-being task force at Stanford University concluded that the support of student mental health and well-being falls within the province of all university staff members and that this recognition is crucial to student success. With this document Student Counselling & Development aims to assist UFS staff members to identify and refer students who experience periods of mental distress. It is believed that by joining "forces" we will be better equipped to deal with the many challenges that a new generation of students brings to our institution. There is abundant evidence that the current student generation suffers increased emotional and mental health challenges and that a larger safety net is needed.

The procedures and policies of various international institutions were studied to produce a document that we believe will be informative, practical and valuable. It is also hoped that this document is merely the beginning of a much bigger project and possibly the establishment of our own UFS Student Mental Health Task Force.

Lastly, I would like to express my gratitude to all my colleagues involved in developing this guide.



Sunell Wiehman
Psychologist
Student Counselling & Development

From the Dean of Student Affairs

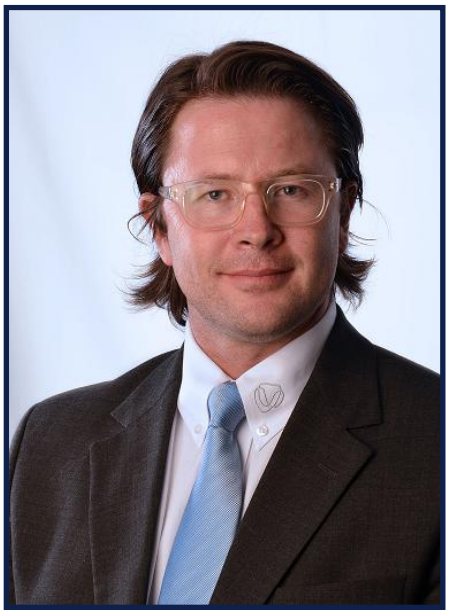
Students enter pathways to success at various junctures that are unique to their student life experience. Significant student experiences require the combined and caring effort of staff across the university to support students in moments of crisis in particular.

The point of first contact for a student in need of support often serves to either encourage or discourage students from seeking guidance.

Your role at this point in the life of a student must never be underestimated and it is with the greatest appreciation for the care you show our students on a daily basis, that we have published and offer you this guide to student wellness.

The guide also offers you specific guidelines for referring students to our colleagues at Student Counselling & Development and elsewhere who, as counsellors and psychologists, offer students specialist support.

While students co-design their experience on campus and take hold of their pathways to learning, your role as mentor and guide contributes significantly to that process.



It is our hope that this guide will further assist you in responding to students' needs in ways that encourage students to attain greatness and to reach out for support in moments of crisis.

B Rudi Buys VDM

Dean: Student Affairs

UFS

About Student Counselling & Development

"Over the last 35 years Student Counselling & Development has grown into a well-established professional service. We had very humble beginnings in the Psychology building, with only two psychologists in service. Our services were limited to basic career counselling and psychotherapy with only a couple of students. Today thousands of students receive help from this service annually and the centre also works in close collaboration with other UFS departments on various projects."

Prof Koos Venter

(Director: Student Counselling & Development 1986-2005)

Introduction

Student Counselling & Development has proudly served students since 1977. The vision, mission and values of this service are as follows.

Vision

To promote, enable and optimise the students' self-direction.

Mission

- To acknowledge the student as a holistic individual
- Responsiveness to and advocacy for varying student needs
- Resolution of personal issues that impede students' potential
- Development of appropriate career and academic goals
- Career assessment, guidance and planning
- Providing a supportive atmosphere for personal and professional development

Values

- Accountability and integrity
- Performance-driven excellence
- Self-development
- Passion
- Balance

Who are the counsellors?

Student Counselling & Development is staffed by a team of registered counselling and clinical psychologists, intern psychologists and intern counsellors. The work of the intern psychologists is carefully supervised within the service.

"Counsellors are skilled listeners who help students to clarify issues, discover true wishes and feelings, and deal effectively with problems."

Counselling Services, New York University

Meet the team

Refiloe Seane
Director/Counselling Psychologist

Petro Herbst
Office Manager

Melissa Barnaschone
Counselling Psychologist

Sunell Wiehman
Counselling Psychologist

Lizette van der Walt
Counselling Psychologist

Penny Mathumbu
Counselling Psychologist

Lerato Makhele
Clinical Psychologist

Lize Wolmarans
Counselling Psychologist

Caroline Smit
Counselling Psychologist

How does counselling work?

Proactively

- Working closely with academics and other support services to identify problems early.
- Providing counselling and workshops before problems become acute

Reactively

- Dealing with current / existing problems that students bring to our service.

Developmentally

- Providing training workshops on various topics.

What sort of problems can be helped through counselling?

In the programme that I am involved with, we work with mature students. These students are confronted with various problems such as busy work schedules or marital problems that interfere with their studies. Student Counselling & Development always delivers an impeccable service to our students and contributes a great deal to their personal development.

Dr Liezel Massyn

(Economic and Management Sciences)

At Student Counselling & Development the following services are on offer at *NO COST* for registered UFS students:

Psychological counselling for:

- Depression
- Anxiety
- Eating disorders
- Suicide attempts
- Relationship concerns
- Substance abuse
- Trauma
- Grief
- Low self-esteem
- Issues related to sexuality
- Difficulty adjusting to student life
- Self-harming

Academic support:

- Study methods
- Extra time evaluations
- Presentation skills

Career counselling:

- Complete psychometric evaluations
- Individual interviews

Developmental workshops:

- Self-discovery
- Stress management
- Self-esteem
- Relationships
- Learning styles
- Assertiveness
- Emotional intelligence
- Study methods
- Rational emotive behaviour therapy

Student Counselling & Development also offers a career counselling service to prospective students and works in close collaboration with various UFS departments for selection purposes.

"As a first-year lecturer on the access and support programmes of the Department of Anthropology, my role is two-fold, i.e. to teach and to listen. The many conversations I have with my first-years requires further listening and it gives me great pleasure to suggest Student Counselling & Development's accessible, friendly and reliable staff as a referral point for service to students. Serving the Kovsie student community is their key task but the manner in which they do it is commendable. This view is underscored by the continuous positive feedback I receive from my students after referral, but also the commitment of staff to keep me updated on student progress. Nothing entices a customer more than sending them away happy. My job as a lecturer is made easier because Student Counselling & Development is always at the service of my students."

Joe Serekoane

(Department of Anthropology)

What happens in counselling?

Individual counselling

Student Counselling & Development provides mainly short-term counselling, averaging 6 sessions per student. This is appropriate for most university students. However, for a small number of students who require longer term counselling, there is a limited number of vacancies in the service for individual counselling. Students that receive individual counselling are usually also referred to the various workshops on offer for additional support and "skills training". Waiting times for appointments vary according to demand. In some cases referral to other medical specialists (such as general practitioners, psychiatrists and neurologists) are made. In extreme cases students can also be referred to psychiatric facilities for more intensive treatment.

Group counselling

Workshops

Various workshops are on offer at Student Counselling & Development (see page 10 for the complete list).

Rational emotive behaviour therapy (REBT)

The Rational Emotive Behaviour Therapy (REBT) programme, is a six-week programme offered to our students who seek counselling. REBT is a practical, action-oriented approach to assist individuals in overcoming and coping with adversity, achieving goals and enhancing personal growth by addressing attitudes, unhealthy emotions (e.g. depression, anxiety, unhealthy anger, and guilt) and maladaptive behaviours (e.g., procrastination, addictive behaviours, aggression). Ultimately, through REBT, we seek to empower our students by equipping them with the necessary skills to more effectively handle their own negative emotions and to enable them to modify their own behaviour and improve their world where possible.

"Counselling is the process that seeks to help the student focus on and understand more clearly the issues that trouble or concern him/her."

Counselling Service, University of Cambridge

Confidentiality

Psychologists follow a strict code of ethics, and confidentiality is one of the most important components of this code. Any information received from the student is confidential unless the student has given permission for the psychologist or counsellor to divulge it. In certain exceptional situations, however, legal or professional rules may force the psychologist to disclose information.

These include:

- Emergency situations – Should a situation develop where the psychologist believes that there is a real risk that the student may harm himself or herself or any other person, he/she will be compelled to take the necessary steps to prevent such harm, even if this may entail the psychologist breaching his/her promise to keep information confidential.
- Court orders – A court order may order the psychologist to disclose private information.

"It is important that students feel assured that any personal information they give will be treated with respect and discretion."

Student Counselling & Development, University College Cork, Ireland

Identifying the student with mental distress

"Whatever the circumstances, whether obvious emergency or less clear, it is important to listen carefully to the student, to take their feelings seriously, to show concern, and to remain calm."

Student Counselling Service, University of Oxford

Mental distress takes many different forms and varies in severity, from short-term depression or anxiety, to self-harm, to long-term psychiatric illness.

Many of our students experience periods of mental distress during their time at university. Transition to university and academic anxiety are the most common causes of stress. Life events such as relationship breakdown, bereavement and parental separation can also be very traumatic for students.

Academic and support staff are in constant contact with students and are often the first to notice that a student may be experiencing some problems. It is not the responsibility of the particular staff member to counsel the student but if these problems can be identified and an early referral can be made, the benefits for the student as well as the academic institution can be substantial.

In most cases there are certain signs and symptoms that indicate the possibility of distress. The table on page 13 may assist you to identify these signs and symptoms.

"Any of the following indicators alone does not necessarily suggest that a student is experiencing severe distress. However, several of the signs taken together may well indicate that the student needs help."

Harvard University Health Services

Signs and symptoms of a student in distress

ACADEMIC

- Deterioration in work
- Repeated absenteeism
- Missed assignments and tests
- Extreme disorganisation
- Written expression of despair, suicidal thoughts, extreme violence or loneliness
- Continual seeking of professional provisions
- Extreme perfectionism (e.g. can't accept anything less than an A symbol)

PHYSICAL

- Deterioration in physical appearance and hygiene
- Frequent illness
- Often falling asleep in class
- Noticeable bruises or cuts
- Disorganised speech and confusion
- Unusual inability to make eye contact
- Extreme weight changes
- Smelling of alcohol repeatedly or being bleary eyed

EMOTIONAL

- Extreme anger outbursts
- Expressing feelings of worthlessness and crying often
- Demanding or dependent behaviour
- Very withdrawn
- Severe anxiety or frustration and irritability

OTHER

- If friends or colleagues express their concerns about this student
- Always listen to your gut feeling

Types of situations

Some personal problems experienced at university are non-acute and can be resolved quickly by talking to a family member or friend. It is important not to label as "mental health" problems those that in fact are normal emotional reactions to new experiences. However, a number of students may experience acute emotional or psychological difficulties that without appropriate professional support are more persistent and inhibit their ability to participate fully in higher education. Some students arrive at university with a pre-existing problem, either declared or undeclared.

Non-acute situation

"I'm a first-year B.Soc.Sc student. I came from a small town and was really overwhelmed when I first came to the UFS. I was also unsure about my subject choice. The staff at Student Counselling & Development helped me with my general adjustment and also referred me to the Faculty advisor, who assisted me with my subject choice. I felt much better after this."

1st-Year student (B.Soc.Sc), UFS

In a non-acute situation, where a student is considered to be in some distress and in need of extra support, the following resources can assist them (depending on the nature of the problem):

- **Family**
- **Classmates and friends**
- **University academic departments**

- **University services**
  - Student Counselling & Development
  - Health and wellness centre
  - Unit for students with disabilities
- **Community services**
  - Student's own family doctor or general practitioner
  - Psychiatrists in the public or private sector

  See appendix 1 for a list of contacts.

Acute situation

"At the time when my lecturer referred me to Student Counselling & Development, I was not coping at all. I hadn't been attending classes for weeks and withdrew from all social situations. I was even late for my first appointment with the counsellor because I couldn't get out of bed."

3rd -Year student (B.Sc), UFS

In an acute situation, where a student is distressed to the point of urgent same-day or next-day support, each of the University services listed above, as well as the student's own family doctor or mental health practitioner should be considered as a possible source of help. An appointment should be made immediately.

Emergency situation

Extreme aggressiveness directed at self, others or property.

Unresponsiveness to the external environment (the student may be disconnected from reality or passed out).

When the situation feels dangerous to you.

Suicide risk factors

- Extreme hopelessness
- Withdrawal
- Depression
- Verbal or written statements that mention death or suicide

Not all situations are clear-cut. A student may talk about wanting to be dead without showing any obvious signs of suicidal intent. A student may be out of touch with reality and not functioning normally but not necessarily threatening any physical harm to themselves or others. One of the difficulties of managing such a situation is the fear that it could develop into an emergency at any moment. If in doubt it is always better to seek the advice of a psychologist at Student Counselling & Development.

Reacting to the student with mental distress

"Always try to give the student hope! Convey the message that troublesome situations can and do get better."

Sunell Wiehman

(Psychologist: Student Counselling & Development, UFS)

In responding to a student who is in distress, staff should only act to the limit of their competency. The appropriate course of action depends on the urgency of the situation, your relationship with the student and your level of experience.

"If in doubt always refer the student, don't try to be an amateur psychologist."

Student Counselling Service, University of Oxford

Urgency of the situation

Non-urgent/non-emergency situations

Members of staff who become concerned about a student who appears low in mood, tearful, withdrawn or overly anxious, or who has deterioration in academic performance or failure to meet deadlines for submission of assignments, should consider one or more of the following courses of action:

- Make the student aware of your concern
- Advise the student to consider obtaining support for the problem
- Assure the student that discussions are confidential and remain so unless you judge them to be a danger to themselves or other students
- Offer to communicate your concern to Student Counselling & Development or to their own mental health practitioner (if they already have one)
- Arrange a follow-up appointment with the student to discuss the outcome
- If a student does not wish to avail of support services, or does not want to follow your advice, his/her wishes should be respected. Unless their situation or condition deteriorates to become urgent/an emergency, no further action is necessary at this stage

Urgent/emergency situations

In situations where a staff member has become concerned about a student and believes him/her to be at immediate risk of harm to self or others, one or more of the listed courses of action should be taken:

These circumstances could include the following:

- If a student is expressing suicidal thoughts
- If a student is threatening self-harm
- If a student appears not to be in touch with reality
- If a student is expressing bizarre behaviour, ideas and thoughts
- If a student appears overly agitated or aggressive

Actions advised in urgent/emergency situations:

- Try not to act alone. Seek help from another colleague (if possible).
- If the student has taken an overdose, call for an emergency ambulance. ER 24 is the ambulance service that is currently being used. An amount of approximately R2000.00 can be charged for a non-critical emergency. The following numbers can be phoned: 084124 or 0800 051 051.PLEASE ENSURE THAT IT IS A LIFE-THREATENING EMERGENCY BEFORE YOU CALL THE AMBULANCE.

Please remember the following when you phone for an ambulance:

- Stay calm
- Identify yourself
- Provide your contact number (don't give your office number and then leave the office)
- Identify the problem (e.g. the student has taken an overdose)
- Give clear instructions regarding the exact location of the emergency
- Don't put the phone down
- Stay in contact with the emergency staff
- Listen to any instructions and write them down (if possible)
- Stay with the student until the ambulance arrives

- If it is a non-critical emergency within office hours, the student can be taken to Health and Wellness where he/she will be examined by a physician. Medical aid tariffs are applicable.
- If the student is very aggressive, seek help from Protection Services.
- Ask the student if they are already receiving counselling at Student Counselling & Development or from other mental health practitioner. Get details and contact them (with the student's consent). Explain your concerns, requesting immediate help.
- Accompany the student to the appointment if possible.
- If the incident occurs whilst off-campus, e.g. on a field trip, contact the nearest local health services for assistance.

"I am a lecturer at the Faculty of Law and have cooperated with the friendly, accessible staff from Student Counselling & Development over many years. Numerous students find their law studies challenging and battle to master it. In consultation with students I found that, apart from academic studies, they also encounter numerous other challenges which impact negatively on their personal lives and studies. These challenges are related to career counselling, study methods, the handling of exam stress, speed-reading skills, handling of stress in their personal lives such as the death of a loved one, the lack of family support, financial difficulties and so forth. Over the last six years I have regularly referred students to Student Counselling & Development to assist them. Many students report to me how grateful they are for the friendly and helpful services rendered to them."

Adv Beatri Kruger

(Faculty of Law, UFS)

"I approach these students with kindness and compassion and help to build their future."

Nick Venter

(Deputy Director: Academic Student Services, UFS)

Summary of Reacting to a Student in Distress

Staff member concerned about mental health of student

Non-urgent / Non-emergency

If the student appears to be:

- Low in mood, overly anxious, withdrawn or tearful or has a sudden deterioration in academic performance
  AND
- Does not display features considered as an emergency

- Mention your concerns to the student
- Assure confidentiality
- Encourage the student to contact Student Counselling & Development, the Health and Wellness Centre or the student's own general practitioner or psychiatrist
- Arrange a follow-up appointment with the student. If the student does not wish to follow your advice, his/her wishes should be respected. No further intervention is appropriate at this point unless their condition deteriorates and becomes an emergency

Urgent / Emergency

If the student appears to be:

- Threatening / aggressive (call protection Services)
- Suicidal
- Threatening self harm
- Threatening to harm others
- Expressing bizarre ideas and thoughts
- Behaving in a bizarre manner or being very agitated

- If possible, consult a colleague – try not to act alone
- Explain concern to student (unless you believe this will worsen the situation)
- Get the student's consent to contact Student Counselling & Development, the Health and Wellness Centre or the student's own general practitioner or psychiatrist
- Book an urgent appointment with one of these professional services
- Accompany the student to the appointment (if possible)
- If off campus, contact local health services and request assistance

Contact details

Student Counselling & Development	051 401 2853
Health & Wellness Centre	051 401 2603
Protection Services	051 401 2911
Ambulance	082 124/0800 051 051

Getting to know students' Academic problems

"Sir, I want to study but I'm not sure what degree"

"This is a question I've often heard in my office and with an administrative background I certainly don't have all the answers. I refer these prospective students or students to Student Counselling & Development and often they have returned to my office very thankful for the help they received!"

Nick Venter

(Deputy Director: Academic Student Services, UFS)

At Student Counselling & Development we often hear the following questions and we are certain that you have had the same experience. Here we provide you with information regarding the interventions for these kinds of concerns.

"I don't know how to study"

Many students have never "invested" in a good study method. At Student Counselling & Development we provide various services for this. The process for study counselling is as follows:

Step 1

When they first arrive for study counselling they are referred to a study DVD (created by the University of Stellenbosch.) This DVD provides them with basic study skills.

Step 2

The student attends 2 study workshops.

Step 3

Individual study counselling (a more in-depth session with a psychologist or counsellor) will follow. Often it is not intellectual potential that prevents them from being successful but other factors such as: family problems, financial concerns, emotional problems, lack of motivation, mismatch with course, substance abuse or adjustment issues. All of these issues can be addressed during an individual counselling session.

“I want to change my course”

Many students are uncertain about their career decision. At Student Counselling & Development we offer an intensive career counselling process. Students undergo a psychometric assessment (aptitude, personality and interest questionnaires) and thereafter have an interview with a psychologist to discuss the various options. Parents/guardians are sometimes involved in this process.

“I struggle to complete my tests & exams within the allocated time”

At Student Counselling & Development students can apply for additional time during tests and exams. They will undergo a complete psychometric evaluation as well as a reading evaluation. In some cases they may also be screened for dyslexia. After completion of the test battery, they will then be interviewed by a multidisciplinary team consisting of a counselling psychologist, a clinical psychologist, an occupational therapist, a special education specialist, a physiotherapist and a disability expert. Further referrals to medical specialists will also be made if necessary. Please consult the UFS website for more information on this.

Getting to know students' Psychological problems

"At Student Counselling & Development we are confronted with various psychological problems. Depression, anxiety, low self-esteem, bereavement, adjustment and relationship concerns are the most common problems."

Refiloe Seane

(Director: Student Counselling & Development, UFS)

A person experiences psychological problems when there is a psychological or behavioural pattern usually associated with subjective distress or disability. This pattern is not a part of normal development or culture. It can include a combination of affective, behavioural, cognitive and perceptual components. The origin of these problems may range from biological to environmental causes. Psychological problems cause clinically significant impairment in social, occupational, or other important areas of functioning. Psychological problems can affect people of any race, age, gender, religion or income.

Various treatment options are available and are usually very effective. Individual psychotherapy, social support (support groups) or medication can be used in isolation or combination. General healthy lifestyle changes can be very beneficial to all individuals as their ability to cope will improve as their health improves. Unfortunately, stigma still exists around the seeking of help from a professional. Not seeking treatment or support can have negative long-term effects such as dropping out of university, substance abuse, suicide, etc.

Following is a brief description of the most common problems reported at Student Counselling & Development.

Depression

All of us are bound to feel sad or blue at some point. Sometimes, sadness is a result of things that happen in your life: for example, you move to a different city and leave friends behind, or a loved one dies.

When you have depression, it's more than feeling sad. It differs from “normal” feelings of sadness in that the mood is more intense, longer lasting and it interferes with your daily life.

Depression is not a character flaw that people can 'just get over'. It is a medical illness, not a sign of weakness. The good news is that it’s treatable.

Symptoms of depression include the following:

- ✓ depressed mood (such as feelings of sadness or emptiness)
- ✓ feelings of excessive guilt or worthlessness
- ✓ reduced interest in activities that used to be enjoyed
- ✓ sleep disturbances (either not being able to sleep well or sleeping too much)
- ✓ loss of energy or a significant reduction in energy level
- ✓ changes in appetite and weight
- ✓ difficulty concentrating, holding a conversation, paying attention, or making decisions that used to be made fairly easily
- ✓ suicidal thoughts or intentions
- ✓ Specific symptoms are experienced daily for two weeks or more, making it difficult to function at work, at university or in relationships.

Bipolar disorder

The term "bipolar" comes from the idea of moods swinging from one extreme to the other. These extremes seem to be polar opposites, hence the name of the disorder. Significant mood changes are experienced, lasting from weeks to months at a time. This disorder can result in risky behaviour, damaged relationships and careers, and even suicidal tendencies if it's not treated.

Symptoms of bipolar disorder include the following:

DRAMATIC AND UNPREDICTABLE MOOD SWINGS

Mania symptoms:

- ✓ excessive happiness
- ✓ excitement
- ✓ irritability
- ✓ restlessness
- ✓ increased energy
- ✓ less need for sleep
- ✓ racing thoughts
- ✓ high sex drive
- ✓ tendency to make grand gestures

Depression symptoms:

- ✓ depressed mood (such as feelings of sadness or emptiness), feelings of excessive guilt or worthlessness
- ✓ reduced interest in activities that used to be enjoyed
- ✓ sleep disturbances (either not being able to sleep well or sleeping too much)
- ✓ loss of energy or a significant reduction in energy level
- ✓ changes in appetite and weight
- ✓ difficulty concentrating, holding a conversation, paying attention, or making decisions that used to be made fairly easily
- ✓ suicidal thoughts or intentions

Generalised anxiety disorder (GAD)

Generalised anxiety disorder is characterised by excessive, exaggerated anxiety and worry about everyday life events with no obvious reasons for worry. Daily life becomes a constant state of worry, fear, and dread (WebMD, 2011).

People with symptoms of generalised anxiety disorder tend to always expect disaster and can't stop worrying about health, money, family, work, or school. The worry is often unrealistic or out of proportion for the situation.

Symptoms of generalised anxiety disorder include the following:

- ✓ excessive anxiety and worry about a variety of situations
- ✓ difficulty in controlling the anxiety and worry
- ✓ feeling wound-up, tense or restless
- ✓ easily becoming fatigued or worn-out
- ✓ concentration problems
- ✓ irritability
- ✓ significant tension in muscles
- ✓ difficulty with sleep

Panic attacks

A panic attack involves such a high level of anxiety that it can feel as if you are having a heart attack, going insane, or losing control of yourself.

Panic attacks are characterised by a discreet period of intense fear or discomfort during which symptoms develop suddenly and usually reach a peak within 10 minutes.

Symptoms of a panic attack include the following:

- ✓ palpitations, pounding heart, or accelerated heart rate
- ✓ sweating
- ✓ trembling or shaking
- ✓ sensations of shortness of breath or smothering
- ✓ feeling of choking
- ✓ chest pain or discomfort
- ✓ nausea or adnominal distress
- ✓ feeling dizzy, unsteady, lightheaded or faint
- ✓ derealisation (feelings or unreality) or
- ✓ depersonalization (being detached from oneself)
- ✓ fear of losing control or going crazy
- ✓ fear of dying
- ✓ numbness or tingling sensations
- ✓ chills or hot flushes

Post-traumatic stress disorder (PTSD)

Post-traumatic stress disorder can develop after a person has experienced or witnessed a traumatic or terrifying event in which serious physical harm occurred or was threatened. PTSD is a lasting consequence of traumatic ordeals that cause intense fear, helplessness, or horror, such as a sexual or physical assault, the unexpected death of a loved one, an accident, war, or natural disaster. Families of victims can also develop post-traumatic stress disorder, as can emergency personnel and rescue workers. Most people who experience a traumatic event will have reactions that may include shock, anger, nervousness, fear, and even guilt. These reactions are common and for most people, they go away over time. For a person with PTSD, however, these feelings continue and even increase, becoming so strong that they keep the person from living a normal life. People with PTSD have symptoms for longer than one month and cannot function as well as before the event occurred (WebMD).

Symptoms of PTSD include:

Re-experiencing the traumatic event through:

- ✓ distressing recollections of the event, including images, thoughts, or perceptions
- ✓ distressing dreams of the event
- ✓ acting or feeling as if the traumatic event were recurring
- ✓ intense distress at exposure to a reminder of an aspect of the traumatic event
- ✓ physiological reactivity on exposure to a reminder of an aspect of the traumatic event

Symptoms of PTSD continues:

Avoidance of stimuli associated with the trauma and numbing of general responsiveness

- ✓ efforts to avoid thoughts, feelings, or conversations associated with the trauma
- ✓ efforts to avoid activities, places, or people that arouse recollections of the trauma
- ✓ inability to recall an important aspect of the trauma
- ✓ markedly diminished interest or participation in significant activities
- ✓ feeling of detachment from others
- ✓ restricted range of affect (e.g. unable to have loving feelings)
- ✓ sense of a foreshortened future (e.g. does not expect to have a career, marriage, children, or a normal life span)

Increased arousal as indicated by the following:

- ✓ difficulty falling or staying asleep
- ✓ irritability or outbursts of anger
- ✓ difficulty concentrating
- ✓ hyper vigilance
- ✓ exaggerated startle response

Obsessive-compulsive disorder (OCD)

Symptoms of OCD include the following:

Either obsessions or compulsions:

Obsessions as defined by:

- ✓ recurrent and persistent thoughts, impulses, or images that are experienced, at some time during the disturbance, as intrusive and inappropriate and that cause marked anxiety or distress
- ✓ the thoughts, impulses, or images are not simply excessive worries about real-life problems
- ✓ the person attempts to ignore or suppress such thoughts, impulses, or images, or to neutralize them with some other thought or action
- ✓ the person recognizes that the obsessional thoughts, impulses, or images are a product of his or her own mind (not imposed from without as in thought insertion)

Compulsions as defined by (1) and (2):

- ✓ repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly
- ✓ the behaviors or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation; however, these behaviors or mental acts either are not connected in a realistic way with what they are designed to neutralize or prevent or are clearly excessive
- ✓ At some point during the course of the disorder, the person has recognized that the obsessions or compulsions are excessive or unreasonable.
- ✓ The obsessions or compulsions cause marked distress, are time consuming (take more than 1 hour a day), or significantly interfere with the person's normal routine, occupational (or academic) functioning, or usual social activities or relationships.

What are some common obsessions?

- Fear of dirt or germs
- Disgust with bodily waste or fluids
- Concern with order, symmetry (balance) and exactness
- Worry that a task has been done poorly, even when the person knows this is not true
- Fear of thinking evil or sinful thoughts
- Thinking about certain sounds, images, words or numbers all the time
- Need for constant reassurance
- Fear of harming a family member or friend

What are some common compulsions?

- Cleaning and grooming, such as washing hands, showering or brushing teeth over and over again
- Checking drawers, door locks and appliances to be sure they are shut, locked or turned off
- Repeating actions, such as going in and out of a door, sitting down and getting up from a chair, or touching certain objects several times
- Ordering and arranging items in certain ways
- Counting to a certain number, over and over
- Saving newspapers, mail or containers when they are no longer needed
- Seeking constant reassurance and approval

Substance abuse

Individuals who abuse substances may be able to hide it very well for a long time. Eventually, however, the people around the individual will notice some changes. The addicted individual will start causing problems for himself and for those around him/her. The individual might miss classes at university as a result of a hangover or spend a lot of money on attaining more of his/her drug of choice. Soon, the most important thing becomes 'the next fix' or the 'next drinking night'. Relationships may start deteriorating from fighting over the substance abuse.

Other symptoms:

Each drug has its own symptoms. Almost always, however, in addiction the person's behaviour will change.

Symptoms of substance abuse include the following:

- ✓ Mood swings
- ✓ Change of concentration
- ✓ Changed energy levels
- ✓ Faster or slower (drawling) speech
- ✓ Increased or decreased appetite
- ✓ If drugs are regularly injected veins may be damaged

For a person to be addicted to a substance, essentially two major criteria have to be met:

- Withdrawal symptoms

  This refers to the symptoms the person's body experiences when the body has become physically dependent on the substance. Depending on the substance, these can range from headaches and tremors to sweating and nausea.
- Tolerance

  Tolerance is used to refer to the fact that you will need an increasing amount of the substance to experience the same effect (drinking more heavily or using more drugs per incidence).

The basic classification system used for drugs:

Drug class	Street names	Effect	Examples	Addiction
Stimulants	Ice; Speed; Crack; Coke	You feel aroused and alert	Nicotine; Caffeine; Amphetamine; Cocaine	High
Depressants; Sedatives; Hypnotics	Schoolboy; Barbs; Downs	You feel more relaxed	Alcohol; Xanax; Ativan	High
Hallucinogens	Angel Dust; PCP	You might see or experience strange things	Lsd; Meth	High
Analgesics (Prescription Drugs)	Painkiller	Eases pain	Demerol; Darvon	High
Cannabinoids	Cannabis	Feelings of euphoria, relaxation and increased appetite. Can produce anxiety or panic.	Pot; Weed	High
Opiates / Analgesics	Blues; Schoolboy	Eases pain	Heroine; Vicodin; Morphine	High

Eating disorders

Eating disorders can be divided into three main groups:

1 Anorexia (an individual eats much less than is healthy for him/her)

2 Bulimia (an individual either binge eats and then forces himself to throw up or exercises excessively to get rid of the unwanted kilojoules)

3 Obesity (an individual is excessively overweight)

All of these have the shared characteristic of a low self-esteem. Individuals try to control their weight in unhealthy ways. Anorexia has the highest risk of suicide. It is important to seek help and find a specialist if available. Eating disorders have many health risks and it is thus vital to address these as soon as possible. Making a long-term commitment to health and wellness will help you on the road to recovery.

Self-harm

People who self-harm are trying to deal with painful emotions and or memories. It is their way of coping with negative experiences. Self-harming behaviour can include, but is not limited to burning, cutting and hitting. Alcohol and drug abuse can also fall into the category of self-destructing behaviour. Usually, people who self-harm try to hide or conceal their injuries. They are often ashamed of their behaviour and do not tell anyone out of fear. This means that loved ones often do not know that they are self-harming. They will wear long sweaters or pants even when it is warm. This doesn't mean that all people who do this are self-harming! People who self-harm try to get rid of their intense emotional distress by cutting etc. They do not know how to express it in a more healthy way. They have often had a very traumatic experience and to deal with these memories, they start hurting themselves.

Suicide

It is a myth that people who self-harm want to commit suicide. It is true that in both instances, people have found it difficult to cope with their circumstances. However, there is a difference in their coping mechanisms.

People who self-harm are coping in a way that 'works' for them, but is dysfunctional. People who commit suicide have given up on coping and have no hope left. They are heavily depressed and do not want to live. People who self-harm may also feel depressed and anxious, but most often do not want to die.

A good assessment of a person is essential to prevent suicide. The following are areas to explore with the individual:

1 Family history (recent loss, abuse, etc.)
2 Individual history (trauma, etc.)
3 Intent/motivation to die
4 Psychiatric status (mental health problems?)
5 Current life situation (financial, etc.)
6 Suicide plan
7 Behavioural patterns (withdrawal from social interaction, etc.)

Preventing suicide:

1 Ensure the individual's safety

2 Decrease anxiety, agitation and insomnia

3 Increase coping skills and problem-solving skills

4 Identify the trigger and define the problem

5 Increase accessibility to support

6 System intervention (friends and family)

7 Obtain commitment to treatment

8 Restrict access to available means

9 Decrease isolation

If a person urgently needs to speak to someone, phone SADAG (South African Depression and Anxiety Group): 0800 567 567 or 011 262 6396

Attention deficit hyperactivity disorder (ADHD)

ADHD is characterised by inattention, hyperactivity, and impulsivity. There are three types of ADHD:

Predominantly hyperactive/impulsive

- ✓ Fidget with their hands or feet
- ✓ Leave their seat when it is inappropriate to
- ✓ Move excessively or feel restless during situations when it is inappropriate to
- ✓ Have difficulty engaging in leisure activities quietly
- ✓ Talk excessively and blurt out answers
- ✓ Have difficulty awaiting their turn and interrupt others

Predominantly hyperactive/inattentive

- ✓ Fail to pay close attention to details or make careless mistakes in schoolwork and other activities
- ✓ Have difficulty sustaining attention to tasks or leisure activities
- ✓ Do not seem to listen when spoken to directly
- ✓ Do not follow through on instructions and fail to finish schoolwork, duties etc.
- ✓ Have difficulty organising tasks and activities
- ✓ Avoid, dislike or are reluctant to engage in tasks that require sustained mental effort
- ✓ Lose things necessary for tasks or activities
- ✓ Are easily distracted by extraneous stimuli and are forgetful in daily activities

A combination of hyperactive and inattentive symptoms

Schizophrenia

Schizophrenia is characterised by the following symptoms which are present during a 1-month period:

- ✓ Delusions (A belief that would be seen by most members of a society as a misrepresentation of reality. A common belief held by people with schizophrenia is the belief that "others are out to get them")
- ✓ Hallucinations (The experience of sensory events without any input from the surrounding environment. Hearing things that aren't there is the most common hallucination experienced by people with this disorder)
- ✓ Disorganised speech
- ✓ Grossly disorganised behaviour (some individuals will pace excitedly or move their fingers and arms in stereotyped ways) or catatonic behaviour (people will adopt unusual postures and maintain these)
- ✓ Negative symptoms, i.e. affective flattening (staring with vacant eyes, speaking in a flat and toneless manner and seeming to be unaffected by things going on around them), alogia (the relative absence in the amount or content of speech), or avolition (an inability to initiate and persist in many important activities)

Getting to know students' General concerns

"As a disabled student, I always have to think ahead, for instance: How far do I have to walk today or will there be someone to help me. The stress of all this thinking sometimes gets to me. At Student Counselling & Development, the psychologist has helped me to manage my stress."

B.A student, UFS

Sexuality

The average age of a student is between 18 and 25. At this age, it is normal as well as important for the student to explore their identity. This means that sexuality and the forming of relationships will be an essential part of their development while at University. This can be a very frightening and exciting experience.

If a student suspects that he or she may not be heterosexual, they may feel shame and decide not to share this with others. This leads to isolation which could have further negative consequences. It is important for the student to seek support or professional help if they are unsure of their sexuality. Many professionals are now quite familiar with lesbian, gay and bisexual issues, but far fewer are well-educated about transgender issues. Transgender is an umbrella term that refers to anyone who does not fit the typical traditional binary gender categories or roles. This includes transsexuals, cross-dressers (in the past known as transvestites) and gender queer persons (those who identify with both female and male or neither gender) and others. Gender identity comprises many dimensions- biology (chromosomes, anatomy and hormones), brain (internal sense of self) and expression (modes of behaviour and manner of dress).

The term 'transsexual' refers to someone who internally identifies as the opposite gender to that which he/she was assigned at birth by his/her anatomy. Many transsexuals find it difficult to cope and some choose to change their bodies to reflect their real gender identity. This can be accomplished in several ways, which might include hormonal treatments and/or surgery. Students who proceed with this transitional process often experience physical, social, emotional and financial hardships. Being aware and educated about the range of identities will promote the open, tolerant and academically supportive environment necessary for students to thrive.

Disability

The broad category of disability encompasses a wide range of conditions including sensory, cognitive, physical, psychological and medical conditions. It is important to recognise that every student with a disability will have a different level of functioning even within the same disability category. The ability to compensate for the disability will vary from one student to another and in the same student during his/her time at the UFS.

Students with physical disabilities that affect their mobility have conditions ranging in severity from low stamina to paralysis. Sensory impairments range from low vision and hearing to complete blindness and deafness. For some, the condition was present at birth, and for others the impairment is the result of an injury.

This group of students face all of the challenges experienced by their non-disabled peers as well as additional stress caused by the disability. A student with a physical disability has to be intentional about almost all aspects of his/her daily living. Some students depend on the use of adaptive transportation to get to class and around campus. Barriers to and on the physical campus greatly limit a student's ability to interact with peers and faculty in a seamless and natural way.

Students with physical disabilities often use assistive technology, which includes course materials provided in Braille or electronic format, screen readers and enlargers, and magnifiers. Instructional tools like blackboard can link students to the lecturer and class with minimal effort and allow material to be prepared for document conversion in advance. Technology that has not been designed with features of accessibility can become a significant barrier in the course.

The unit for students with disabilities encourages students to self-identify to lecturers or provides assistance with this process. Advance notice allows the lecturer to make any modifications during the class sessions.

Because many of the life problems of students with physical disabilities are not related to their academic lives, they are often assisted by Student Counselling and Development with their personal problems. Some of these students suffer extreme stress because of the daily adjustments they have to make.

Faculty awareness of the student's right to certain accommodations and the faculty member's responsibility to assist with providing accommodations is key. Students can sometimes be concerned that lecturers will view accommodations as an advantage rather than a modification made to address a limitation caused by a disability. A lecturer can help normalise the accommodation process by inviting students with disabilities to meet privately, such as during office hours to discuss accommodations.

Students with disabilities are also preparing for the future. All UFS staff play an essential role in the future success of these students.

Interventions for enhanced well-being

"We have discovered that there are human strengths that act as buffers against mental illness. Much of the task of prevention in this century will be to create a science of human strengths whose mission will be to understand and learn how to foster virtues in young people."

Martin E.P. Seligman

What can we do together?

Human beings are capable of exhibiting a wide variety of extraordinary behaviours that foster well-being in themselves and those around them (Seligman, 2002).

As student counsellors, we have often seen how even our students that are caught in a deep state of depression or are plagued by debilitating anxiety, can still exhibit amazing courage, resilience, fortitude and compassion for other people. We challenge all staff to help our students focus on positive emotions, virtues and strengths to combat emotional problems. Peterson and Seligman (2004) developed a classification system for strengths and virtues and we can all encourage our students to live according to these values.

Values in action classification of strengths and virtues

Wisdom and knowledge	Justice
Curiosity and interest in world	Citizenship
Love of learning	Fairness
Open-mindedness	Humane leadership
Creativity	
Perspective	Courage
	Bravery
Humanity	Persistence
Kindness	Honesty and integrity
Love	Zest and vitality
Social intelligence	
	Transcendence
Temperance	Appreciation of beauty and excellence
Self-control	Humor and playfulness
Prudence	Gratitude
Modesty	Hope
Forgiveness	Religiousness

Some more helpful strategies

- Always instill hope.
- Encourage students to be “active seekers of health”.
- Encourage students to use a wide variety of techniques to help regulate their moods on a daily basis. Our students can be very creative problem solvers. Exercising, listening to cheerful music, going out with a friend etc. can help to lift a person’s mood or shake off a negative mood.
- Encourage students to attend developmental workshops.
- Help students to remember how they solved their problems in the past.
- Encourage students to use writing as a tool to allow emotional expression.
- Teach resilience by encouraging students to be creative and to use humour.
- Encourage students to create healthy relationships (Wolin, 2002) Close relationships are one of the main sources of happiness.
- Encourage independence.
- Encourage students to increase their activity levels to stimulate a positive mood (Watson 2002 and Williamson 2002).
- Encourage students to become organised.
- Students must set realistic goals and not be too perfectionistic.

*"The **i** in illness is isolation and the crucial letters in wellness are **we**."*

Author unknown

May we, as a UFS family, have a better awareness of mental health and work together to keep our students happy and healthy!

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Appendix 1

List of important contacts

• **Student Counselling & Development**	051 401 2853
• **Health and Wellness**	
Medical practice	051 401 2603
HIV/AIDS	051 401 2998
Social work services	051 401 9117
• **Protection Services**	051 401 2911
• **Ambulance**	084 124/0800 051 051
• **Unit for Students with Disabilities**	051 401 3713
• **South African Depression & Anxiety Group**	011 262 6396
For a suicide emergency	0800 567 567
• **Public Health Care Facilities**	
National Hospital	051 405 2911
Universitas Hospital	051 405 3911
Pelonomi Hospital	051 405 1478
MUCPP Clinic	051 435 6430
Thusong Clinic	051 434 2357/8
Heidedal Clinic	051 409 6786
Batho Clinic	051 409 6805