Student Guide to Mental Health Treatment

Helpful Information for Patients, Families, and Friends
Acknowledgements

We want to express our gratitude

to former University of Michigan student and author
Elizabeth Drucker, and the student organization Finding Voice.

In 2005, in collaboration with the Division of Student Affairs,
they created an original version of this guide for distribution
to students admitted through the university’s
inpatient psychiatric service.
From the Editor

If you are a student dealing with a mental health issue, you probably have a number of questions and concerns. High school students might be wondering: Am I ready to go to college, and if so, what do I need to know in order to make a healthy transition? Students in college, or on leave of absence, might be wondering: Will I ever get back to college? How can I take care of my mental health and still have the college experience I want? Finally, some students in crisis may be worried that taking time to seek treatment will seriously interfere with their academic goals.

This student guide was written with direct contributions from students, for students. In it, you will find many suggestions of topics to discuss with your treatment team or mental health providers. Although high school and college students have unique needs and concerns, you are not the first to travel this road. Therefore, we have divided the guide into four sections so that you can focus on what is most helpful to you at any given time. The first section, The College Transition, is your space for planning and preparing to make a healthy transition to college life. Campus Resources will walk you through the many ways to get support once you get there.

For students in crisis, or those taking time away from school, Personal Experience and Seeking Help (Section 2) will guide you through mapping out an effective leave of absence. Real-Life Stories (Section 3) depicts college students’ success in realizing their academic and mental health goals following a mental health crisis.

The fourth section, Hospitalization and Treatment, will answer your questions about obtaining treatment at McLean—and what happens after your treatment is finished. You’ll also find resources for students looking to maintain their mental health long term.

The educator Leo J. Muir said, “Someone has defined genius as the intensity of purpose: the ability to do, the patience to wait. . . . Put these together and you have genius and you have achievement.” At McLean Hospital, we are prepared to work closely with you, your family, and your institution of higher education through your recovery process so that you can ultimately realize your genius—your potential—and continue along your path of achievement.

With best wishes for your recovery,

Stephanie Pinder-Amaker, PhD
Director, McLean College Mental Health Program
Instructor in Psychology, Department of Psychiatry, Harvard Medical School
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Introduction

Each year, more than 600 college students are treated at McLean Hospital. These young people come from more than 200 different colleges and universities to address a broad range of issues and psychiatric illnesses. In order to provide more support to students like you, McLean established the College Mental Health Program (CMHP) in 2008. The vision of the CMHP is to help college students such as yourself, who have mental illness and adjustment issues, to lead more productive lives by providing the highest level of psychiatric care and by working closely with you, your family, and your institution of higher education to ensure the greatest probability of academic and personal success. As part of this effort, we formed a CMHP Student Advisory Committee, a group of student advocates who have taken part in creating this guide for you. You are not alone in your recovery process. Today, more than ever, college students are succeeding and thriving despite having to cope with mental health and adjustment issues.

The rate of students reporting being newly diagnosed with depression increased from 10 percent in 2000 to 13 percent in 2015. College women were diagnosed with depression at almost twice the rate of college men.

— The American College Health Association
ACHA.org
The College Transition
The College Transition

High school students spend a great deal of time and energy preparing for college. For most students, college preparation means lots of studying, writing papers, joining extracurriculars, and hoping that all this work leads to a letter of admission from one of their top schools. The summer before college is spent saying goodbye to old friends, shopping for dorm necessities, and connecting with new roommates.

Many high school students experience an additional challenge: a mental health issue that requires treatment. Students are arriving at college with greater mental health needs than ever before. It is often assumed that college mental health centers can meet these needs—and in many cases, they can be excellent resources. However, students should also consider using community supports if their needs are greater than their college counseling center can address. Arranging supports in advance can enhance the likelihood of having a successful first year.

Students who have dealt with mental health issues in high school can absolutely go to college and be socially and academically successful. Factors that aid in the success of these students include:

- Identifying and making connections with university and community support services in advance
- Developing independent living skills, such as the ability to do laundry, make medical appointments, and manage a budget, before leaving for college
- Considering location and proximity to family and treatment providers as factors in college choice

College Readiness

According to research by the Jed Foundation (settogo.org), the majority of first-year college students feel emotionally underprepared for college. This sense of being overwhelmed by the college experience was expressed in the following ways:

- 45 percent of students surveyed felt that “it seems like everyone else has college figured out but me.”
- 51 percent found it difficult to get emotional support when they needed it.
- 65 percent said that they tended to keep their feelings about the difficulty of college to themselves.

Students who were having these kinds of feelings were more likely to have a lower GPA, and to rate their overall college experience as “terrible/poor.” These students were also more likely to regularly consume drugs or alcohol.

One issue that students noted was that they felt a great deal of pressure in high school to go to a well-known college, citing the observation that college preparation in high school can be far more focused on academic readiness than emotional readiness.

Emotional readiness to leave home and start college is described by settogo.org as:

- The ability to take care of oneself
- The ability to adapt to new environments
- Having skills to manage strong emotions or negative behavior
- Having social skills necessary to build positive relationships

Independent Living Skills

Readiness to leave home and start college is not just a feeling; it is something that can be enhanced and targeted in specific ways. For many high school students, the focus on academic achievement has gotten in the way of some more traditional life skills, such as:

- Getting a part-time job
- Caring for others (e.g., babysitting or lawn work; cooking for the family)
- Budgeting
- Structuring your own time independently
- Making your own appointments
- Grocery shopping
- Making the necessary phone calls to set up disability and counseling services at college

Luckily, it is possible to work on these skills before leaving for school. Students who do so are more self-reliant and capable in the face of challenges at college.
College campuses can be stressful for everyone, but minority status (the experience of being a racial minority, or being from a different culture or financial background) can result in unexpectedly high stress levels for students. For example, experiencing an unfriendly campus climate, incidents of racial discrimination, and micro-aggressions (brief, everyday exchanges that send negative messages about group membership) can result in stress responses that can have negative physical and mental health effects, as well as lead to feelings of isolation. Not seeing certain racial or ethnic identities represented widely among students, faculty, or university staff members can also contribute to feelings of not belonging, feeling like an impostor, or not feeling as connected within the college or university.

According to the Jed Foundation, students of color reported feeling less academically and emotionally prepared for college than did White students, and importantly, were also less likely to seek help for emotional difficulties and mental health symptoms. The research shows that many, many college students each year experience symptoms for which effective treatments are available. Students of color may also experience higher levels of mental health stigma, have lower expectations about how effective mental health treatment might be, and doubt that services will be culturally relevant, and they are more likely to keep emotional distress to themselves or seek support from sources other than mental health professionals.

Many treatments are known to be helpful for symptoms of anxiety, depression, and other mental health issues. In addition, it is important for students of color to evaluate whether their minority status on campus is a source of stress, and then to seek support early to prevent that stress from building. Specific culturally relevant coping skills, strategies, and resources can help address the challenges experienced by college students of color. Joining groups and organizations centered around creating diverse and welcoming communities of peers, faculty, and staff on campus can also be tremendously beneficial. Web resources for college students of color are listed in the “Resources” section of this book, on page 41.

**On-Campus Programs for Students of Color**

Colleges, universities, student groups, and national organizations provide a number of excellent resources. Many campuses across the country already offer, or are currently developing, programs to better support the mental health and emotional well-being of students of color. A few examples of program types include support or discussion groups to build community; mentorship networks and leadership programs to build connections and integration throughout the campus; welcoming and supportive gathering spaces; less formal opportunities to seek support or consultation about current stressors; and tailored workshops or programs that focus on learning more about and coping with specific challenges. Programs may be located throughout campus and are frequently advertised on university web pages. To learn more about supports on specific campuses, a few key sources to consult might include the offices for multicultural student affairs, counseling and psychological services, campus/residence life, and student organizations.
Campus Resources

Services for Students with Disabilities (SSD) and the Americans with Disabilities Act (ADA)
Your psychiatric diagnosis might allow you to register as having a disability. Under the ADA, your school must provide certain accommodations for you once you register. For example, under the ADA you may be allowed to reduce your course load and maintain your status as a full-time student, thereby protecting your student health insurance coverage.

Counseling Services
These services are often provided at limited or no cost to students. Counseling center staff can be excellent advocates for you on campus, as they are trained to understand the special challenges students face. They have a long tradition of working with students and anticipating stressful times throughout the semester.

Urgent help can be found at your campus health or mental health center. Psychiatric crises do not always occur Monday through Friday, from 9am to 5pm, but be aware that help is available anytime. Spending even one night feeling suicidal is too much. If your campus health center does not have 24-hour help, you can go to a local emergency room where you will be evaluated to determine if inpatient psychiatric care is needed.

Health Services
Many campus health service providers are skilled at handling mental health issues, including medication. These services are often provided at limited or no cost to students. Some students feel less self-conscious seeking psychiatric help through health services.

Dean of Students Office
The Dean of Students Office can be an excellent place to begin if you need assistance navigating multiple campus services. They are often skilled in eliminating barriers on behalf of students. Sometimes they manage campus crises and are very familiar with mental health and related issues.

Academic Advisors and Faculty
Increasingly, academic advisors and faculty are accustomed to assisting students with issues inside and outside the classroom. They recognize how important mental health is to academic success, and therefore respond with sensitivity when students disclose feelings of distress. The academic resource center and the learning and teaching center are also good sources of support.

Case Manager
A recent trend on college campuses has been to hire case managers to assist students with managing campus life while learning to cope with a mental illness or other adjustment issues. You can check with your campus counseling center or Dean of Students Office to learn about this possible resource at your school. McLean offers continued fee-based support with these issues through the College Mental Health Program.

Sexual Assault Prevention and Awareness Services
Campuses recognize that sexual assault prevention and awareness requires specialized attention and intervention, including crisis response, heightened sensitivity to privacy, safety concerns, and legal advocacy. Many schools provide specialized services for survivors of sexual assault. You may be able to request these services through your counseling center or locate them in a separate campus resource. Community resources can be especially helpful to students who prefer to seek off-campus support.

Student Organizations
Many schools have active student organizations with a mental health resource or advocacy mission. These groups may be unique to your campus or subchapters of national organizations, such as Active Minds and Students for the National Alliance on Mental Illness. Student organizations can be extremely beneficial to students who want to feel empowered to make a difference and connected to peers through purpose and mission. Joining or establishing a student organization on your campus is an excellent way to make friends, find support, and offer education and assistance to others.
Religious and Spiritual Advisors
Recent studies of college students have revealed that spirituality can be an integral factor in psychological adjustment and health. Do not ignore your own growth and needs in this area. Most campuses offer a wide variety of formal (e.g., services, campus ministries, courses, and counseling) and informal (e.g., peer-led organizations and groups; gospel choirs and other faith-based musical groups; Bible, Talmud, or Koran study; and designated campus space for prayer) activities that might prove beneficial. It is common for schools to partner with community resources to meet the varied religious or spiritual needs of students.

SPECTRUM Services
Many schools have offices or advisors who specialize in assisting students with issues related to gender identity and sexual orientation, such as coming out, finding campus allies/communities, transitioning from one gender to another, or handling bias incidents. These services may be referred to as “SPECTRUM” or a variation of “Gay, Lesbian, Bisexual, Transsexual, Questioning, Intersex, and Ally.” Learning to cope effectively with issues of sexual or gender identity is critical to sustaining mental health.

Residence Hall Advisors/House Deans
These campus professionals are often the first to be aware of or respond to a student with a mental health crisis. As such, they are often required to undergo extensive training in assisting students, roommates, and families with mental health concerns. Sometimes they accompany students to the hospital, and they are accustomed to dealing with confidential and sensitive information while navigating residential life and policies.

International Student Center/Advisors
Adjusting to campus life in the United States can be very challenging for students matriculating from other countries. In addition to assisting with the Student and Exchange Visitor Information System (SEVIS) and related matters, campus resources for international students can offer culture-specific support, education, and programming for students (and sometimes their families). They also have expertise on how mental illness is viewed in different countries and what complex sociocultural issues international students might face in addition to coping with a psychiatric diagnosis.

Campus Handbook
This frequently overlooked guide can be filled with useful information, including campus policies and practices related to living on campus, consequences for violating community standards, appeal processes and medical withdrawal, and readmission policies. Typically, campus handbooks are distributed at orientation and are available online through student affairs and campus life links.

If you are acutely suicidal or homicidal, do not wait; call 9-1-1 immediately. Do not be embarrassed to call 9-1-1; the operators deal with psychiatric emergencies on a daily basis. In addition, campus police are often quite skilled at assisting students in psychiatric crises.
What Is Selective Disclosure?
Selective disclosure means that you can choose whether or not (and what) to tell your college about your treatment at McLean. While you are in treatment, our case manager may ask for your permission to contact someone at your college to facilitate your eventual return and adjustment to campus. This contact cannot be made by McLean without your written consent, and it is important to weigh the advantages and disadvantages of allowing limited communication between your providers and your college.

Here are some potential benefits of providing consent:
• Many colleges have additional resources for students with mental illness.
• Students often find it very helpful to identify at least one campus professional who is aware of their hospitalization.
• Your designated campus professional can be instrumental in advocating for you academically, financially, and medically post-discharge. He/she is experienced in navigating your college system while sharing limited information about your actual diagnosis.
• It can be very beneficial to connect with a campus professional even when you are not in crisis. In the event that future help is needed, you can contact this individual to discuss options.

If you are in treatment at McLean or elsewhere, you can work with your therapist or case manager to decide what information can be shared—and even what language to use. Here are good questions to ask about disclosure:
• What exactly will be shared and with whom?
• Will my psychiatric information become part of my academic record?
• What assurance do I have that the college won’t share my medical history beyond those for whom I’ve given permission?
• What is the least amount of information that can be shared in order to receive support and accommodations from my college?
• What if I change my mind?

If you do not permit disclosure, McLean’s staff can access our college database and give you guidance (provided by your school) as to how you can best facilitate your return to campus.
Practicing healthy behaviors is important for all college students. However, it can be hard to balance taking care of your physical health, mental health, schoolwork, and other commitments in your personal life. If you are coping with a psychiatric diagnosis, adjusting to new medication, or just trying to lead a healthier lifestyle on campus, you may want to consider the following.

**Alcohol and Medications**
Psychiatric medications and alcohol do not mix. For example, alcohol can reduce or eliminate the benefit of taking antidepressant medication. Many schools offer substance-free housing and substance-free social programs to support students who want to explore these options. If you choose to drink, learn how to drink responsibly. For example, never consume alcohol on an empty stomach or alternate between alcoholic and nonalcoholic beverages, and never drink more than one alcoholic beverage per hour. Finally, never leave your drink unattended.

**Sleep**
Getting a good night’s sleep can be challenging but is not impossible on a college campus. Most students underestimate the importance of sleep, and it can be easy to get caught in an unhealthy cycle of consuming stimulants, pulling all-nighters, and sleeping until noon. Stop this cycle by setting a consistent time for sleeping and waking up, avoiding studying in bed, and trying a sound machine to block out noise.

**Exercise**
Walking to class, rock-climbing, biking, yoga classes—just do it! People who manage to incorporate exercise into their morning routine are more successful with maintaining their physical workout. Sounds like another good reason to wake up before noon!

**Diet**
Pizza, beer, fries, burgers—sound familiar? If so, you could be missing one of the easiest ways of boosting your mental health. Reacquaint yourself with the basic food groups and get creative about incorporating them into your daily diet. Swap vegetable pizza toppings for pepperoni. Try adding healthy snacks rather than eliminating unhealthy ones. See what happens.

**Stress Reduction**
Stress management and coping skills can be learned. Consider incorporating meditation/guided imagery, journaling, talking to support people or peers, listening to music, reading, or creative arts as constructive outlets for stress.

**Mental Health Consumer Skills**
Try to learn as much as you can about your illness or what led to your hospitalization. This knowledge will help you identify warning signs of an upcoming episode. Practice coping skills you learned in the hospital and actively seek out supportive people and relaxing activities. Check out a local gym, a quiet café, a comfortable nook in the library, or a stress-management class.

Drinking alcohol is such an accepted part of socializing and relaxing in our society that it’s easy to overlook its potential dangers. Almost 50 percent of students who reported 10 or more binge drinking episodes* in the previous two weeks also indicated that they have seriously considered suicide. Binge drinking has a consistently negative relationship with academic performance.

> The Center for Collegiate Mental Health (CCMH) Report

*Harvard’s College Alcohol Study defines binge drinking as having five or more consecutive drinks for men and four or more consecutive drinks for women.
Navigating Campus Policies

All campuses have numerous policies that govern student life and behavior. Many are campus-specific, so it is important to be familiar with those unique to your campus. If you are learning to cope with a mental illness or recent crisis, here is a list of common policies that might be especially beneficial to you or impact you in some way:

- Mental health withdrawal and readmission policy
- Medical leave of absence or leave of absence
- Tuition reimbursement or tuition insurance
- Clearance required for return to housing following absence
- Alcohol amnesty policy
- Mandatory health insurance policy

College can be stressful for a variety of reasons:
- Greater academic demands
- Being on your own in a new environment
- Changes in family relationships
- Financial responsibilities
- Changes in your social life
- Exposure to new people, ideas, and temptations
- Discomfort with your sexual identity
- Preparing for life after graduation

Medication and/or counseling can help.

– ulifeline.org
FROM HIGH SCHOOL TO COLLEGE

Personal Experience and Seeking Help
You Are Not Alone

If you are dealing with unexpected sadness, anxiety, or feelings of hopelessness, the most important thing for you to know is that you are not alone. We talk to students every day, from hundreds of colleges in the United States and beyond, who feel the way you feel. We help them to recognize that they do not have to go it alone—there is treatment, there is hope, and there are so many resources available to you.

What's Going On?
Common issues college students face:
- Anxiety Disorders
- Depression
- Substance Abuse
- Relationship Issues
- Eating Disorders
- Financial Issues
- Minority Status on Campus
- Concerns about Academic Performance
- Adjustment to College Culture

Whom Can I Ask for Help?
Colleges and universities have many available supports, on campus and off. We encourage you to consider using multiple sources of support, especially if you have been feeling bad for a month or more. Students tend to feel better more quickly when they allow themselves to access all the support that is available to them.

Managing Stigma
It is perfectly normal to have concerns about stigma related to mental illness. We know that undergraduate and graduate students have great fears about being treated unfairly because they have a mental illness or have been hospitalized. Unfortunately, stigma is common on college campuses. The key is to acknowledge its existence without letting it stand in the way of your recovery and education.

There is good news. Many schools actively combat stigma by launching mental health ad campaigns, encouraging students to seek mental health support on campus, making those resources readily accessible to students, and teaching the campus community that mental illness is nothing to be ashamed of. Many of your professors have dealt with similar issues in their own lives or with family members, and your school might even have a

Compounding the effects of the illness itself are the potential life-denying, life-threatening aspects associated with stigma. There is the stigma propagated by society at large and there is the internalization of that stigma resulting in unrelenting self-abuse and self-hatred.

— Steven Lappen, former vice president, Depression and Bipolar Support Association of Boston
Student organization dedicated to this very issue. In fact, these concerns are so prevalent that many colleges are implementing workshops that train students, faculty, and staff on how to support students in psychiatric crisis. Blaming someone for having a mental illness is like blaming someone for having epilepsy or diabetes. Similarly, ignoring these illnesses by failing to seek proper treatment can make things worse. Do not let ignorance be a barrier to your mental health!

Half of all students use their college or university counseling services at some time during their studies. Many students feel that their problems are either too mild (“I shouldn’t feel this way”) or too severe (“They will think I’m crazy”) to entrust to someone in counseling services. Take it from us: The school would rather help you be successful and healthy than leave you to navigate a mental health problem on your own. Let them help.

*Having a mental illness DOES NOT mean:*

You cannot accomplish your immediate and long-term aspirations in life. If you follow your treatment plan and develop healthy coping skills, you can accomplish your goals.

*It DOES NOT mean:*

- You did something wrong. A mental illness is a biologically based brain disorder. It is not your fault.

*It DOES NOT mean:*

- You will feel unstable forever. Although there are no cures for mental illness, there is hope for a meaningful recovery with treatment.

*Having a mental illness DOES mean you will need to:*

- Learn your limits
- Practice self-care
- Be aware of your needs, including physical, mental, and emotional.

If stigma is likened to an enormously oversized blanket that covers one and all who have a psychiatric diagnosis, can we rely upon a few individuals to tear away that blanket of ignorance? Absolutely not! It will take the collective will and strength of each and every one of us to shed the oppressive weight of this blanket. And this collective responsibility is a good thing.

— Steven Lappen, former vice president, Depression and Bipolar Support Association of Boston
Taking a Semester Off

No student welcomes the disruption caused by a psychiatric, or any other, hospitalization. The thought of not graduating “on time” can be very discouraging. Also, a college education is expensive; thus, tuition, work-study positions, graduate assistant jobs, and scholarships can all be (or feel) threatened by an academic leave. Some students are so fearful of not being able to pursue their academic goals that they forge ahead and return to campus before they are ready. Doing so can potentially undermine your health and long-term academic goals. This decision deserves your very thoughtful attention. A guiding approach should be this: “How can I attend to my mental health in a way that preserves my academic record and eases my return to campus?” Here are some questions you might have:

- What are my school’s policies for leaves of absence?
- What about my financial aid?
- Is there tuition reimbursement?
- Will I need to find a new roommate when I return?
- Can I negotiate “Incompletes” or “Withdrawals” instead of failed grades due to my mental health challenges or crises?
- Should I consider a reduced course load?
- What can be done now to support my future success?

Creating Your Campus Support Team

Many students decide to take a leave of absence or semester off after experiencing a mental health crisis. You might think about creating your own campus support team to guide you through the process.

Make a checklist of people to talk to about taking a semester off and possible candidates for a campus team to support your return to school:

- Dean or academic advisor (contact info)
- Roommate and friends
- Student disability services advisor or officer
- Family
- Student health or counseling services
- McLean case manager or college coach
- Resident advisor or head of house
Mapping out an Effective Leave of Absence

Create a ROUTINE for yourself that includes:

• Regular sleep
• Time with people you care about
• A safe place with limited stress

REMEMBER: Your job is to get well, which can take time.

• You are not giving up if you take time off.
• You are not lazy.
• You are not a bad student.
• You are allowing your brain to heal.

Ideas for taking time off to recuperate:

• Work at a local shop/business with regular hours, or volunteer.
• Get a temporary job, allowing you to easily quit when you are ready to return to school.

• Join a writer’s group, music ensemble, or art club.
• Try yoga, t’ai chi, or another meditative practice.
• Join a gym and schedule time to go to exercise classes.
• Find a support group for people going through similar issues.
• Meet with a therapist or counselor on a regular basis.
• Find books or magazines that are enjoyable and may not be related to your coursework.
• Establish your personal campus support team (see Creating Your Campus Support Team).
• When you are ready, make a list of readmission deadlines and requirements.

In a recent survey, half of all college students said they had been so stressed that they couldn’t get their work done or enjoy social activities during the last semester.

— halfofus.com
Sarah

At the age of 16, Sarah was diagnosed with bipolar disorder. She was a senior in high school and had been planning to attend college, but having a mental illness interfered with her ability to attend school and to engage in classwork. Sarah was hospitalized and finished her high school education while living in an adolescent residential treatment center. When she was 18, Sarah and her family moved to Boston, where she began treatment at McLean Hospital. She was seen by many expert practitioners, and her diagnosis was changed to schizoaffective disorder (a cross between bipolar disorder and schizophrenia). Sarah wanted to attend college with her friends, but did not because she continued to suffer from hallucinations, delusions, and depression. Sarah had multiple psychiatric hospitalizations and medication trials; as time passed, she felt more and more depressed that she was never going to feel like her old self. Eventually, when Sarah was 20, her symptoms subsided enough that she and her treatment team felt she was ready to attend college, as long as she stayed in Boston near her family for support. At the first university, Sarah did not do well; she was still somewhat symptomatic and unable to concentrate in class. Socially, it was hard to fit in because she was so anxious. After two years of struggling, Sarah transferred to a small women’s college. Despite her hesitation because of the stigma associated with mental illness, Sarah registered with the Disability Resource Center, which worked with her to allow for academic accommodations while maintaining her privacy. Finally, the medications Sarah was taking were making an impact. She was able to excel in her classes and she was accepted into the nursing program. School was not easy, but with the appropriate support from her therapist, family, and friends, Sarah was able to regain the life she thought she would never see again. Sarah decided to live at home with her parents and commute to school so she would not have to deal with the stress of living in a dorm. Now, at the age of 28, Sarah has graduated with a nursing degree, works as a part-time RN, and is attending graduate school to become a psychiatric nurse practitioner.

*Privacy is important to us, so we have changed the names to protect patient identities.*
Karen

Karen is a shy, compassionate young woman who takes care of other people before herself. She grew up in a small town in Ohio with lots of friends. In high school, Karen received As and Bs, and was on the varsity lacrosse team as well as the cheerleading squad. Karen loved to write and was accepted at a university in North Carolina. She was thrilled to go to college but found herself missing home tremendously. She had never had mental health issues, but she began to feel depressed and isolated. As the first few weeks of her freshman year of college rolled by, Karen lost all interest and withdrew; she started drinking alcohol and smoking marijuana. When it got to the point that Karen felt suicidal, she knew she needed help but was embarrassed to go to the college’s mental health center. One day, Karen’s roommate walked in and saw Karen cutting herself. The roommate helped Karen call her parents and they immediately came to North Carolina to help. When Karen’s parents saw her, they noticed that she had lost a lot of weight and was clearly depressed. They took her home to Ohio, where she began seeing a psychiatrist. All Karen could think about was missing school, but the psychiatrist was worried about her safety so he admitted her to a psychiatric hospital. Karen started taking antidepressant medication and talking about her issues with a therapist. After a week in the hospital, Karen spent a few weeks in a partial hospitalization program. Although Karen never went back to her original college in North Carolina, she was able to major in writing at a local state college and is now a high school English teacher.

Rob

Rob says the hardest lesson he has had to learn is that life is not a race, and that it is OK for everyone to take a different path. Rob has suffered from depression since he was 12, and school has always been a struggle. On some level, he was interested in learning, but he lacked motivation and eventually stopped going to school in the tenth grade. With no school, no job, and only a few friends, Rob fell deeper into depression. He felt like he had “screwed things up” and was never going to have a meaningful life. When he was 17, Rob was admitted to a psychiatric hospital in New York City because he was suicidal. After he left the hospital, his depression persisted. Rob was able to earn his GED and tried to go to college several times, but he repeatedly failed because the stress made his depression and anxiety worse. At the age of 21, Rob decided to try electroconvulsive therapy (ECT) to improve his long-term depression. The ECT helped; within a few months, he moved into his own apartment and was working with his dad’s manufacturing company. Rob still struggles to feel good about himself when he compares his life with those of other young adults, but he continues to work part time and recently completed his first semester of college.
Hospitalization and Treatment
Hospitalization and Treatment

How Do I Know if I Need to Go to the Hospital?

- Are you suicidal?
- Are you feeling depressed, overwhelmed, or scared to the point that you are thinking of hurting yourself or someone else?
- Is your use of substances out of control?
- Is your anxiety preventing you from functioning at school or work?
- Is your stress level so high you are unable to take care of your basic needs like sleep, personal hygiene, and eating?
- Are you having hallucinations, or do you feel that people are plotting against you or trying to hurt you?
- Are you having thoughts that are expansive and grandiose or not your own?
- Are people telling you that they are scared and worried about your emotional state or your behaviors?

If you answered yes to one or more of these questions, you should go to the hospital.

What's Going to Happen in the Hospital?

You may be wondering what exactly will happen while you are here:

First, a member of the nursing staff will provide a general orientation. Feel free to ask questions or share your concerns.

- When you are admitted, you will be assigned an individual treatment team consisting of medical professionals who will take care of you during your stay. If you would like a written list of their names, you can ask your nurse.
- During the day, you will meet with the members of your treatment team, including your doctors and a case manager.
- You will attend different groups throughout the day. These can include anything from exercising in the gym to learning about the various activities to help you when you are not feeling well. You will learn skills in these groups to use when you leave the hospital. To determine which groups you are supposed to attend, check the whiteboard across from the nursing station.
- You will check in with your nurse throughout the day. If you have any questions, your nurse is a good place to start. He or she will also be the one to give you your medication. Nurses change shifts but they will always introduce themselves at the beginning of their shifts.
- Throughout the day, you will also have the opportunity to meet other patients. Many times, it can be helpful to talk to other people and realize that you are not the only one dealing with issues.
- At the end of your stay, during the discharge process, a case manager will help you plan what you are going to do once you leave the hospital. This could include finding an outpatient psychiatrist, therapist, support groups, community resources, and more.

Will I Ever Finish College?

Going into a psychiatric hospital does not mean you will never go to college. If you are already enrolled, it does not mean you will not graduate.

Many people are able to transition back to outpatient mental health care. With proper support and treatment, integrating into the college community is possible. The section Real-Life Stories includes a few vignettes of young people who have successfully returned to college after being in a psychiatric hospital.

Whether you are in the hospital voluntarily or against your will, you have rights that will be explained later in this guide.

Also, it is in your best interest to participate in your care, as mental illness treatment is an ongoing process. McLean has special resources to assist college students with school-related issues you may be facing.
Getting to McLean Hospital

Hospital Address
McLean Hospital is located at
115 Mill Street, Belmont, MA 02478

Driving Directions
For driving directions to McLean, go to mcleanhospital.org.

Public Transportation: Subway and Bus
• Take the Red Line to Harvard Station.
• Then take the #73 bus to the end of the line at Waverley Square, Belmont
   *(estimated time: 15-20 minutes).*
• Check the Massachusetts Bay Transportation Authority website for detailed information: mbta.com.
• Follow directions for “From Waverley Square: Walking Route.”

Public Transportation: Commuter Rail
• Take the Fitchburg/South Acton train line to Waverley Square.
• Check the Massachusetts Bay Transportation Authority website for detailed information: mbta.com.
• Follow directions for “From Waverley Square: Walking Route.”

From Waverley Square: Walking Route
• From the bus and rail station at Waverley Square, cross Trapelo Rd. at the Star Market traffic light.
• Walk west on Trapelo Rd. toward the gas station, cross Pleasant Street, and enter the McLean grounds at the gatehouse (located at the corner of Pleasant St. and Trapelo Rd.).
• Proceed up the footpath. The hospital buildings are at the top of the hill.

McLean Shuttle
• Wait for the McLean shuttle at the MBTA bus shelter (“McLean” sign posted inside van windshield).
• Pickup/drop-off points at McLean: the Administration Building and the Admissions Building.
• The McLean Shuttle runs regularly throughout the day and is also available on request by calling 617.855.2121.

A Quick Note About School:
Doing well in school may be very important to you. It may be distressing to not be able to get your usual amount of studying done while you are in the hospital. This is all very understandable, but it is important for you to get well. You will be much more productive in your classes once you are stabilized.
McLean Policies and FAQs

Depending on where you are being treated at McLean Hospital, some of the policies will vary. Ask your nurse for the rules and regulations for your specific program.

I am allowed to keep the following personal belongings in my room:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

I can access my other belongings at the following times:

__________________________________________________________________________

The policy for using my cell phone or laptop computer is:

__________________________________________________________________________

__________________________________________________________________________

I am allowed to use the phone on the unit at the following times:

__________________________________________________________________________

The phone number for the unit is:

__________________________________________________________________________

I will be able to find internet access:

__________________________________________________________________________

The policy for visiting is:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
McLean Policies and FAQs, continued

Visitors will be allowed at the following days and times:

__________________________________________________________________________

__________________________________________________________________________

*See page 31 for more details on having visitors.*

I can expect to get my scheduled medications at these times:

Morning: ___________ Midday: ___________ Evening: ___________ Bedtime: ___________

Meals will be served at the following times:

__________________________________________________________________________

If I am hungry or thirsty between meals I can find snacks:

__________________________________________________________________________

__________________________________________________________________________

I can expect to be on this unit for:

__________________________________________________________________________

My treatment team consists of:

Physicians: ________________________________________________________________

Case managers: ____________________________________________________________

Nurses: _________________________________________________________________

Mental health specialists: _________________________________________________

The schedule of activities on the unit can be found:

__________________________________________________________________________

__________________________________________________________________________
My unit visits the gym during these times:


The following groups are offered:


I can earn privileges on and off the unit by:


If I need help during the day or night I should go to:


*McLean Hospital is a nonsmoking hospital; smoking is not allowed on any of the units. See a staff member for designated smoking areas outdoors.*

The majority (80 to 90 percent) of people who receive treatment for depression experience significant improvement, and almost all individuals gain some relief from their symptoms. However, if untreated, the symptoms of depression can last months to years.

— lifeline.org
Roles of McLean Hospital Staff

Your treatment team members are listed below. It is important to understand that the team works closely together to provide you with the best possible compassionate and effective care. Team members will work together to get to know you as a person and determine your mental health difficulty (your diagnosis), and will work with you to decide on the best treatment plan after discharge. On some inpatient units, you will have a resident psychiatrist in addition to your attending psychiatrist. On units that do not have resident psychiatrists, your attending psychiatrist or psychiatrist in charge (PIC) will be the one to speak with you daily and order your tests and medications.

Attending Psychiatrists
A faculty psychiatrist will be in charge of your care. He/she will see you regularly and will be kept informed of your progress by other staff.

Resident Psychiatrist
Resident psychiatrists are medical doctors who are completing their training in psychiatry. Residents will provide your routine psychiatric care. They will see you every weekday and order your medications as well as other tests.

Case Managers
The case management staff works with you to ensure appropriate communication with your family, outside caregivers, and university staff and officials. Case managers will lead your family meetings and will be the primary staff working with you on discharge plans and follow-up care.

Nurses
Nurses do more than administer your medications. They are an integral member of the clinical team who help coordinate your care, communicate across different roles on your team, provide counseling and support, and answer many of your questions. A specific nurse will be assigned to your care on a daily basis.

Expressive Therapists
Expressive therapists are master’s-level, trained clinicians who provide both psychoeducational and therapeutic arts-based groups on the inpatient units. These groups offer valuable opportunities for patients to learn skills, to gain insight, and to connect interpersonally to other group members.

Psychologists
Psychologists are not as active on inpatient units as they are in other areas of the hospital, but they still may play a role in your hospitalization, including conducting testing and group therapy and serving as case managers.

Evening and Weekend Clinicians
At least one psychiatrist and one medical physician are present on the hospital grounds 24 hours per day, seven days per week. On weekends and holidays, a “rounder” or covering psychiatrist briefly meets with every patient on the unit. A social worker is also available if you are admitted on a weekend. In addition to all the professionals listed above, you may be seen by consulting physicians about medical problems you may have. You may also have a medical student working on your treatment team and involved in your care.
Visitors

If you are feeling up to it, you might want friends and family to visit you. Of course, you do not have to invite visitors if you are not comfortable. You also have the right to refuse visitors. Sometimes visitors can only come to the hospital during a certain time because of work, family, or other obligations. Visitors who need to come outside visiting hours should call the nursing station.

Visiting hours Monday-Friday: ____________________________________________________________________________

Saturday, Sunday, and holidays: ____________________________________________________________________________

Visitors can also bring items you might want or need to make you more comfortable during your stay. You might ask visitors to bring:

- Extra clothing (sweatshirts, jeans, pajamas, socks, underwear, etc.)
- Slippers
- Magazines
- MP3 player
- Pay-in-advance, camera-less cell phones
- Books
- Shampoo, toothbrush/toothpaste, shower gel, etc. (While toiletries are provided, you might want your own.)
- Extra paper for journaling
- Homework, but only if you are up to it

Be sure to remember that some items are not allowed on the unit for safety and privacy reasons. These include:

- Alcoholic beverages
- Drugs/medications
- Razors
- Scissors
- Knives
- Mirrors
- Other sharp objects
- Tape recorders
- Cameras/smartphones
- Soda cans
- Glass picture frames
- Computers (depends on the unit)

Check with your nurse if you are not sure about what is or is not allowed.
Your Rights as a Patient and Student

It is important to know your rights as a patient and use all the available resources at McLean to help yourself feel better. You will receive a copy of your patient rights when you are admitted to McLean. Take time to talk to your treatment team if you have any questions.

In 2008, the Judge David L. Bazelon Center for Mental Health Law, a national legal advocacy organization representing people with mental health disabilities, published an important document: *Campus Mental Health: Know Your Rights!* This guide for college and university students will help you understand your legal rights when seeking mental health services. It also explains what you can expect in your interactions with mental health service providers and what obligations you might have.

*Campus Mental Health: Know Your Rights!* is available online at bazelon.org in both HTML and PDF formats.

**Privacy**
Your identity and personal information is protected by McLean policies and federal law.

**Medical Records**
You may obtain a copy of your medical records by submitting a written request to McLean’s Health Information Management Department.

**Confidentiality**
All communication with your treatment team is strictly confidential. This means unless you give permission, no one at McLean can disclose information about your treatment to your school, your friends, or even your family.

**Research Studies**
It is your choice whether to participate in a McLean research study. McLean is a teaching hospital of Harvard Medical School. This means that during and after your stay, you will have the opportunity to participate in research studies and interviews, if you chose to do so.

*Remember*
- Research studies are optional.
- You can talk to your treatment team to learn more about the studies.
- You can discontinue participation in a research study at any point with no consequences to your continued treatment. For more information about patient confidentiality, visit mcleanhospital.org/privacy.
My Diagnosis

People come to McLean Hospital in all stages of recovery. You may already have one or more psychiatric diagnoses or an idea of what is going on with you. Conversely, you may not have any prior mental health issues. While you are in the hospital you will see a psychiatrist regularly, so it could be helpful to write down your concerns. Nurses will also be available at all times to answer your questions about your diagnosis.

My diagnosis is:

_____________________________________________________________________________________________________________________________________________________

My medications are:

_____________________________________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________________________________

Questions I have about my diagnosis:

_____________________________________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________________________________

Symptoms or feelings I need to tell the doctor about:

_____________________________________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________________________________

Fears I have about my diagnosis:

_____________________________________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________________________________

Future concerns about my diagnosis:

_____________________________________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________________________________
Goals of My Hospitalization

Before my hospitalization, I was having difficulties with these activities:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

I was worried about:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

I came to the hospital because:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

I hope this hospitalization enables me to:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

I am most concerned about my:

☐ Grades    ☐ Family    ☐ Future    ☐ Friends    ☐ Health    ☐ Body

What else?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Family and Friends Contact Sheet

It can be especially anxiety-provoking to call family and friends after being in the hospital. To guide the conversation, jot down your thoughts before making the call.

**Before the conversation:**

Today, I want to contact:

________________________________________________________________________

I want to talk to him/her about:

________________________________________________________________________

________________________________________________________________________

I am afraid of talking to this person about:

________________________________________________________________________

________________________________________________________________________

I’m going to say:

________________________________________________________________________

________________________________________________________________________

After the conversation:

We talked about:

________________________________________________________________________

________________________________________________________________________

Now I feel:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Journal

While in the hospital, journaling may be a useful tool for some students. This section is your opportunity to explore your feelings and thoughts. As always, it is best to check with your treatment team to see if journaling will be helpful for you.

Journal Page Date: ________________

My goal for the day:

________________________________________________________________________

Today my counselors’ names were:

________________________________________________________________________

Activities I did today were:

________________________________________________________________________

________________________________________________________________________

My visitors were:

________________________________________________________________________

________________________________________________________________________

I talked to my doctors about:

________________________________________________________________________

________________________________________________________________________

I still have these questions and concerns:

________________________________________________________________________

________________________________________________________________________

I also feel:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Journal

While in the hospital, journaling may be a useful tool for some students. This section is your opportunity to explore your feelings and thoughts. As always, it is best to check with your treatment team to see if journaling will be helpful for you.

Journal Page Date: ________________

My goal for the day:

_________________________________________________________________________________

Today my counselors’ names were:

_________________________________________________________________________________

Activities I did today were:

_________________________________________________________________________________

_________________________________________________________________________________

My visitors were:

_________________________________________________________________________________

_________________________________________________________________________________

I talked to my doctors about:

_________________________________________________________________________________

_________________________________________________________________________________

I still have these questions and concerns:

_________________________________________________________________________________

_________________________________________________________________________________

I also feel:

_________________________________________________________________________________

_________________________________________________________________________________
Leaving the Hospital

Once you are feeling better and your treatment team agrees that you are well enough to be discharged from the hospital, there are a few last-minute things you must do:

• Make sure you have your outpatient appointments, you understand where they are and how to get there, and you have a phone number (in case you need further directions or need to change times).

• Make sure you get a letter for school documenting that you had a medical emergency.

• If you asked your case manager for any information on community resources, make sure you receive it.

• Make sure you understand what medications you are taking, why you are taking them, and what side effects you might need to look for. Make sure you understand the dosage instructions. If you are taking certain drugs (like lithium) that require labs, make sure you are clear on when they need to be done.

• If medications are being ordered from the hospital pharmacy, make sure you have them before you leave. Make sure you have your prescriptions.

• Take all of your belongings from your bathroom, your bedside table, and your dresser. Your nurse can provide you with plastic bags if you need them. If you lent anything to anyone, make sure you ask for it back.

• When your nurse returns any possessions you may have had in the hospital safe, double check to see that you have everything you came with.

• Ask remaining questions. You should leave with a full understanding of what your next steps will be. Know what you are supposed to do if your symptoms return.

• Make sure you know how you are getting home (family member, friend, bus, taxi, etc.).
My Back-to-School Plan

Once you leave the hospital, you may feel overwhelmed with a lot of things to do. However, it is important to take care of yourself and take everything slowly. Plan things out ahead of time so you are not overwhelmed by the amount of coursework and exams to make up.

Step 1. List your courses and each professor’s contact information.

Step 2. Call/email each professor to schedule an appointment.

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Name</th>
<th>Professor</th>
<th>Professor Contact</th>
<th>Location</th>
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</table>

You might feel more comfortable talking to your professors if you plan what to say:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Remember: When you meet with your professor, you do not have to provide information about your condition. You will have a note from the hospital saying you were there, but it will not include any information about your condition or the reason why you were there. Your records are completely private and can be shared only with your permission.
Step 3. Make a professor meeting form.
Be sure to include:

Class name: __________________________________________________________

Professor's name: _____________________________________________________

Appointment time: ______________________________________________________

Meeting location: _______________________________________________________

Professor's phone number/email: _________________________________________

How long you have missed the class: _______________________________________

What you have missed (for example, the material that has been covered in lectures):

________________________________________________________________________

What your concerns are about this particular class:

________________________________________________________________________

Other students in the class to contact for extra help:

________________________________________________________________________

Assignments and their due dates:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Advice from your professor about making up work and getting caught up:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Remember: If you run into any problems with professors, contact the dean's office or Disability Services at your school.
Mental Health Resources for College Students

Visit mcleancollegementalhealth.org for an updated list of resources.

- Alcoholics Anonymous
  - aa.org
  - 617.426.9444
  - *Support group:* Tuesday, Thursday, and Friday, 8pm and Saturday, 12pm, McLean Hospital, Room 132, de Marneffe building

- American College Health Association
  - acha.org

- American Psychiatric Association
  - psych.org

- American Psychological Association
  - apa.org

- Bazelon Center for Mental Health Law
  - bazelon.org

- Center for the Study of Collegiate Mental Health (CSCMH)
  - ccmh.psu.edu

- Cole Mental Health Consumer Resource Center at McLean Hospital
  - coleressourcethcenter.org
  - 617.855.3298

- Depression and Bipolar Support Alliance of Boston (DBSA) at McLean Hospital
  - dbsaboston.org
  - 617.855.2795
  - *Office open:* Tuesday, Wednesday, and Thursday, 10am-4pm
  - *Support groups:* Wednesday, 7-9pm, de Marneffe building
  - *Drop-in:* Monday, Thursday, Friday, and Saturday, 1:30pm, Room 118, de Marneffe building

- HelpGuide.org: A resource to understand, prevent, and resolve life’s challenges
  - helpguide.org

- JED Foundation: Preventing suicide and reducing emotional distress
  - jedfoundation.org

- National Alliance on Mental Illness (NAMI)
  - nami.org

- Substance Abuse and Mental Health Services Administration
  - samhsa.gov

- National Institute of Mental Health
  - nimh.nih.gov

- U.S. Department of Education
  - ed.gov

- **Resources for Students of Color**
  - The Steve Fund Knowledge Center contains tools to learn from experts about mental health and well-being issues specific to students of color:
    - stevefund.org/knowledgecenter

  - Additionally, there is a crisis text line.
    - This crisis text line is actively recruiting young people of color to become trained as crisis counselors to help meet unmet mental health needs in students of color:
    - stevefund.org/crisistextline

- HelpGuide.org: A resource to understand, prevent, and resolve life’s challenges
  - helpguide.org
Recovery:
A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Substance Abuse and Mental Health Services Administration (SAMHSA), 2011