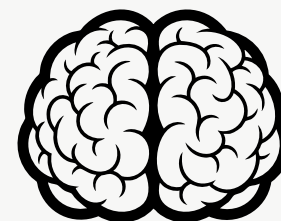


COLLEGE MENTAL HEALTH



GREEN COUNTRY BEHAVIORAL HEALTH SERVICES

COLBY ODOM, M.S.W., L.M.S.W.

POINTS OF INTEREST

- 1 INTRODUCTIONS
- 2 WHY DOES IT MATTER?
- 3 STUDENT & FACULTY EXPERIENCES
- 4 EVIDENCE BASED INTERVENTIONS
- 5 PRACTICAL STRATEGY



INTRODUCTIONS

I am Colby Odom, a licensed Social Worker who is trained in play therapy, psychoanalysis, and Dialectal Behavioral Therapy. I am currently in the last 4 months of a 24-month training (Post Master's level) to become a Registered Play Therapist.

My work experience includes Oklahoma Child Welfare, Hospice & Palliative Care, and Community Mental Health.

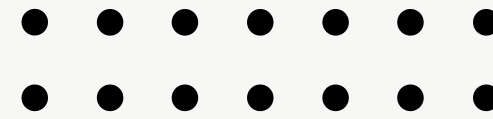
In 2023, I was voted the #1 Hospice Social Worker in Oklahoma, and I currently serve as the Continuing Education Director for the Oklahoma Board of Play Therapy until 2028.

I have worked with cases involving child abuse, homicide, suicide, severe mental illness and everything in-between. I am passionate about helping my community deal with trauma and pain.



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Colby Odom, LMSW

WHY MENTAL HEALTH MATTERS



■ STUDENT RATES

College students show higher rates of anxiety, depression, and related stressors than the average population.

■ CHALLENGES

Mental health challenges are linked to lower performance in the classroom and social withdrawal. This is especially true during semester transitions and stressful weeks such as finals.



MASLOW'S HEIRARCHY OF NEEDS



WHY MENTAL HEALTH MATTERS

■ FACULTY & STAFF

Research suggests that faculty and staff show compared rates of depression, anxiety, and stress.

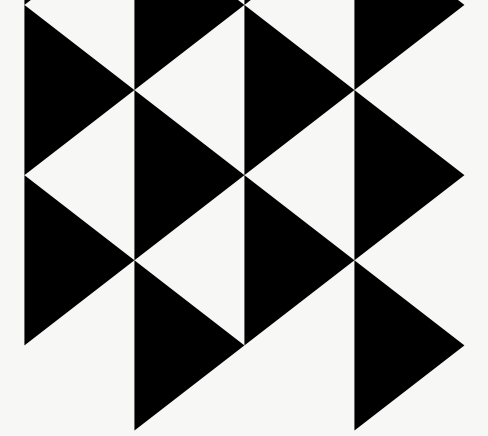
According to the National Educators Association (2024), up to 38% of faculty and staff report emotional exhaustion.

Key Point: **Mental health affects everyone in the ecosystem of academia.**



MASLOW'S HEIRARCHY OF NEEDS

FACULTY EXPERIENCES



EMOTIONAL IMPACT

Faculty reports emotional tolls when dealing with both their own mental health, while managing the stress and conflict of managing students' mental health in the classroom.

This leads to instructors feeling powerless, unprepared, or uncertain when confronted with student stress and managing their own.

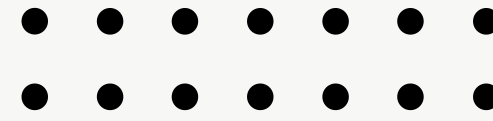
UNMET NEEDS

Across studies, faculty reports needs for:

- ›Mental Health Training
- ›Clear Institutional Policy
 - ›Accessible Resources
- ›Support from Leadership



EVIDENCE BASED INTERVENTIONS



■ EFFECTIVE APPROACHES

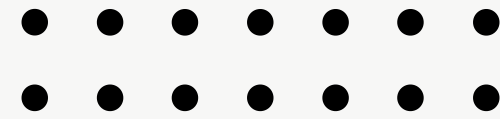
Peer research shows positive effects of interventions using the following:

- › Mindfulness Based Interventions
- › Cognitive Behavioral Therapy
- › Stress Management Programs
- › Digital Mental Health Tools

Key Note: **Psychoeducation alone shows weaker, shorter effects compared to active engagement and techniques.**



MINDFULNESS



■ MINDFULNESS BASED APPROACHES

Mindfulness teaches students to pay attention and remain in *the present moment* without judgement.

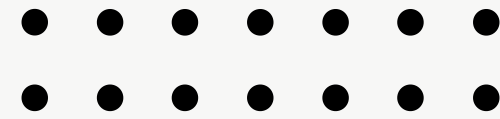
Common exercises include deep breathing, body awareness, brief meditation, and grounding.

Research shows reduction in depression, anxiety, and stress related symptoms.

It is **classroom friendly** and can be delivered in workshops.



COGNITIVE BEHAVIORAL THERAPY



■ COGNITIVE BEHAVIORAL THERAPY

C.B.T. focuses on how thoughts, emotions, and behavior influence each other.

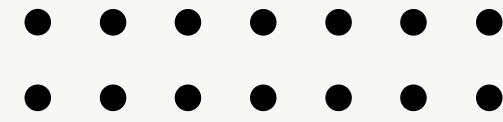
It can help students identify *unhelpful thoughts and patterns* and develop coping skills.

Research shows strong evidence for reducing anxiety and depression in college populations. It can be delivered in individual and group formats.

(This model does require a behavioral health professional.)



STRESS & DIGITAL PROGAMS



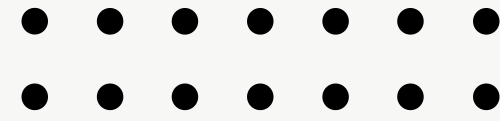
In the digital age, we now have online and app-based programs that encourage mindfulness, grounding, and other therapy-based strategies.

These applications are beneficial when in-person services are limited. They do offer evidence-based support for **mild anxiety and/or depression**.

It is noted that these are **SUPPLEMENTS, NOT REPLACEMENTS**, for professional care.



EVIDENCE BASED SUPPORT



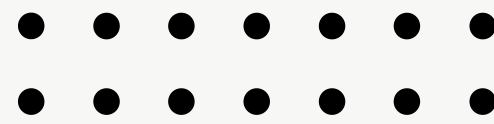
■ INTERVENTIONS

Peer research shows significant reduction of stress in faculty using the *exact same* methods for students.

- › Mindfulness Based Interventions
- › Cognitive Behavioral Therapy
- › Stress Management Programs
- › Digital Mental Health Tools

Key Note: **This plays a role in both the individual and organizational level. Customization and context matter!**





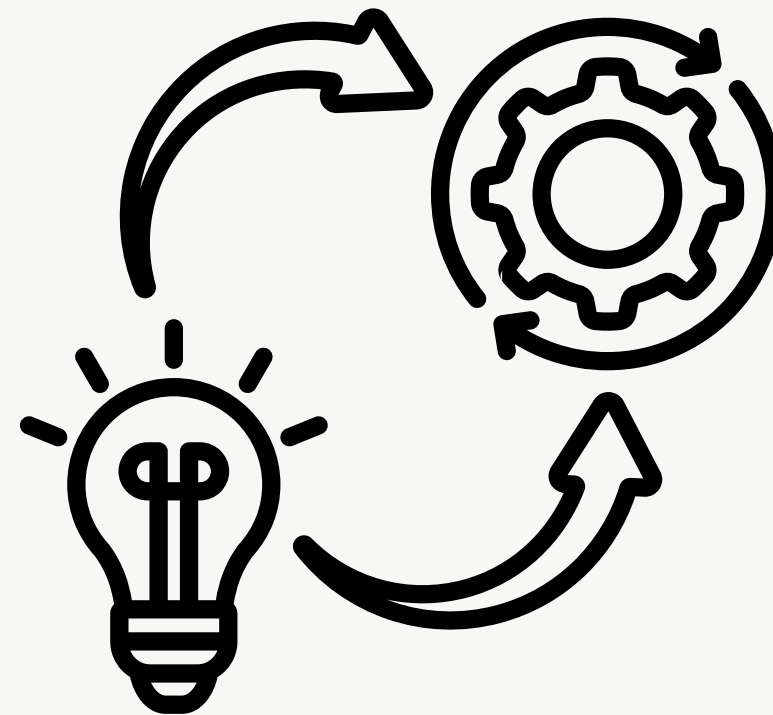
PRACTICAL STRATEGY

KNOWLEDGE AND SKILLS

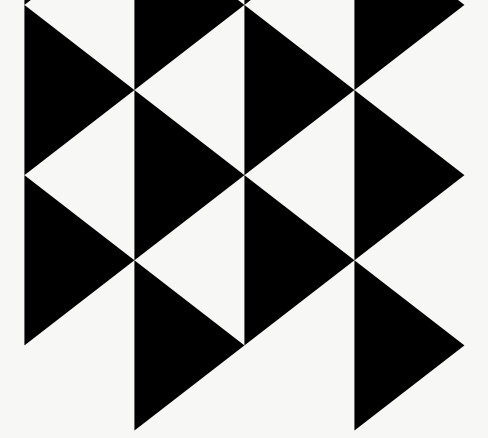
Recognizing the signs and having a referral process.

Understanding **Boundaries**: Faculty are not mental health clinicians, but they **can** connect students and other staff to services.

Using *trauma-informed language* when interacting with students and staff.



PRACTICAL STRATEGY CONT.



INSTITUTION SUPPORT

Having **clear mental health policy** and **accessible resource lists** for all students and all staff.

Advocation for trainings (Mental Health First Aid & Campus Workshops) to improve confidence and knowledge.

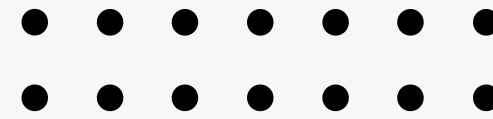
PERSONAL WELL-BEING

Promoting and advocating for **work/life balance** and **peer support** among faculty and staff.

Participation and investing in staff mental health.

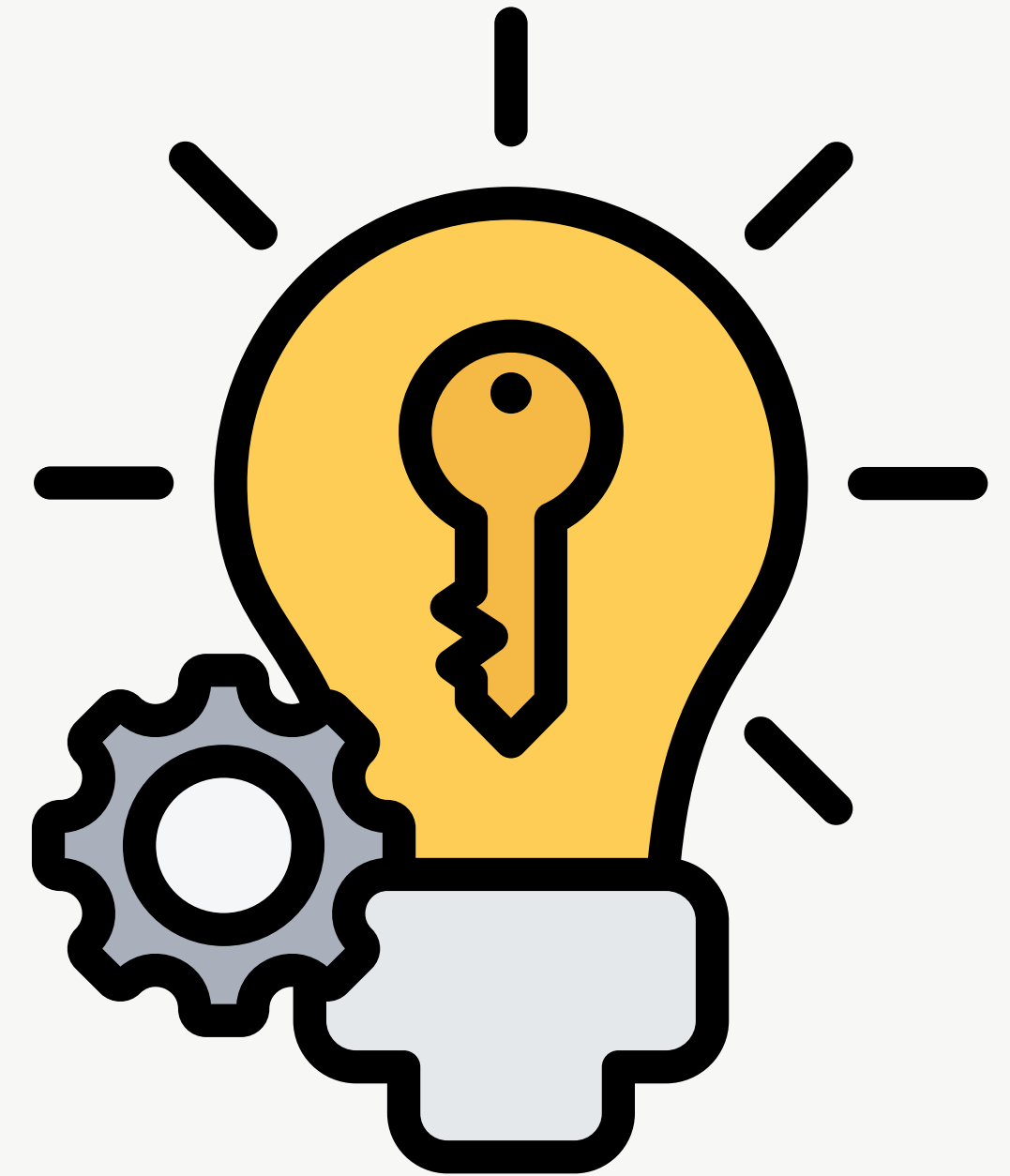


IN SUMMARY



KEY TAKEAWAYS

- Mental health challenges impact everyone in the education system and are shown among students, faculty, and staff.
- Faculty and staff are usually the very first contact and rely on training and institutional support.
- Evidence based interventions do exist and should be integrated into the campus and wellness strategies.
- Lowering stigma, clarifying roles, and strengthening referral systems improve outcomes.



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CONTACT AND QUESTIONS

A stylized illustration of a hand holding a white rectangular sign. The hand is light orange with brown outlines for the fingers and palm. The sign is held in the center of the hand, with the thumb and index finger visible on the right side.

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