

Ten Minute T(ea) with Ms. Lisa Morin

*Interview Conducted by Vivian Soong
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Q) Do you think that Milton effectively addresses issues concerning mental health?

A) I think that we try to, and I constantly realize that we could do so in a better way. I think that we try really hard to be proactive and get around to the dorms and assemblies, but I still think that there is more that we can do overall in terms of looking at the whole community as far as how much people are getting sleep and stuff like that.

Q) Considering the rigorous environment of Milton, do you think that the school structure is detrimental to the mental health of students?

A) I think that it can be, because the amount of sleep that a person has is really important to combating mental health issues, like anxiety and depression; anybody who is sleep deprived is going to have more anxiety and feel more depressed. Sleep deprivation is also a trigger for other mental health issues, like for somebody who has underlying bipolar or psychosis, that could actually be the trigger. I think that the amount of homework can sometimes play into people pulling all-nighters, and that is not healthy.

Q) Milton offers resources such as outreach and sanctuary, so could you explain the purpose behind these resources?

A) Both of those programs started in the 80s or 90s, and they, at the time, were probably quite innovative, but most schools have them now. I think that we have a very liberal sanctuary policy; I think that we have taken away all of the barriers that we could think of. We wanted to make sure that there was never a person who was with someone who might be intoxicated and have them wonder if the person is drunk enough, so we don't have a requirement that the person must be a certain level of drunk or high. We also make it so that if someone calls 9-1-1, it can still count as sanctuary. We don't have a lot of rules around it. There is also not a certain amount of times that someone can have sanctuary. I don't want someone to decide not to call because he is worried that his friend already had a sanctuary. As far as outreach goes, it actually used to be a lot more popular when I first got here, and I think the reason has to do with the stigmas surrounding mental health. It used to be if you were worried about a friend or thought there was a stigma to mental health or counseling or thought that they did, you were more likely to want to use outreach because the friend was less likely to go to counseling if you suggested it. We used to have around ten or twelve outreaches in a year, and now it is around two because what people do more often than going to outreach is come into the health center and tell me that they are worried about a friend and ask what to do. I then help them reach out to their friend, and their friend comes right in, so it's kind of outreach. Because there is a lot less stigma, people are more

likely to say if they are worried about you, “Hey, why don’t you go talk to Ms. Morin or Dr. Selter.”

Q) Do you think that people abuse sanctuary?

A) This is a question that I get a lot, and my answer is no, I don’t think so. I’ve seen somebody try to stretch the facts of the case, but that’s very rare. And the truth is because the student is going to end up with counselling, drug testing, and a phone call home, if somebody is going to go to the length of drinking and then calling sanctuary and then not really needing it or just trying to get away with trouble, then they probably need the counselling and phone call home. A lot of people are probably still reluctant to use it because of the fact that it is a phone call home, and most people don’t want their parents knowing that they drank alcohol underage.

Q) You previously mentioned the stigmas surrounding mental health. Could you explain those more?

A) There is still is a stigma. We have done our best to destigmatize, and I think that we have done that by being front and center and trying to be involved in dorms. But stigmas still exist, especially culturally. For example, in the Asian population, there is more of a stigma usually with parents more than the kids. By word of mouth, what I have noticed is when I first got here there were less Asian students who were coming, and by word of mouth, students were more likely to say, “I have seen Ms. Morin. You should go talk to her,” which has helped to destigmatize that. And then also for students who are black, there tends to be a cultural stigma, and then again, more at home. But there is still a stigma and myths to be debunked because people say colloquially, “I’m so OCD,” but OCD can be a debilitating condition. And on the flip side we would never hear someone say, “I am so cancer” because you wouldn’t talk that way because it is not okay to colloquially say something that can have such a devastating effect. You might say, “I feel so depressed,” and you might be sad, but depression is a different thing. And anxiety is an emotion that everyone has experienced, but when it’s an anxiety disorder, I think that we could probably do a better job in that way. But I think that the students in our school are much more knowledgeable about mental health than the population as a whole, which makes me feel that we are doing a good job, but I am also a bit of a perfectionist myself in that I want to do better than what we are doing.

Q) Do you think that stigmas also exist in terms of gender?

A) The amount of kids who come who are girls, if it’s around 70%, it is flipped for boys and around 30%. And that is not just a Milton thing; it is indicative of a larger cultural issue, sort of like how we are socialized in our genders, and that women are more likely to ask for help than men. Men have the idea of masculinity and that they have to be strong and don’t ask for help, and it does a major disservice for men in general and for idea of mental health in young men because asking for help isn’t as natural.

Q) Although the numbers of men receiving help is smaller than women, do you think that more men have reached out for help in the recent years compared to when you first came to Milton?

A) Yes, definitely. When I go back though the numbers, all students are more likely to come in across all the groups. But like I said, culturally, I see some difference, and I also see more young men asking for help, which is fabulous, but I think that we could do better though.

Q) Do you think that adolescents are more vulnerable to mental illnesses than adults or children?

A) They say statistically they are; adolescents are more likely to, after puberty, experience an increase in issues around depression and anxiety. But it is also a time of autonomy, and so there's a lot more anxiety with that and getting more autonomy from your parents. And also other illnesses like bipolar disorder are more likely to emerge at that age. And other issues like psychosis, which is rare, is more likely to actually emerge in the early 20s, so it is something that colleges are more likely to see. In general, adolescence is a more vulnerable time, but then we actually see those numbers start to decrease through adulthood, which is good.