Trends in College Student Mental Health

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Quick Survey

- Who has developed policies regarding mental health issues?
- Who has worked with a student with MHI?
- Who thinks there is an increase in the prevalence and severity of CSMHI?
- Who feels that their campus is properly equipped to cope with the effects of mental health issues?
Mental Health Challenges

- Increasing prevalence and severity
- Impact on the learning environment
- Complex cases involving multiple departments
- Great student needs
- Shifting models of care
- Parents and expectations
- An object at rest...
  - Institutions don’t naturally innovate
  - They respond to crises, money, occasionally - compelling data

Mental Health History

- 1940’s-50’s - Counseling and Psych Services emerged as distinct departments.
  - Growth largely spurred by returning WWII vets.
  - Dramatic growth from 1950 through the 1980’s.
  - AUCCCD represents over 750 centers today
- Shifting models:
  - From: normal development / private practice
  - Towards:
    - community mental health
    - secondary education/wrap around services
Mental Health is Evolving

- 1980 -- DSM-III
- 1987 – Prozac
- 1989 – F07 first-year students born
- 1991-3 – functional MRI
- 1994 – DSM-IV
- Success of modern mental health interventions
  - “wrap around services”
  - Early diagnosis and successful treatment
  - More and more people eligible to go to college
- Liability, media

Mental Health is Complex

- Race
- Gender
- Culture/Ethnicity
- Family
- Relationships
- Society (macro/micro)
- Peer Group Influences
- SES
- Biology
- Disease
- Nutrition
- Pollution
- MEDIA
- Major Life Events

- Pre-Natal
- Genetics

- Mental Health
- Current Life Events
- Quality of Treatment
- Accuracy and Timeliness of Diagnosis
What do we know?

- Accurate data only available 1990’s onward.
- Types of current data:
  - Counseling center
  - Individual or collaborative research studies
  - Annual surveys
- Snapshot data
- Many new and emerging research efforts

Tip of the Iceberg: Suicide

- Second leading cause of death among college students.
  - Suicide rates have changed (up and down) dramatically since the 1970’s.
  - Increase of 8% 2003-2004 after falling 28% from 1990-2003
  - 32.3% increase 15-19 girls, 9% increase in 15-19 boys
  - SSRI link?
- Big Ten Counseling Center Study (1997)
  - Big 10 sample from 1980-90: 7.5 / 100,000
  - General Population: 15 / 100,000
  - College is protective OR college students are healthier
- Highly complex phenomena, contagion effect, difficult to predict
NCHA (ACHA) Fall 00, 03, 05, 06

Top 6 Health issues

<table>
<thead>
<tr>
<th></th>
<th>F00</th>
<th>F03</th>
<th>F05</th>
<th>F06</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Allergy Problems</td>
<td>47.7</td>
<td>50.0</td>
<td>52.2</td>
<td>51.6</td>
</tr>
<tr>
<td>2. Back Pain</td>
<td>48.1</td>
<td>48.0</td>
<td>51.2</td>
<td>46.4</td>
</tr>
<tr>
<td>3. Sinus Infection</td>
<td>32.9</td>
<td>32.6</td>
<td>33.4</td>
<td>32.6</td>
</tr>
<tr>
<td><strong>4. Depression</strong></td>
<td>18.1</td>
<td>19.8</td>
<td>20.9</td>
<td>17.5</td>
</tr>
<tr>
<td>5. Strep Throat</td>
<td>18.6</td>
<td>17.0</td>
<td>16.1</td>
<td>16.3</td>
</tr>
<tr>
<td><strong>6. Anxiety</strong></td>
<td>8.7*</td>
<td>11.8</td>
<td>13.5</td>
<td>12.7</td>
</tr>
</tbody>
</table>

* F00: Asthma = 10.3, Bronchitis =10.1

More NCHA
Fall 00, 03, 05, 06

“Within the last 12 months, I…”

<table>
<thead>
<tr>
<th></th>
<th>F00</th>
<th>F03</th>
<th>F05</th>
<th>F06</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt so depressed, I found it difficult to function:</td>
<td>43.7</td>
<td>41.6</td>
<td>42.3</td>
<td>42.2</td>
</tr>
<tr>
<td>Seriously considered suicide:</td>
<td>11.0</td>
<td>10.7</td>
<td>10.7</td>
<td>9.4</td>
</tr>
</tbody>
</table>
Mental Health Treatment Prior to Attending Penn State (2005)

<table>
<thead>
<tr>
<th></th>
<th>PULSE</th>
<th>CAPS Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling</td>
<td>22%</td>
<td>62%</td>
</tr>
<tr>
<td>Meds</td>
<td>8.3%</td>
<td>29%</td>
</tr>
<tr>
<td>Hospital</td>
<td>1.6%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Table 3
Self-Reported Diagnoses by Group Identity

Note: Those in bold showed a significant difference (p < .05) in reporting of diagnoses by group.
Distress/Coping by Race

A Changing Landscape

- Higher education has not caught up to mental health demands
  - Lack of coordinated services (information silos)
  - Lack of service capacity due to shifting treatment models
  - Lack of established structure/procedures to cope with complex student support needs
  - Shifting expectations: students (adults) should ask for what they need vs. an IEP
- Policies, procedures, and structures are in development
- Liability
- Impact on the learning environment:
  - Poor performance, disruptive behavior, boundary problems, demanding behavior, poor social skills, emerging issues (e.g., Aspergers)

### Table 6
 Analysis of Variance for Current Distress and Coping by Racial/Ethnic Groups

<table>
<thead>
<tr>
<th>Scale</th>
<th>Black/African American</th>
<th>Asian/Asian American</th>
<th>White/European American</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>1.06</td>
<td>1.17</td>
<td>1.22</td>
</tr>
<tr>
<td>Eating</td>
<td>.92*</td>
<td>1.03</td>
<td>1.16*</td>
</tr>
<tr>
<td>Substance use</td>
<td>.45*</td>
<td>.68</td>
<td>1.03*</td>
</tr>
<tr>
<td>Anxiety</td>
<td>.72*</td>
<td>1.03</td>
<td>1.07*</td>
</tr>
<tr>
<td>Hostility</td>
<td>.72</td>
<td>.83</td>
<td>.72</td>
</tr>
<tr>
<td>Social role</td>
<td>1.30*</td>
<td>1.58*</td>
<td>1.45*</td>
</tr>
<tr>
<td>Family of origin</td>
<td>.95</td>
<td>.94</td>
<td>.97</td>
</tr>
<tr>
<td>Academic issues</td>
<td>1.50</td>
<td>1.46</td>
<td>1.47</td>
</tr>
<tr>
<td>Spirituality</td>
<td>1.43*</td>
<td>2.21*</td>
<td>2.42*</td>
</tr>
</tbody>
</table>

Note: * denotes those scales that had significant differences between groups; p < .05; means that are significantly different are noted with different letters.
Difficult Decisions

- MIT
  - Issues: Confidentiality, FERPA, treatment quality, information accuracy, student behavior.
- GW
  - Issues: Institutional policies, confidentiality, liability, media.
- NYU suicides
  - University of Illinois program
    - Mandated counseling
- Virginia Tech

Mental Health Decisions
Virginia Tech

- Tragedies (UT Austin 1966, Penn State 1996)
- The silver lining
  - Focus needed attention & resources
  - Refine policies, procedures & communication
- The danger
  - Links mental illness to violence
  - Over-reaction, knee-jerk policies (e.g., screening, merging, compromising privacy)
  - Helicopter institutions
- Individual liberties vs. safety and security

Office of Inspector General for Mental Health
Investigation: Communications in Fall 2005
What’s Needed

- Collaborative, well defined, pro-active and widely communicated policies, procedures, planning, and structures.
- Careful and informed consideration of all factors
- Balance protection and treatment
- Problems are more likely to occur when one factor silences other important considerations

The Future

- MH prevalence and severity rates will continue to rise towards the general population rates as long as high school graduation rates continue to increase.
- Expanding services and resources will be needed
  - Shifting treatment models
  - Distributed services (e.g., counselors in residence)
  - Integration of MH professionals
  - Departmental policies and procedures
- Case management within units and across institutions
Example: Preparing for Aspergers

- Asperger’s Syndrome:
  - 1940 – Hans Asperger described “little professors”
  - 1981 – Term, Asperger’s Syndrome, used
  - 1994 - Described and became part of the DSM
- 1970, its incidence was thought to be just 1 in 2,500; today about 1 in 170 on the autism spectrum (CDC)
- Rapid increase in early diagnosis, treatment, and support systems.
- Students with Aspergers will increase dramatically in the next decade and present a unique challenge.
- What responsibility to colleges have?

A Fundamental Question

- What is the role of higher education regarding student needs?
  - Students are responsible for getting their own needs met via available voluntary resources. (past/present)
  - The institution is responsible for proactively providing coordinated services to enable student success and ensure campus safety. (secondary education, community mental health)
Half of Us

- Jed Foundation / MTV initiative
- Nearly 50% of students felt so depressed they had difficulty functioning
- Collaborative, multi-million dollar pro-social campaign to reduce stigma and intervene
- [www.HalfofUs.com](http://www.HalfofUs.com)
- Reach students where they’re at (PSA’s).
  - Link to online information
  - Link to local resources
- Let’s take a look (DVD and website):

The Importance of Data and Research

- Campus priorities and resource distribution are determined by:
  - Research, data, and advocacy OR
  - Reaction to crises
- Data = Power
- Center for the Study of College Student Mental Health (CSCSMH)
  - [www.sa.psu.edu/caps/research_center.shtml](http://www.sa.psu.edu/caps/research_center.shtml)
CSCSMH Model

- National collaboration among counseling centers
- Data standardization
- Point of service (POS) data collection
  - Not a sample – goal is measurement of the population
  - High quality data is a “side effect” of doing business
- Automated national data pooling
  - De-identified & secure
- Rapid translation of data into actionable information
  - Generates a “pulse” rather than a snapshot
  - Avoid typical publication delays for critical information
  - Mental Health Informatics

Data Flow

- Network of Counseling Centers
- CSCSMH
- Reports
  - Year-to-Year Comparison
  - Center to Population
  - Dashboard
  - Traditional Publications
- Clinical Feedback Loop (e.g., intake norms, trend identification)
130+ Participating Centers