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
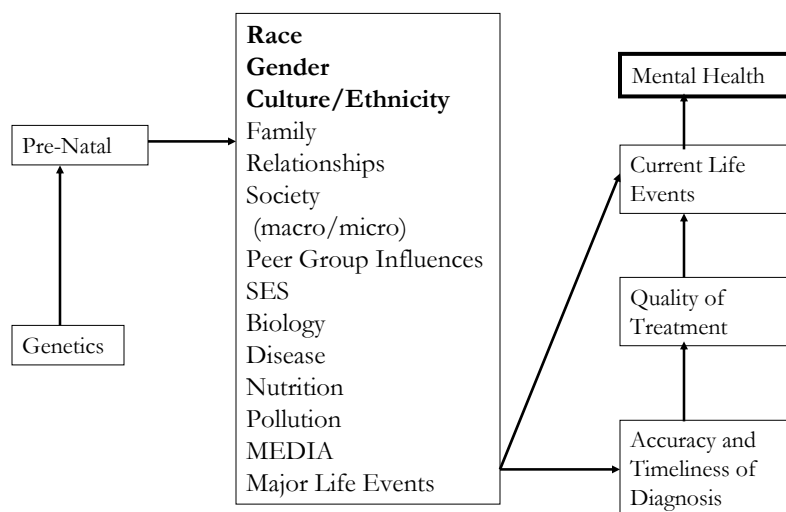
Mental Health History

- 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

Pre-Natal	**Race** **Gender** **Culture/Ethnicity** Family Relationships Society (macro/micro) Peer Group Influences SES Biology Disease Nutrition Pollution MEDIA Major Life Events	Mental Health
Genetics		Current Life Events
		Quality of Treatment
		Accuracy and Timeliness of Diagnosis

3

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

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

* F00: Asthma = 10.3, Bronchitis =10.1

More NCHA
Fall 00, 03, 05, 06

"Within the last 12 months, I…"

	F00	F03	F05	F06
Felt so depressed, I found it difficult to function:	43.7	41.6	42.3	42.2
Seriously considered suicide:	11.0	10.7	10.7	9.4

Mental Health Treatment Prior to Attending Penn State (2005)

	PULSE	CAPS Clients
Counseling	22%	62%
Meds	8.3%	29%
Hospital	1.6%	6%

Table 3
Self-Reported Diagnoses by Group Identity

Diagnosis	Depression	Bipolar	Anxiety	Social Anxiety	OCD	Eating	PTSD	Substance	ADHD	Psychotic
TOTAL	①14.9	2.6	③5.9	3.2	3.2	②6.1	3.4	2.9	④4.2	1.7
SEX										
Female	**18.2**	3.1	7.1	3.4	3.6	**9.0**	4.3	2.8	3.6	1.9
Male	**9.2**	1.7	3.9	2.8	2.5	**1.4**	2.0	3.1	5.0	1.4
RACE										
Af. Am.	**11.4**	2.3	0	2.3	0	2.3	0	2.3	0	0
As. Am.	**9.1**	3.2	3.7	3.7	3.7	6.4	3.2	3.2	3.7	3.2
White	**16.0**	2.3	6.8	3.2	3.4	6.3	3.4	2.8	4.7	1.5
Latino	**29.6**	7.4	0	0	0	7.4	11.1	0	0	0
Mult.	**20.0**	2.9	11.4	2.9	2.9	5.7	5.7	5.7	5.7	2.9
LEVEL										
Freshman	**11.7**	4.3	4.3	4.8	4.8	7.4	3.7	3.2	5.3	3.2
Soph.	8.8	2.2	4.4	2.2	4.4	5.1	2.2	3.7	4.4	2.2
Junior	12.3	.8	4.9	.8	1.6	6.6	1.6	3.3	3.3	.8
Senior	**13.2**	2.3	6.3	2.9	2.3	5.2	2.3	1.7	3.4	.6
Graduate	**22.3**	2.8	7.2	4.0	3.2	4.8	5.2	3.2	3.6	1.6
Profess.	17.9	1.5	9.0	3.0	1.5	10.4	4.5	1.5	6.0	1.5
CITIZENSHIP										
Internat'l.	11.0	3.1	3.9	3.1	3.1	7.1	3.1	2.4	3.1	2.4
U.S. born	15.5	2.4	6.2	3.2	3.2	6.0	3.5	3.0	4.3	1.6
SEXUAL ORIENT.										
LGB	**41.2**	2.0	9.8	5.9	5.9	3.9	3.9	0	3.9	0
Straight	**13.4**	2.6	5.6	3.1	3.1	6.2	3.4	3.1	4.2	1.8

Note. Those in bold showed a significant difference ($p < .05$) in reporting of diagnoses by group.

Distress/Coping by Race

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

Scale	Black/African American	Asian/Asian American	White/European American
Depression	1.06	1.17	1.22
Eating*	.92[a]	1.03[a]	1.16[b]
Substance use*	.45[a]	.68[b]	1.03[c]
Anxiety*	.72[a]	1.02[b]	1.07[b]
Hostility	.72	.83	.72
Social role*	1.30[a]	1.58[b]	1.45[a]
Family of origin	.95	.94	.97
Academic issues	1.50	1.45	1.47
Spirituality*	1.43[a]	2.21[b]	2.42[b]

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

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)

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
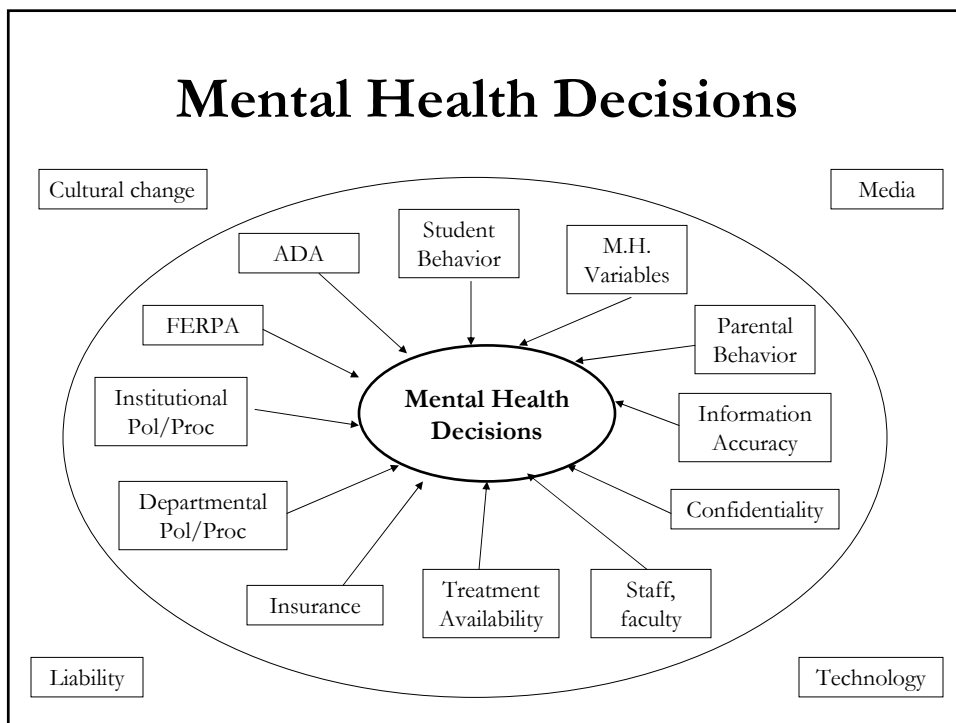
Viginia Tech

- 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
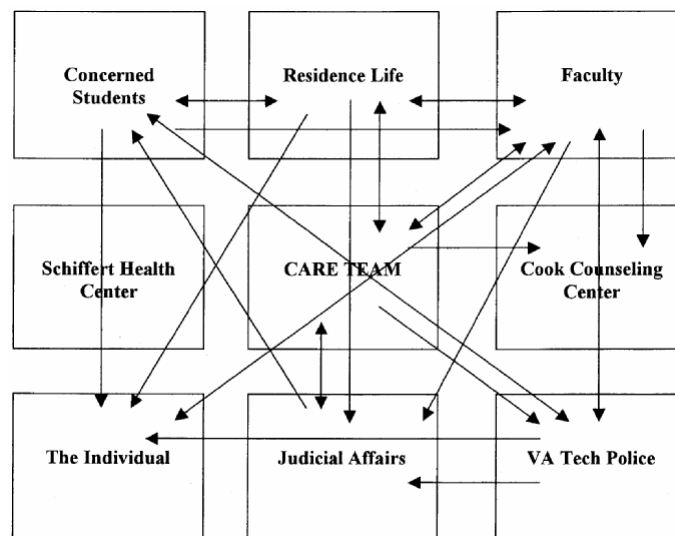
What's Needed

- 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-millon dollar pro-social campaign to reduce stigma and intervene
- www.HalfofUs.com
- Reach students where they're at (PSA's).
  - Link to online information
  - Link to local resources
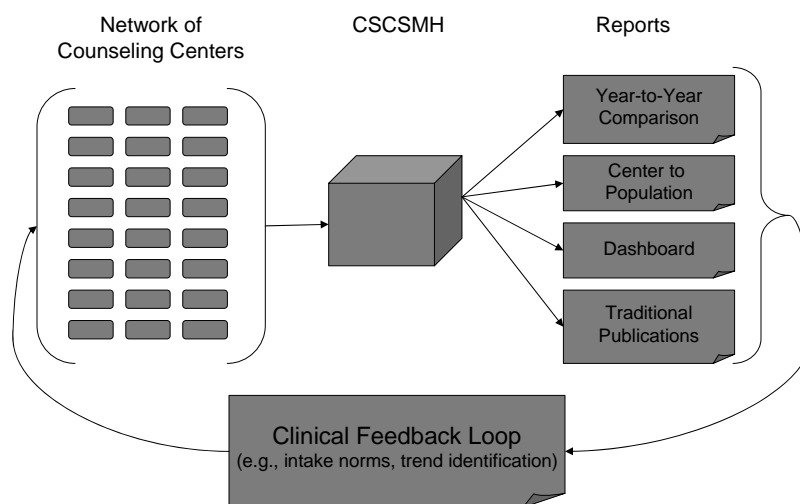- Let's take a look (DVD and website):

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

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

130+ Participating Centers