APLU
“Clodius Forum”

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NASPA President
November 3, 2014
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Three Take-Aways

1. Mental Health Issues are increasing and affect a significant percentage of students.
2. Mental health issues are a significant impediment to retention, degree progress and student success.
3. Effective, evidence-based approaches to address mental health issues exist and work.
4. The solutions to mental health issues must involve the whole community.
Public Scrutiny
The University Has No Clothes

The notion that a college degree is essentially worthless has become one of the year's most fashionable ideas, with two prominent venture capitalists (Cornell '89 and Stanford '89, by the way) leading the charge.

By Daniel B. Smith  Published May 1, 2011  Share  134 Comments

(Photos: Andrew Eccles. Hair by Alejandra. Artists by Timothy Prisco for Batten, Benjamin Tuggey/Artists by Timothy Prisco. Grooming by Donna Salgado using M.A.C. Cosmetics for Agent Oliver. Makeup by Sylvia Bakowska/Ford Artists using Temptu)
How Colleges Flunk Mental Health

By Katie J.M. Becker / February 11, 2014 11:13 AM EST
Pessimism 2.0

Colleges are producing graduates with happy memories…

But little sense of purpose or any clear way forward
“Faculty salaries, cuts in state aid, spending and ‘administrative bloat’ all play a role in rising college costs.”

Delta Cost Project, American Institutes for Research
“Institutions have added new, nonfaculty professionals whose salary and benefits packages tend to be higher than those of part-time instructors.”

“My of these new positions appear to be providing student services, but whether they represent justifiable expenses or unnecessary “bloat” is up for debate.”
Five Major Themes

- The demographics of mental health
- Stress and Depression
- Gender-Based Violence
- The race/ethnicity factor
- Reducing Suicide
- What works
College Students*

- **Decrease** in nonmedical use of psychotherapeutic drugs (6.3 percent in 2009 to 5.0 percent in 2010)
- **Less likely to be current cigarette smokers** than non-college peers
  - Past month cigarette use 23.8 percent vs. 39.2 percent
  - Males: *cigarette use declined* from 31.7 percent in 2009 to 26.6 percent
- **Binge drinking decreased** (42.2 percent in 2010 to 39.1 percent)

*Lucey, Mackay-Smith - SAMHSA's Center for Substance Abuse Prevention*

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*Full-time college students aged 18-22*
2011 National Survey on Drug Use and Health – *Not-So-Good News*

- Mental illness **twice as high** among those aged 18 to 25 (29.8 percent) than among those aged 50 and older (14.3 percent)

- Adults who had mental illness in the past year were **more than three times as likely** to have met the criteria for substance dependence or abuse.

Lucey, Mackay-Smith - SAMHSA's Center for Substance Abuse Prevention
The Student View
Factors Affecting Academic Performance

- Stress: 30%
- Anxiety: 21%
- Depression: 13.5%
- Relationship/Roommate: 15.1%
- ADHD/LD: 8.5%
- Alcohol/Drug Use: 5.9%

ACHA/NCHA Summary 2013
Gender-Based Violence

Women

- Sexual Assault (lack of consent) 15.3%
- Emotionally/Sexually Abusive Rel. 12.5%
- Stalking 6.3%
Mental Health

Any time within the last 12 months
- Felt overwhelmed 86%
- Felt very sad 62%
- Felt very lonely 59%
- Felt overwhelming anxiety 54%
- Felt things were hopeless 46%
- Felt so depressed it was difficult to function 32%
- Seriously considered suicide 8%

ACHA/NCHA Summary 2013
The Counseling Center View
95% report a trend toward greater number of students with severe psychological problems.

88% report a steady increase in the number of students arriving on campus that are already on psychiatric medication.

91% report hospitalizing average of 9.2 students for psychological reasons. The average number of hospitalizations per 1,000 students was 1.8.

80% of campus suicides had not sought counseling center assistance.
## Mental Health Issues

<table>
<thead>
<tr>
<th></th>
<th>Mean %</th>
<th>Median %</th>
<th>Mode %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>46.19</td>
<td>45.50</td>
<td>40.00</td>
</tr>
<tr>
<td>Depression</td>
<td>39.30</td>
<td>38.00</td>
<td>30.00</td>
</tr>
<tr>
<td>Relationship issues</td>
<td>35.33</td>
<td>30.55</td>
<td>20.00</td>
</tr>
<tr>
<td>Psychotropic medication</td>
<td>25.00</td>
<td>25.00</td>
<td>25.00</td>
</tr>
<tr>
<td>Suicidal thoughts/behaviors</td>
<td>17.86</td>
<td>15.00</td>
<td>10.00</td>
</tr>
<tr>
<td>Extensive treatment history</td>
<td>13.56</td>
<td>9.00</td>
<td>10.00</td>
</tr>
<tr>
<td>Alcohol abuse</td>
<td>11.01</td>
<td>9.00</td>
<td>10.00</td>
</tr>
<tr>
<td>Self-injury</td>
<td>10.42</td>
<td>7.50</td>
<td>5.00</td>
</tr>
<tr>
<td>ADHD</td>
<td>8.33</td>
<td>6.50</td>
<td>10.00</td>
</tr>
<tr>
<td>Drug abuse</td>
<td>7.67</td>
<td>5.00</td>
<td>5.00</td>
</tr>
<tr>
<td>Learning disability</td>
<td>7.47</td>
<td>4.90</td>
<td>1.00</td>
</tr>
<tr>
<td>Eating disorders</td>
<td>7.38</td>
<td>5.00</td>
<td>5.00</td>
</tr>
<tr>
<td>Sexual/physical assault/acquaintance rape</td>
<td>7.35</td>
<td>5.00</td>
<td>2.00</td>
</tr>
<tr>
<td>Oppression</td>
<td>5.1</td>
<td>3.0</td>
<td>1.00</td>
</tr>
<tr>
<td>Being &quot;stalked&quot;</td>
<td>1.9</td>
<td>1.0</td>
<td>1.00</td>
</tr>
</tbody>
</table>
Why The Increase?

- Early diagnosis
- More effective treatment
- Federal laws that prohibit discrimination (psychological disability covered under ADA)
- Post-secondary options not an option for many of these students
- Since the 80’s an increases in levels of stress, depression and anxiety
## Students Served

<table>
<thead>
<tr>
<th>Schools Size</th>
<th>Mean</th>
<th>Median</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1,500</td>
<td>168</td>
<td>151</td>
<td>7</td>
<td>376</td>
</tr>
<tr>
<td>1,501 - 2,500</td>
<td>316</td>
<td>323</td>
<td>42</td>
<td>680</td>
</tr>
<tr>
<td>2,501 - 5,000</td>
<td>389</td>
<td>345</td>
<td>121</td>
<td>1150</td>
</tr>
<tr>
<td>5,001 - 7,500</td>
<td>592</td>
<td>513</td>
<td>177</td>
<td>1792</td>
</tr>
<tr>
<td>7,501 - 10,000</td>
<td>854</td>
<td>770</td>
<td>237</td>
<td>4811</td>
</tr>
<tr>
<td>10,001 - 15,000</td>
<td>1102</td>
<td>870</td>
<td>150</td>
<td>3444</td>
</tr>
<tr>
<td>15,001 - 20,000</td>
<td>1332</td>
<td>1119</td>
<td>328</td>
<td>4307</td>
</tr>
<tr>
<td>20,001 - 25,000</td>
<td>1529</td>
<td>1153</td>
<td>300</td>
<td>5830</td>
</tr>
<tr>
<td>25,001 - 30,000</td>
<td>1681</td>
<td>1616</td>
<td>496</td>
<td>3823</td>
</tr>
<tr>
<td>30,001 - 35,000</td>
<td>2209</td>
<td>1386</td>
<td>800</td>
<td>7402</td>
</tr>
<tr>
<td>35,001 and over</td>
<td>3622</td>
<td>2818</td>
<td>280</td>
<td>13452</td>
</tr>
</tbody>
</table>
Continuum of Level of Severity of Counseling Centers:

% of Students and Time/Resources/Collateral Parties

- Low
  - Relatively healthy
  - Normal dev. issues

- Moderate
  - Acute crises
  - Mod. mental health issues

- High
  - Severe mental health issue
  - Co-morbidity

% of Students = % of Students

= % of Time/Resources/Collateral Parties

Mehling, Pesetski, Dunkle - NASPA Mental Health Conference – 2013
Staffing ratios of one FTE per 1,000 – 1,500 students
Counseling Center Budgets

Budget: Operating

- Stayed the same: 53%
- Increased 1 - 3%: 16%
- Increased 4 - 6%: 5%
- Increased 7% or more: 7%
- Decreased 1 - 3%: 9%
- Decreased 4 - 6%: 6%
- Decreased 7% or more: 7%

AUCCCD – NSCCC 2013
Stress and Depression
Stress

- Badge of honor – “If I am not stressing, I am not achieving”
- Academic pressure increasing
- Uncertain economy
- Career pressure re: cost
- Decline in coping skills and less resilience
- Increased social alienation for an online generation
- Artificial connectedness
- Facebook experience – everyone is having a great time
Stress $\rightarrow$ Depression

- Downward spiral of stress can lead to depression.
- Bad news: Depressed people often wait to get help.
- Most students who attempt suicide never talk to a counselor.
- Good News: People suffering from depression and anxiety mostly get better.
Warning Signs for Faculty/Staff

- Death of family member of friend
- Parent’s divorce
- Personal illness
- Severe homesickness
- Anxiety about major or career
- Fears about graduation or career
- Financial problems

Dan Wilcox – “More Than Listening” - 2010
Warning Signs for Faculty/Staff

- Decline in academic performance
- Pattern of dropping classes
- Missed deadlines
- Excessive, unexplained absences
- Severe reaction to poor grade on test or paper
- Extreme fear of speaking up or talking with faculty
- Any out-of-character behavior

Dan Wilcox – “More Than Listening” - 2010
College Student Suicide
National Suicide Statistics

- 2nd leading cause of death on college campuses

- National suicide rates for college students range from 6.5 to 7.5 per 100,000
  - Compared to 16 per 100,000 in age-matched peers

- For every youth who dies by suicide, 100 to 200 attempts are made.

- LGBT youth are 2 to 3 times more likely to commit suicide than other youth.

(Schwartz, 2006, 2011)
### Self-Reports of Lifetime
### Suicidal Ideation and Attempts

<table>
<thead>
<tr>
<th>Suicidal Ideation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever seriously considered attempting suicide at some point in your life?</td>
</tr>
<tr>
<td>20%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Suicide Attempts</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many times in your life have you attempted suicide? (% indicating 1 or more times)</td>
</tr>
<tr>
<td>6%</td>
</tr>
</tbody>
</table>
During the stressful period, did you have any thoughts similar to the following?

First experience DISTRESS

Most students who experience SUICIDALITY

Those endorsing "yes" to these thoughts

Brownson, Wilson, Boynton, Irvin - Adapted from a presentation prepared by Arizona State University’s Wellness & Health Promotion Center
During the stressful period, did you have any thoughts similar to the following?

The idea is to reach students here...

...so fewer end up here

Brownson, Wilson, Boynton, Irvin - Adapted from a presentation prepared by Arizona State University’s Wellness & Health Promotion Center
<table>
<thead>
<tr>
<th>Stressor</th>
<th>What % of those who experience the stressor seriously considered suicide?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Health Issues</td>
<td>15.1%</td>
</tr>
<tr>
<td>Drug/Alcohol Issues</td>
<td>15.3%</td>
</tr>
<tr>
<td>Sexual Orientation Concerns</td>
<td>17.4%</td>
</tr>
<tr>
<td>Sexual Assault</td>
<td>24.9%</td>
</tr>
<tr>
<td>Gender ID Concerns</td>
<td>30.7%</td>
</tr>
</tbody>
</table>
Protective Factors for Suicide

- Strong connections to family and other supports
- Access to effective clinical interventions
- Restricted access to lethal means
- Skills in problem-solving, conflict resolution
- Positive beliefs about future, ability to cope, and life in general
- Cultural/religious beliefs discouraging suicide

Victor Schwartz – Jed Foundation
Elements of an Effective Campus Suicide Prevention Program

- Identify Students at Risk
- Increase Help-seeking Behavior
- Promote Social Networks
- Develop Life Skills
- Restrict Access to Potentially Lethal Means
- Provide Mental Health Services
- Follow Crisis Management Procedures

Comprehensive Approach to Suicide Prevention and Mental Health Promotion
Gender-Based Violence
Costs of Sexual Violence for Victims

- **Health:**
  - increased risk of substance use
  - unhealthy weight control behaviors
  - sexual risk behaviors
  - pregnancy
  - Increased risk of re-victimization
  - Suicidality

- **Education:**
  - declines in educational performance & grades (→ financial aid loss)
  - taking time off
  - dropping out of school
  - transferring schools

- **Annual, national cost of sexual violence:** est. $127 billion (2012 $), $34 billion more than the next highest cost criminal victimization (all crime-related deaths except drunk driving and arson)
GBV – What can a campus do?

- Identify campus administrator to contact professors and identify academic accommodations.
- Provide opportunities to remedy the survivor’s transcript. (For example, remove affected grades, retake a course, replace poor grades with “passes”).
- Take care not to schedule hearings during midterms or final exams.
- Semester or year-long forgiveness for scholarship eligibility.
Some pointers for focusing on victims’ needs

- Pay attention to what the victim is asking for.
- Learn how to research and present victims’ options in a way that allows them to make informed choices.
- Don’t get distracted from a victim’s needs by trying to decide “what happened”:
  - Only staff who are responsible for investigations and fact-finding should be evaluating the “truth” of a victim’s account
  - Focus on the trauma, a fact that can be medically documented; how the trauma was generated is irrelevant
Race/Ethnicity/Foreign Students
Cumulative % Projected Change in U.S Public High School Grads

“Knocking at the College Door,” WICHE, December 2012.
The number of foreign students on F–1 visas in U.S. colleges and universities grew dramatically from 110,000 in 2001 to 524,000 in 2012. The sharpest increases occurred among students from emerging economies such as China.
Figure 4. Top Countries of Citizenship of Foreign Students on F-1 Visas, 2008-2012

- China 25%
- India 15%
- South Korea 10%
- Saudi Arabia 5%
- Canada 4%
- All Others 41%
First Generation Students

- Tend to enroll in fewer hours their first academic semester
- Less involvement in various beneficial social experiences
- Difficulty identifying and accessing campus services
- Balancing multiple roles (student, family member, employee, friend)
- May experience less support and encouragement from family members
Financial Barriers

- Greater number of hours worked off campus
- Conflict between educational priorities and family or personal commitments
- Anxiety over debt from student loans
A Note About Technology
**Isolation and Depression**

- Depression correlates with "common symptoms of Internet addiction" such as excessive video and gaming activity.

- Depressed students are also connected to the Internet more frequently than their healthy peers.

Health and Wellness
Strategies That Work
Threat Assessment and Care Teams

- Threat Assessment Teams
  - Systems approach to predicting student violence
  - Case management positions can be integrated into the team
  - Virginia and Illinois are the only states by law who have to have teams
  - Participation from Student Affairs, Counseling, Police and others.

- Care Teams
  - Often student affairs based
  - Reviews incidents and ensures students are supported.
A Note About ADA

- Threat to self/others
- Psychological withdrawal
- Judicial Sanctioning
## Bystander Intervention

<table>
<thead>
<tr>
<th>A BYSTANDER MUST...</th>
<th>BYSTANDER TRAININGS SHOULD...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notice the incident</td>
<td>Educate on warning signs and red flags</td>
</tr>
<tr>
<td>Interpret the incident as a problem</td>
<td>Challenge students to investigate further and ask others what they think</td>
</tr>
<tr>
<td>Feel personally responsible for dealing with it</td>
<td>Discuss responsibility to act in high-risk situations and engage others</td>
</tr>
<tr>
<td>Possess the skills/resources necessary to help</td>
<td>Teach and practice skills for intervening safely and appropriately</td>
</tr>
</tbody>
</table>

Source: Latane and Darley, 1970; Berkowitz, AD (2009).
Bystander Intervention - Evidence Based

Focus Group Exercise

Speak up when you hear stories that glorify sexual violence. Your responses can make a difference.

Know Your Power
Step In, Speak Up
You Can Make A Difference

www.Know-Your-Power.org
Focus Group Research

Specific Lessons - Language

WE DO NOT TALK LIKE THE PEOPLE IN THE IMAGE!

• Replace the “nailed” with “smashed.”
• Replace rape with “Do you know how many years you’ll get?” or “he could go to the big house.”
• Replace Alex, Emma, Kyle and Angela to names like Kiesha, Jamal, Tyrone and Brittany.

Prevention Innovations™

NASPA
Student Affairs Administrators in Higher Education
Soldiers who saw campaign images are significantly less likely to report that reducing sexual assault and stalking is the responsibility of someone else.

Soldiers who participated in the program were significantly more likely to report that they had taken action to reduce sexual assault and stalking.
Peer Group Programs
Active Minds

SEND SILENCE PACKING
and help reduce college student suicide

1,100 STUDENTS DIE BY SUICIDE EACH YEAR
Send Silence Packing
Evidence-Based Strategies
# What Success Looks Like

<table>
<thead>
<tr>
<th>Changed Minds</th>
<th>Changed Actions</th>
<th>Changed Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Attitudes toward drunk driving</td>
<td>• Frequency of alcohol use</td>
<td>• ER visits</td>
</tr>
<tr>
<td>• Knowledge of hard alcohol use risk</td>
<td>• Campus-wide “binge drinking” rates</td>
<td>• Nausea, vomiting</td>
</tr>
<tr>
<td>• Awareness of campus policies</td>
<td>• Drinking to get drunk</td>
<td>• Blackouts</td>
</tr>
<tr>
<td>• Willingness to participate in alcohol-free options</td>
<td>• Number of drinks per week</td>
<td>• Memory loss</td>
</tr>
<tr>
<td>• Knowledge of genetic factors in alcohol use</td>
<td>• Pregaming behavior</td>
<td>• DUIs</td>
</tr>
<tr>
<td>• Belief that drinking is the “cool thing to do”</td>
<td>• Fake ID use</td>
<td>• Campus alcohol violations</td>
</tr>
<tr>
<td>• Positive expectancies for alcohol use</td>
<td>• Doing shots</td>
<td>• Recidivism</td>
</tr>
<tr>
<td>• Knowledge of standard drink measure</td>
<td>• Drinking the night before an exam</td>
<td>• Missed classes</td>
</tr>
<tr>
<td>• Understanding of BAC</td>
<td>• “Power hour” drinking</td>
<td>• Poor academic performance</td>
</tr>
<tr>
<td>• Ability to set limits on alcohol use</td>
<td>• Typical BAC</td>
<td>• Sleep disruption</td>
</tr>
<tr>
<td>• Ability to refuse a drink</td>
<td>• Heavy episodic drinking occurrences</td>
<td>• Neighborhood complaints</td>
</tr>
</tbody>
</table>

Stubbs – NASPA MH Conference 2013
Thank You