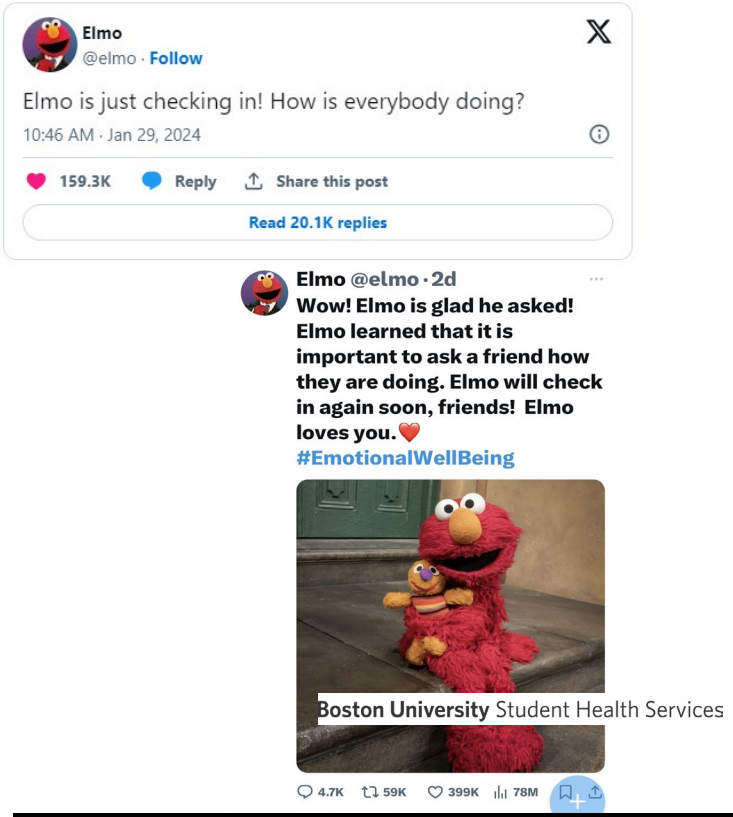
Mental Health Roundtable

February 15th, 2024

The Landscape of College Mental Health: Population and Clinical Data

Sarah Lipson, PhD

Kara Cattani, PhD



Two weeks ago, Elmo, the beloved Sesame Street character, went viral with a post checking in on people's well being.

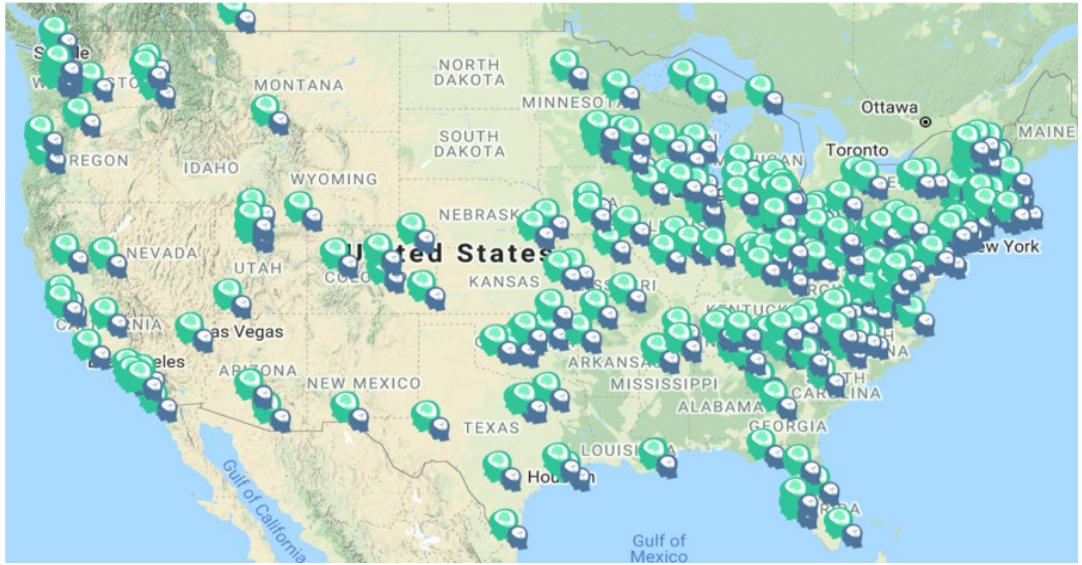
A flood of "not ok" responses!

Also some heartwarming responses about the importance of emotional health and connection

The data we are about to share mirrors what Elmo learned = there are many people/college students in distress

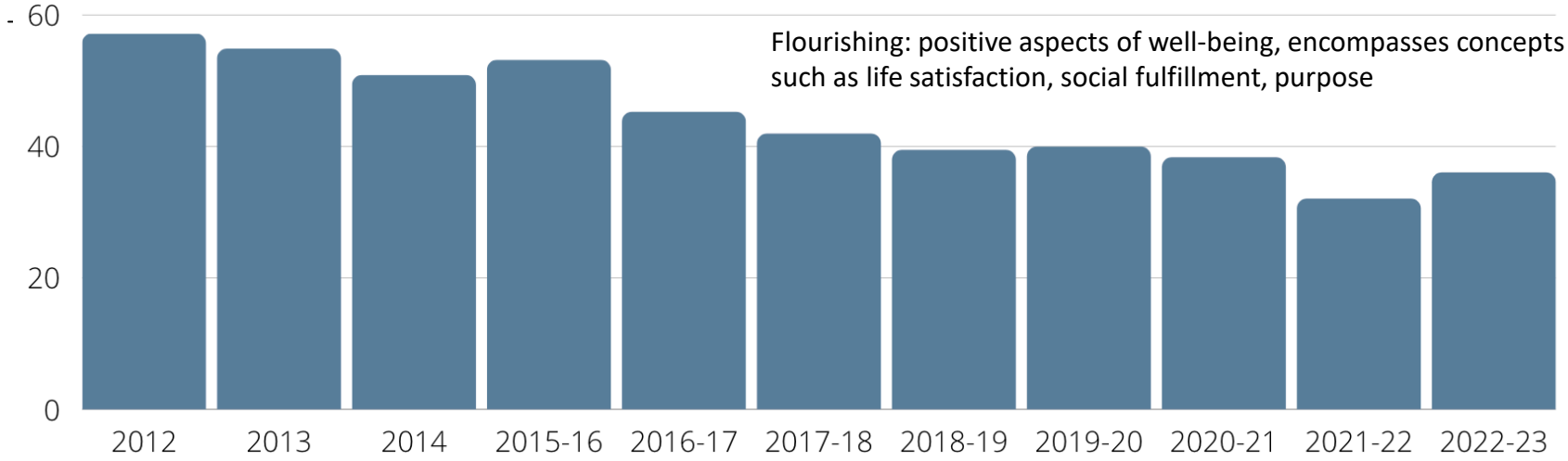
How is everybody doing?

About the Healthy Minds Study



- ~800 colleges and universities, including community colleges, MSIs
- >750,000 college student respondents
- PIs: Sarah Lipson, Daniel Eisenberg, Justin Heinze, Sasha Zhou
- Based at BUSPH, UM, UCLA
- Random samples recruited from participating schools
- Online survey (Qualtrics)
- Validated screening tools/measures

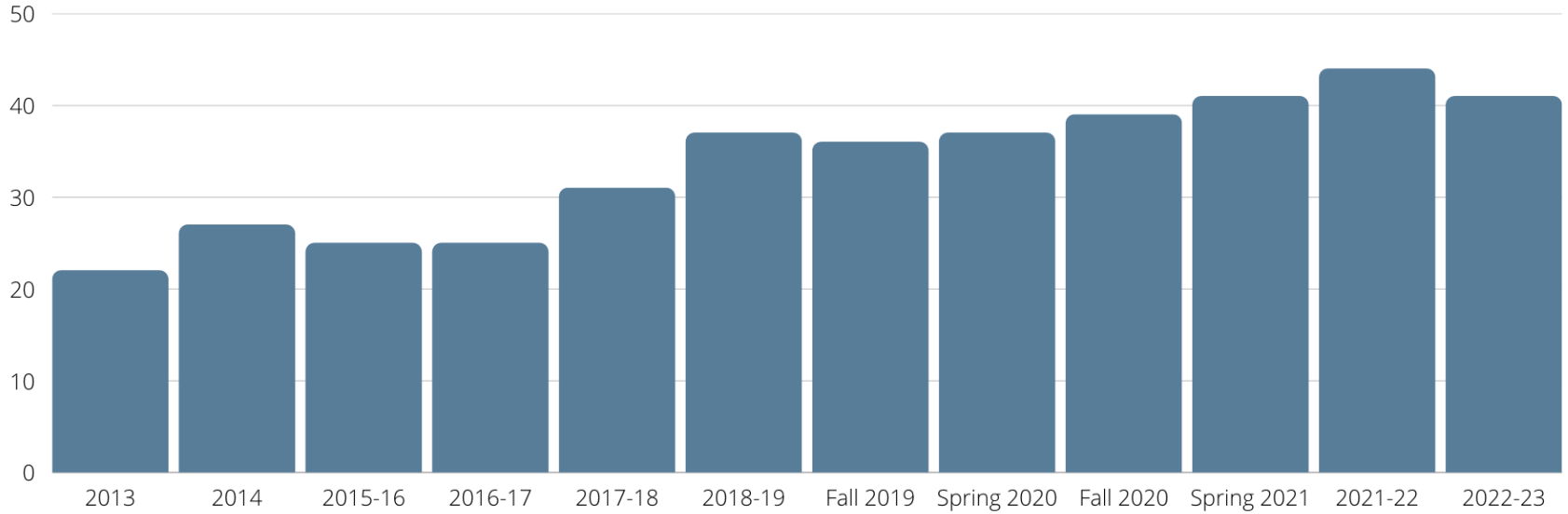
Decreasing rates of flourishing (positive mental health)
2012 (57.1%) - 2023 (36%)



Flourishing: positive aspects of well-being, encompasses concepts such as life satisfaction, social fulfillment, purpose

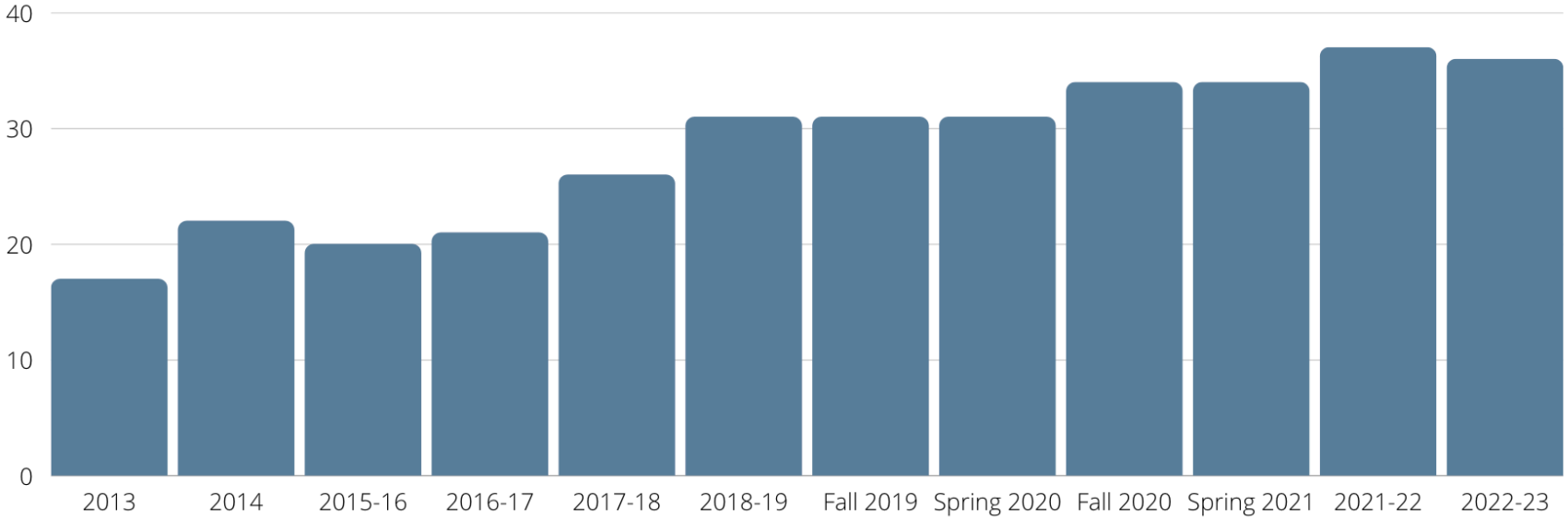
Increasing rates of depressive symptoms

2013 (22%) - 2023 (41%)



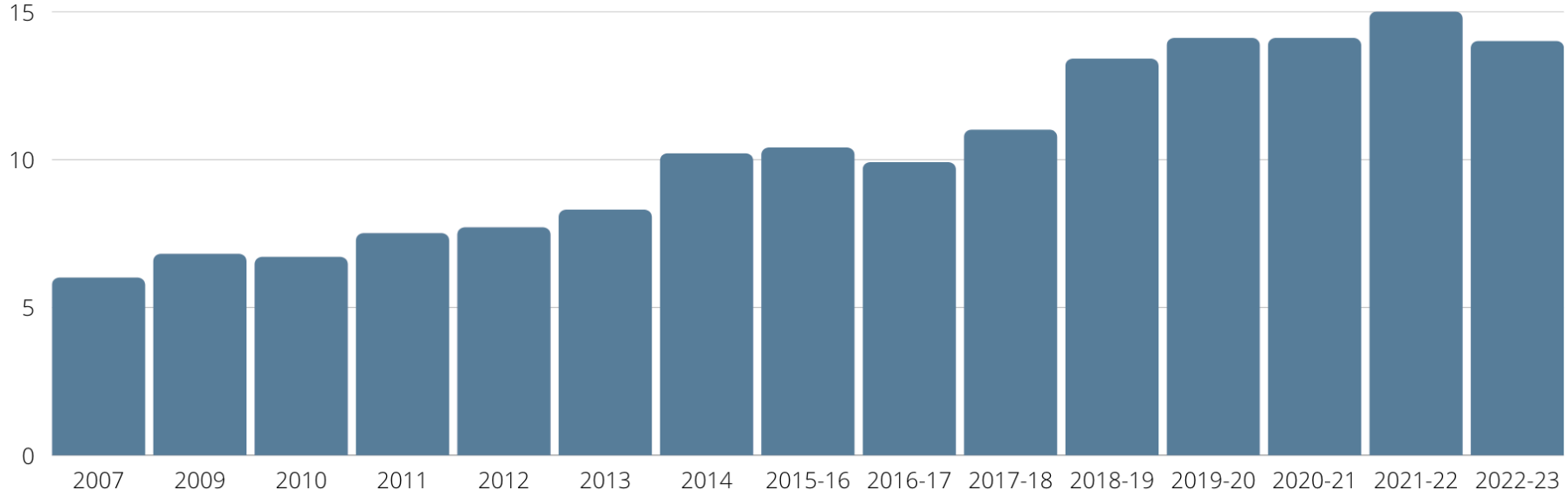
Increasing rates of anxiety symptoms

2013 (17%) - 2023 (36%)

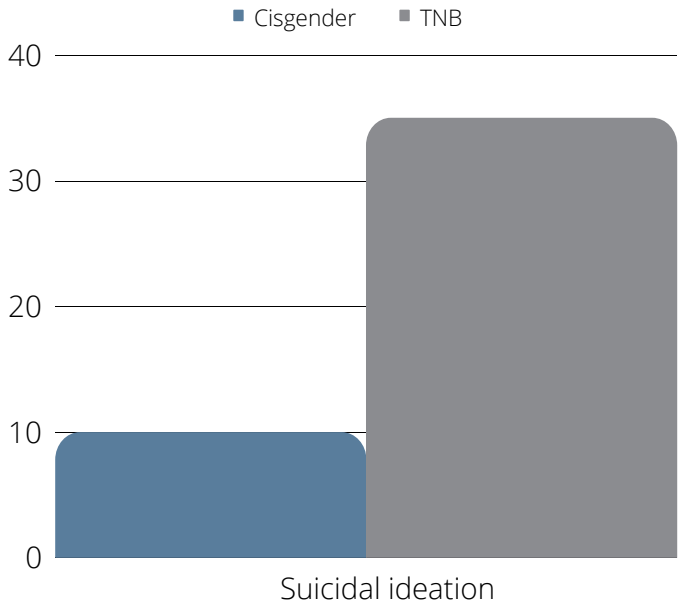


Increasing rates of suicidal ideation

2007 (6%) - 2023 (14%)

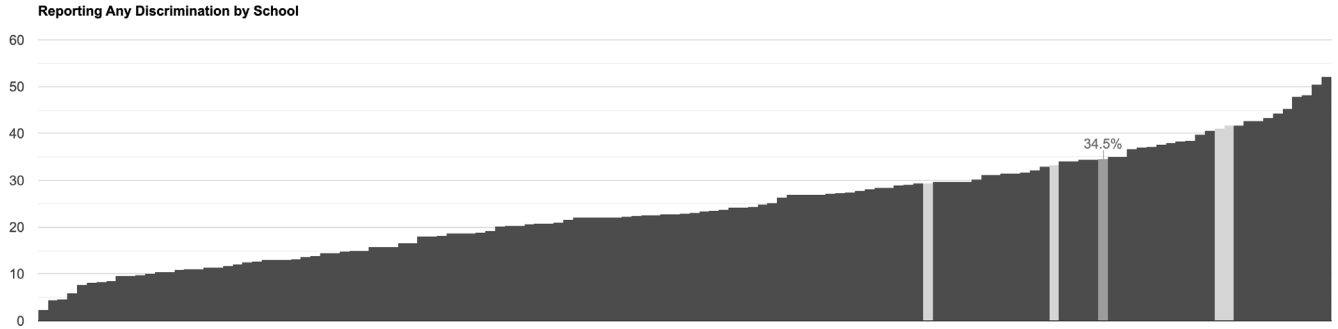


Over one-third of trans and nonbinary students report seriously considering



- 49% of TNB students do not see themselves as part of the campus community
- 40% of TNB students feel isolated from campus life
- Opportunities to advance equity through system-level change, including protective, inclusive policies (name change policies, forms, etc.)

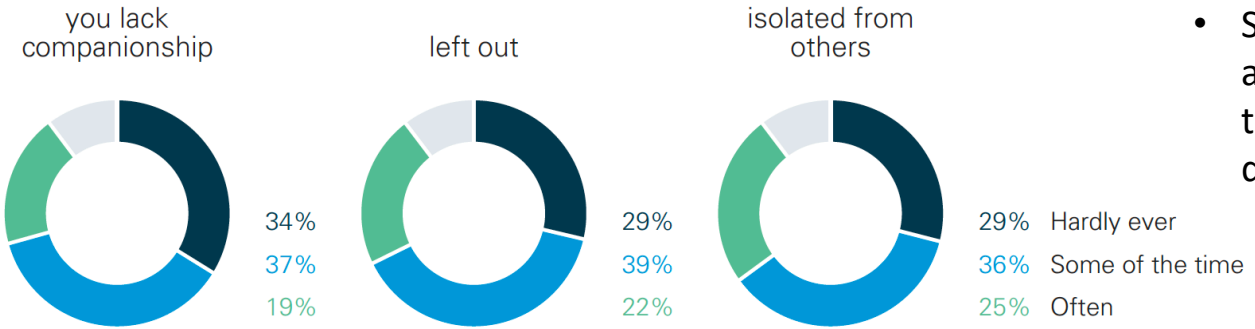
Discrimination varies across schools and is strongly predictive of poor mental health.



- In HMS data:
  - w/discrimination: 62.2% meet criteria for one or more mental health problems
  - w/o discrimination: 46%
- In CCMH data (https://ccmh.psu.edu/assets/docs/2023_Annual%20Report.pdf)
  - Strong relationship between discrimination and increased general distress, social isolation, and suicidal thoughts
  - In CCMH data, discrimination was associated with elevated levels of social isolation, and students who experienced two or more forms of discrimination had comparable levels of social isolation as those who reported a past suicide attempt

Majority of students report loneliness, AY 2022-23

How often do you feel...



- CCMH data: social anxiety, more so than any other presenting concern, has increased most significantly over time
  - Specifically, the symptom of social anxiety that grew most from 2010 to 2023 is “concerns that others do not like me”

>80% of students report academic impairment due to mental health concerns, AY 2022-23

ACADEMIC IMPAIRMENT

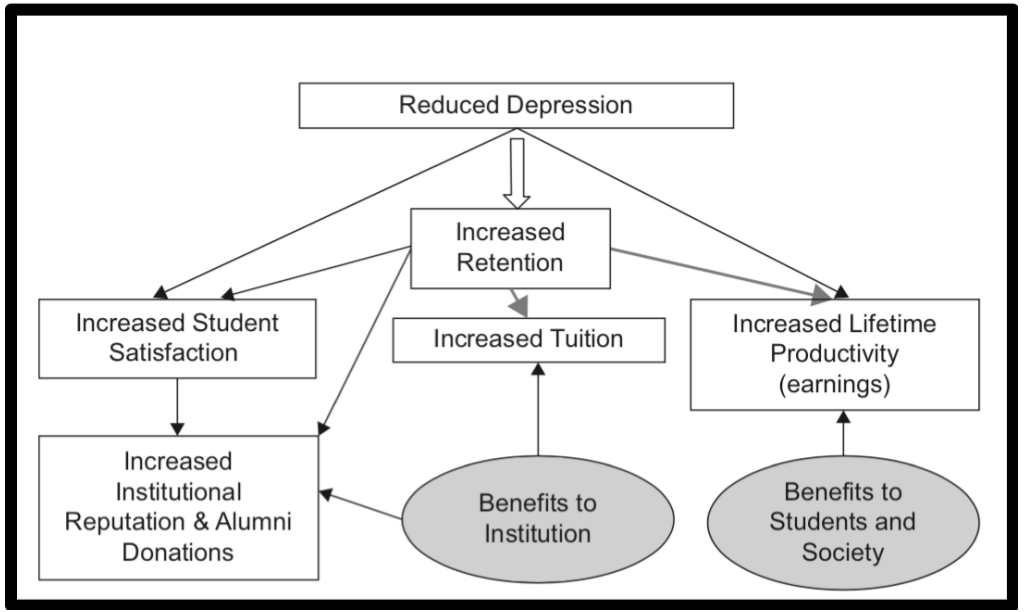
In the past 4 weeks, how many days have you felt that emotional or mental difficulties have hurt your academic performance?

19% None
29% 1 - 2 days
23% 3 - 5 days
22% 6 or more days

- Poor mental health may decrease one's interest in the future, which would reduce one's willingness to make long-term investments like schooling
- Symptoms may affect the productivity of time in academic activities and overall academic performance

Economic case for investing in mental health

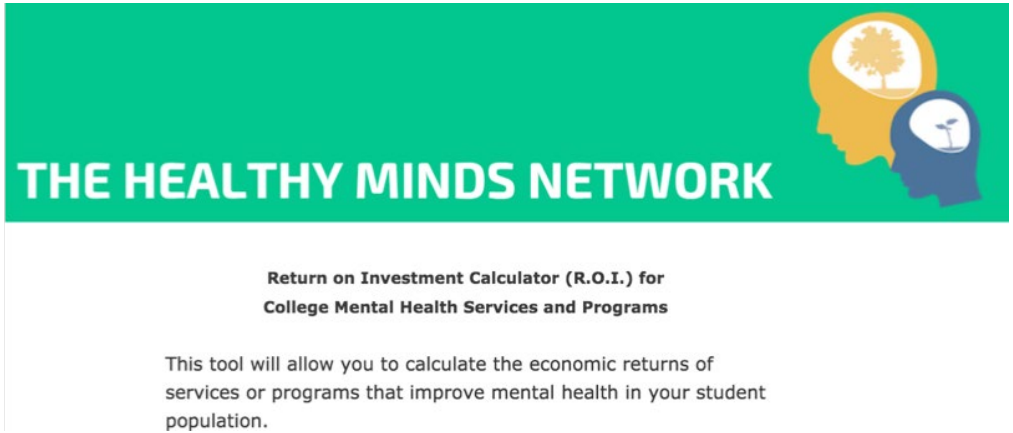
- Mental health problems associated with negative academic outcomes
- Untreated depression associated with 2x increase in likelihood of stopping/dropping out



Mental health, academics, and equity

- Mental health is largely absent from national dialogue about college persistence
- We know certain practices are negatively associated with mental health
  - Grading on a curve
  - Academic competitiveness, particularly for students underrepresented in their fields (e.g., women in engineering)
- Similar patterns for untreated mental health problems and poor academic outcomes
  - Students of color, first-gen, low-income students, on average, less likely to seek treatment when symptomatic and more likely to drop out/stop out

Healthy Minds ROI calculator



This tool will allow you to calculate the economic returns of services or programs that improve mental health in your student population.

You will be asked a handful of questions about your campus, including:

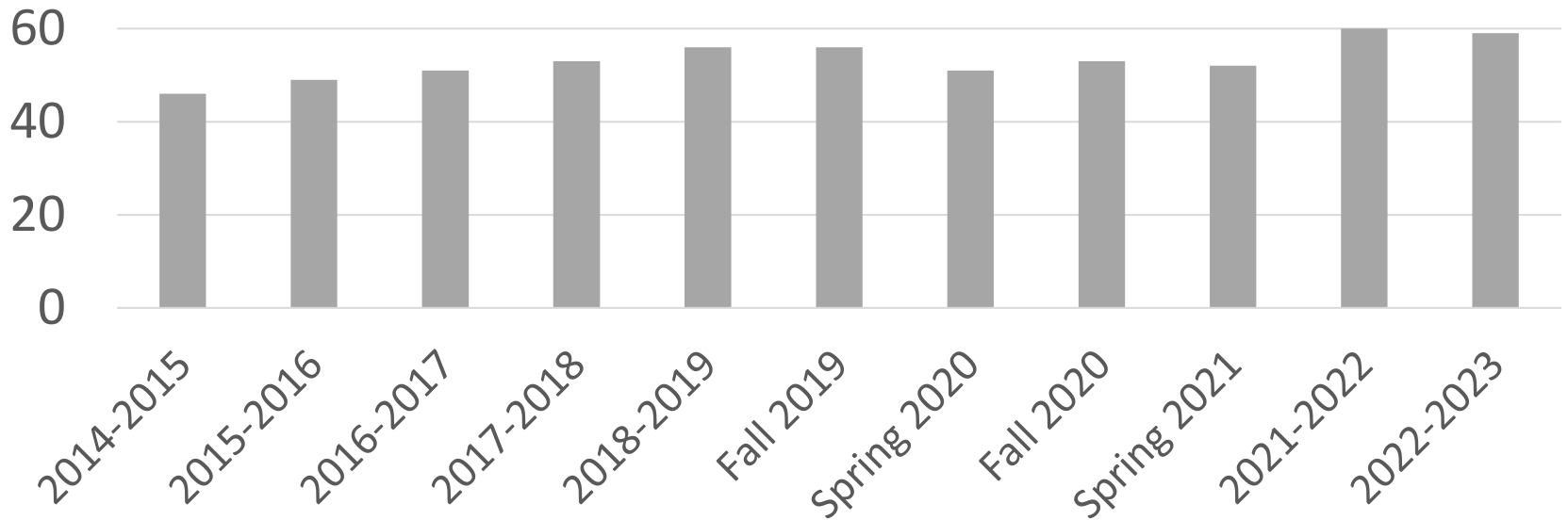
- Enrollment size
- Approximate institutional drop-out rate
- Approximate per student tuition rate

Based on the information you provided, the calculator will give economic estimates for both your institution and students.

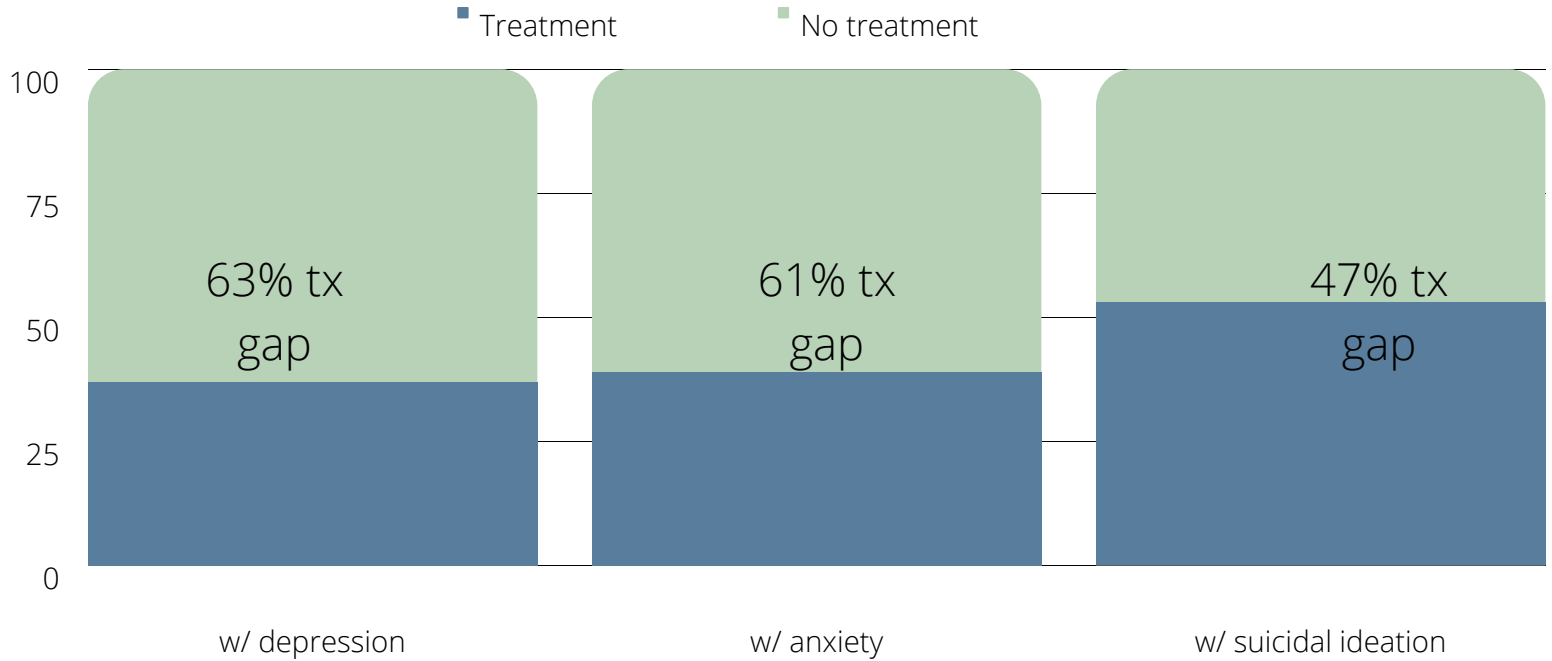
Your proposed services or programs could be focused on mental health treatment or could also seek to prevent mental health issues. They could be new or expanded offerings that your campus is considering, or they could be existing services.

https://umich.qualtrics.com/jfe/form/SV_6xN9QUSlFtgtRQh

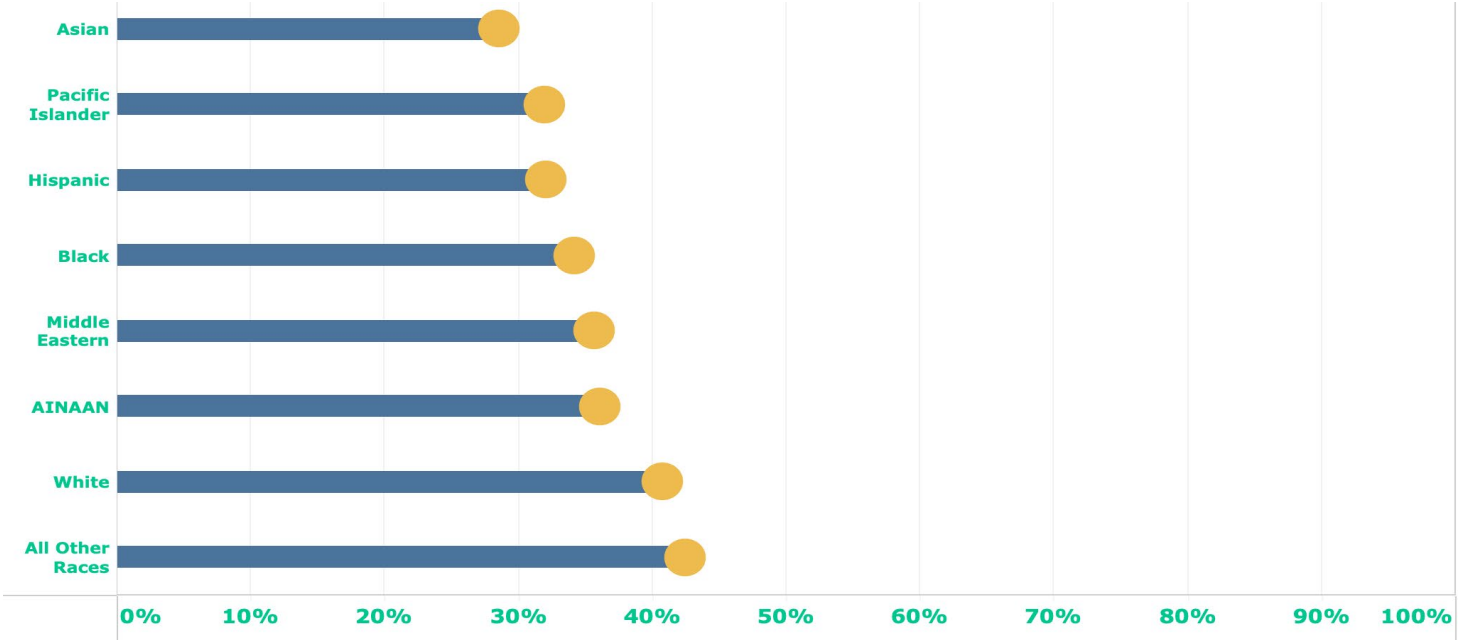
Trends in Past-Year Mental Health Treatment Use among Students with Depression/Anxiety Symptoms



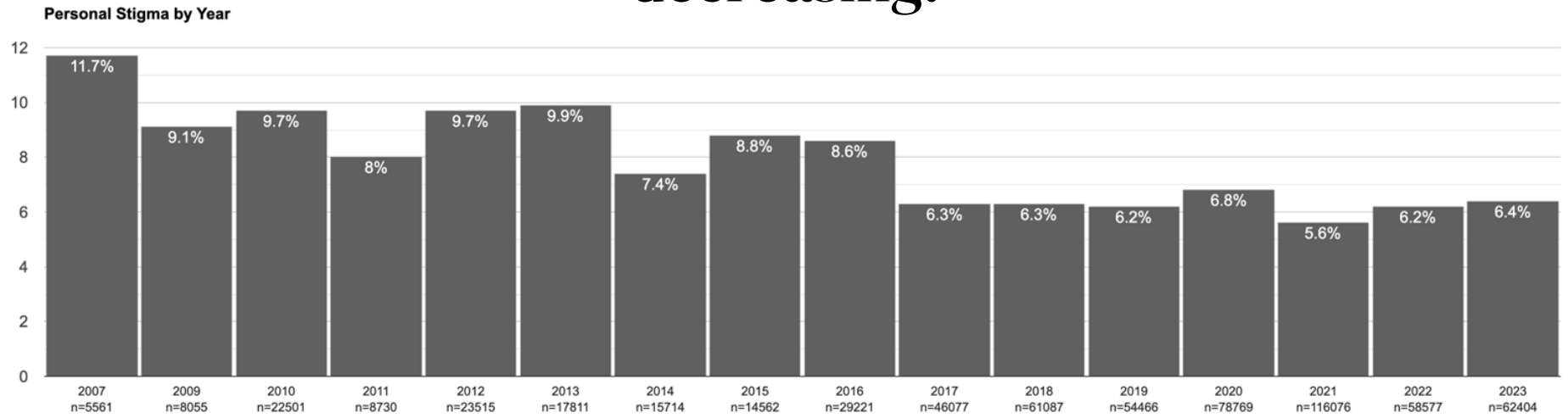
Mental health 'treatment gap' remains wide



Asian-identified students continue to have the lowest rates of mental health service use, despite comparable symptom levels.



Mental health stigma has declined. Personal stigma (significant predictor of help-seeking) is low & decreasing.



data.healthymindsnetwork.org

Though most students w/ untreated symptoms have positive attitudes & beliefs, there is a lack of urgency around the task of seeking help.

Most commonly reported barriers among students w/ untreated symptoms:

- Haven’t had a need (31%)
- Prefer to deal w/ issues on my own (27%)
- Question how serious my needs are (20%)
- Don’t have time (17%)

Help-seeking and cognitive biases

Is non-help-seeking a form of procrastination?

Procrastination most common when…

Present costs unduly salient relative to future benefits

Costs (time, discomfort) of seeking tx today (immediate, known) outweigh benefits (future, uncertain)

Tasks have “investment-like quality”

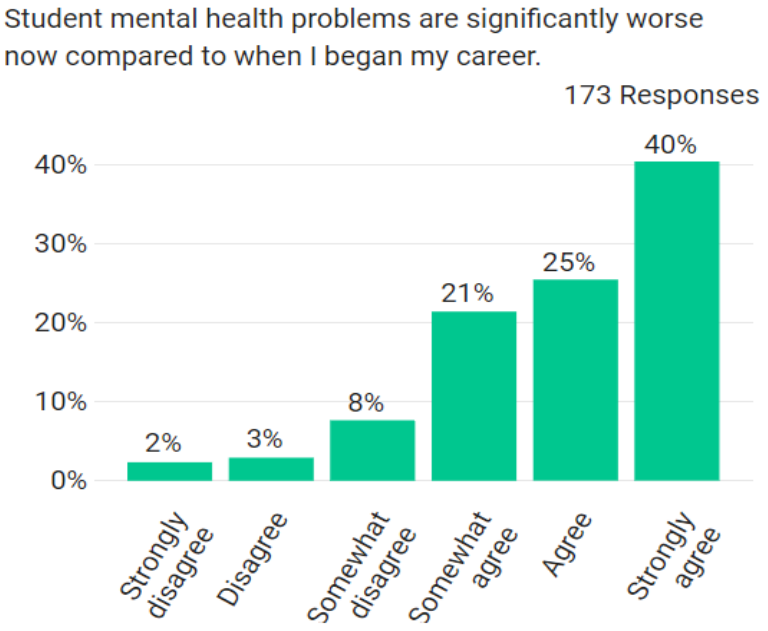
Tasks are important and/or unpleasant

	Percentage change since 2013
Flourishing	-33%
Suicidal ideation	+64%
Depression	+135%
Anxiety	+110%
Tx (students w dep/anx/SI)	+26%

Healthy Minds Faculty & Staff Survey

- Four survey sections
  - Demographics
  - Knowledge and attitudes
  - Experiences related to student mental health
  - Employee mental health and wellbeing

86% of faculty/staff perceive student mental health problems to be worse now than when they began their career.



~3/4 of faculty report having 1:1 conversations with students regarding mental health.

(Data source: Healthy Minds Faculty/Staff Survey, AY 2022-2023)

73% of faculty report having 1:1 phone, video, or email conversations with students in the past 12 months about student mental health

Likelihood of mental health conversations varies by…

Faculty academic discipline

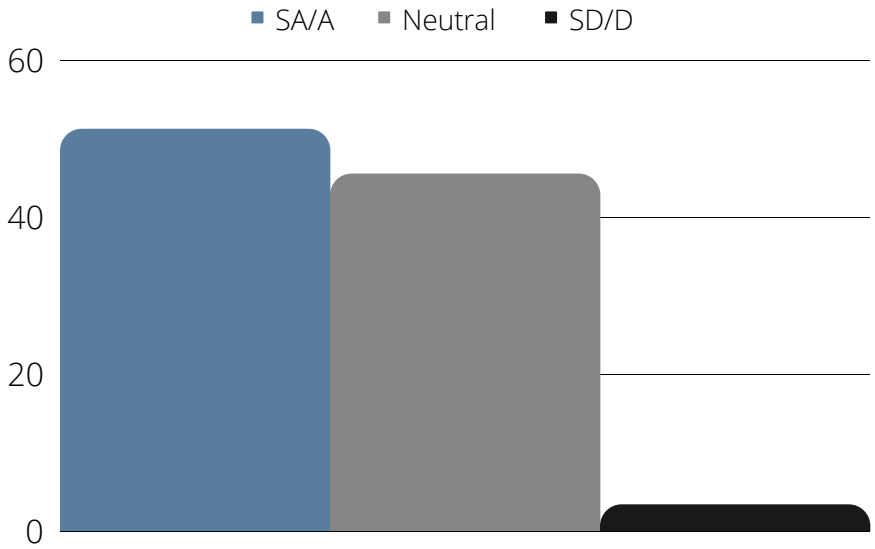
- + Humanities, arts
- - Business, law, science, math

Faculty gender

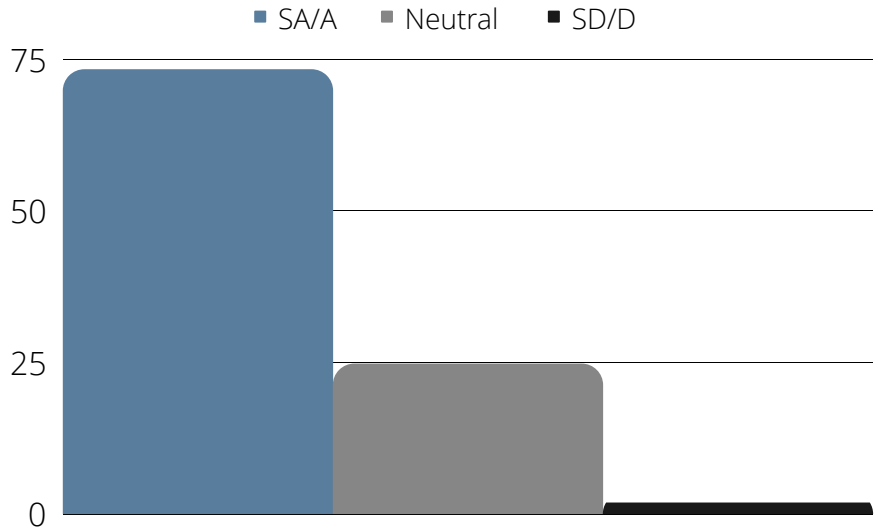
- + female, trans and nonbinary
- - male

3/4 of faculty likely to reach out if a student is in distress, but only 1/2 have a good idea of how to recognize this.

I have a good idea of how to recognize that a student is in emotional or mental distress.



If I think a student is experiencing emotional or mental distress, I am likely to reach out.



(Data source: Healthy Minds Faculty/Staff Survey, AY 2022-2023)

Faculty do not want to “make students feel uncomfortable” and feel that “someone else is better suited.”

Which of the following are reasons why you would not reach out to a student if you thought they were experiencing emotional or mental distress?

I would not want to make the student feel uncomfortable (24%)

Someone else is better suited to do this (21%)

I worry I could make things worse (21%)

I’m unsure of what to do/say to a student (20%)

I don’t feel safe (9%)

I would feel uncomfortable doing so (9%)

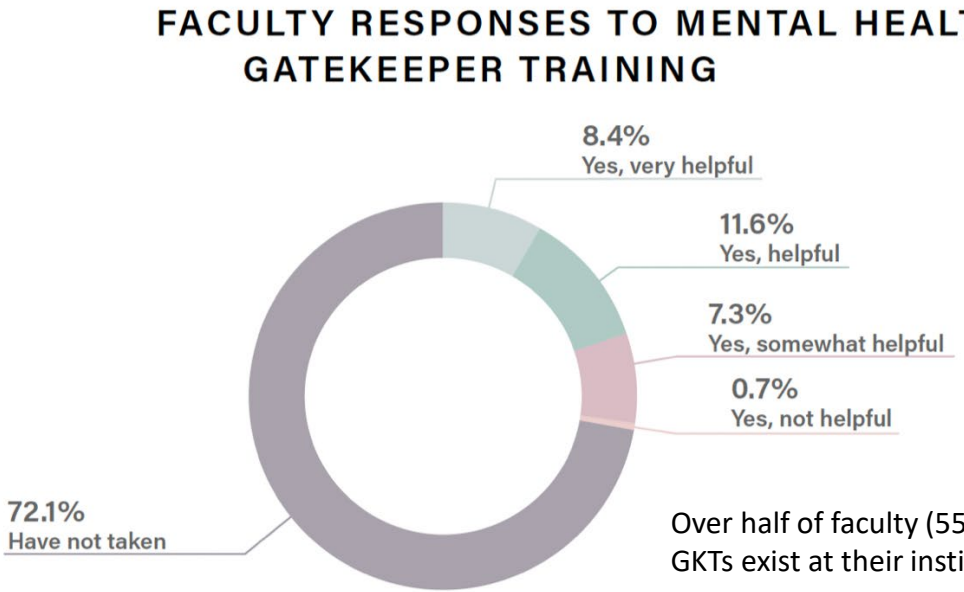
I don’t have enough time (8%)

It’s none of my business (5%)

It’s not my responsibility (3%)

(Data source: Healthy Minds Faculty/Staff Survey, AY 2022-2023)

Most faculty have not participated in a 'gatekeeper training program', but those who have, found it helpful.



Over half of faculty (55.8%) report that they do not know if GKTs exist at their institution.

Mental health work toll on faculty

How much do you agree or disagree with the following statements?:

In the past 12 months, my job has taken a negative toll on my mental or emotional health. (53% agree)

- 21% SA/A that supporting students in mental/emotional distress has taken toll on their own mental health
  - 27% female, 32% trans and non-binary
  - 13% male

Faculty perceptions of mental health services point to opportunities for improvement.

	% of faculty strongly agree/agree
"I know what mental health services, if any, are available for faculty members at my institution"	52.7%
"At my institution, there are adequate resources and services to support faculty mental health"	22.7%
"At my institution, there are adequate resources and services to support student mental health"	37.7%
"My institution should be investing more resources to support faculty mental health and wellbeing"	53.1%
"In the past 12 months, I needed help for emotional or mental health problems/challenges such as feeling sad, blue, anxious or nervous"	31.7%

(Data source: Healthy Minds Study for Faculty, AY 2022-2023)

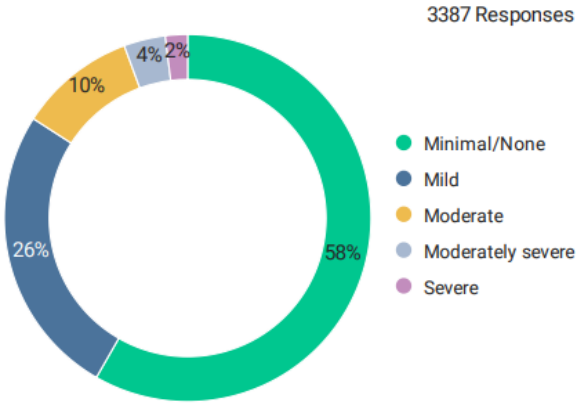
42% of faculty/staff report at least mild symptoms of depression.

40% report at least mild symptoms of anxiety.

DEPRESSION SCREEN

Depression is measured using the Patient Health Questionnaire-9 (PHQ-9), a nine-item instrument based on the symptoms provided in the Diagnostic and Statistical Manual for Mental Disorders for a major depressive episode in the past two weeks (Spitzer, Kroenke, & Williams, 1999).

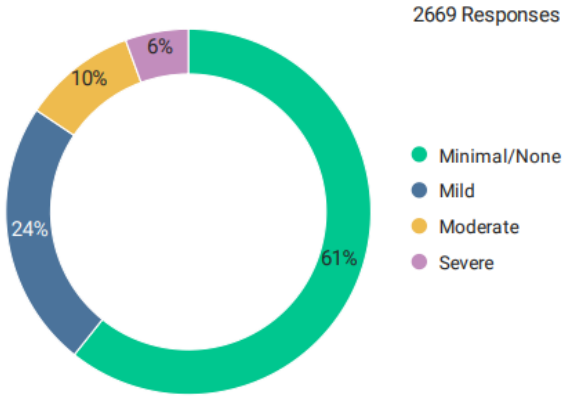
Following the standard algorithm for interpreting the PHQ-9, symptom levels are categorized as severe (scores ≥20), moderately severe (scores 15-19), moderate (scores 10-14), mild (scores 5-9). There is no name for the category of scores from 0-4, so we use "minimal/none."



ANXIETY SCREEN

Anxiety is measured using the GAD-7, a seven-item screening tool for screening and severity measuring of generalized anxiety disorder in the past two weeks (Spitzer, Kroenke, Williams, & Lowe, 2006).

Following the standard algorithm for interpreting the GAD-7, symptom levels are categorized as severe (scores ≥15), moderate (scores 10-14), mild (scores 5-9), and minimal/none (scores 0-4).

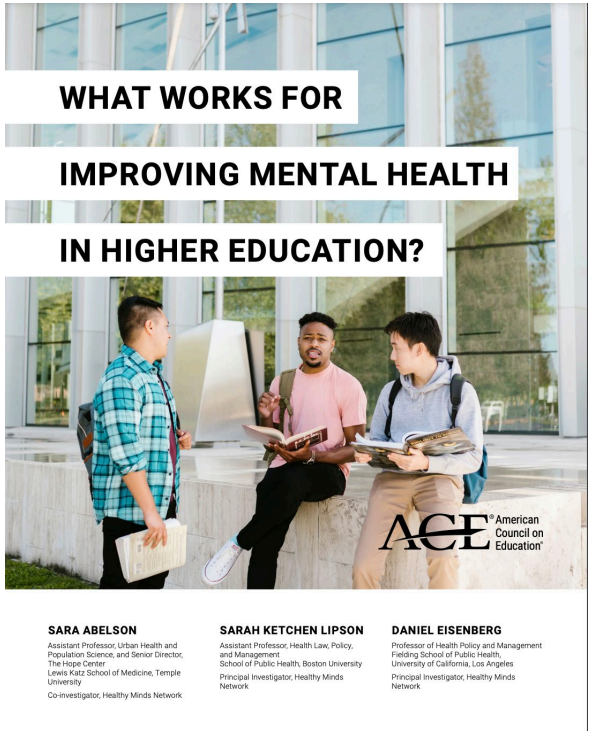


Mental Health in College Populations: A Multidisciplinary Review of What Works, Evidence Gaps, and Paths Forward

Sara Abelson, Sarah Ketchen Lipson, and Daniel Eisenberg

Contents

https://link.springer.com/referenceworkentry/10.1007/978-3-030-66959-1_6-1



https://www.acenet.edu/Documents/What-Works-Mental-Health.pdf

Thank you!

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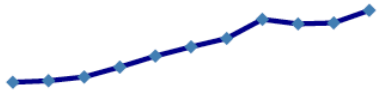
What we know about students who seek mental health services

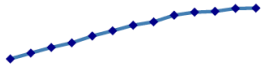
2023 Annual Report from Center for Collegiate Mental Health (CCMH)

N = 185,114

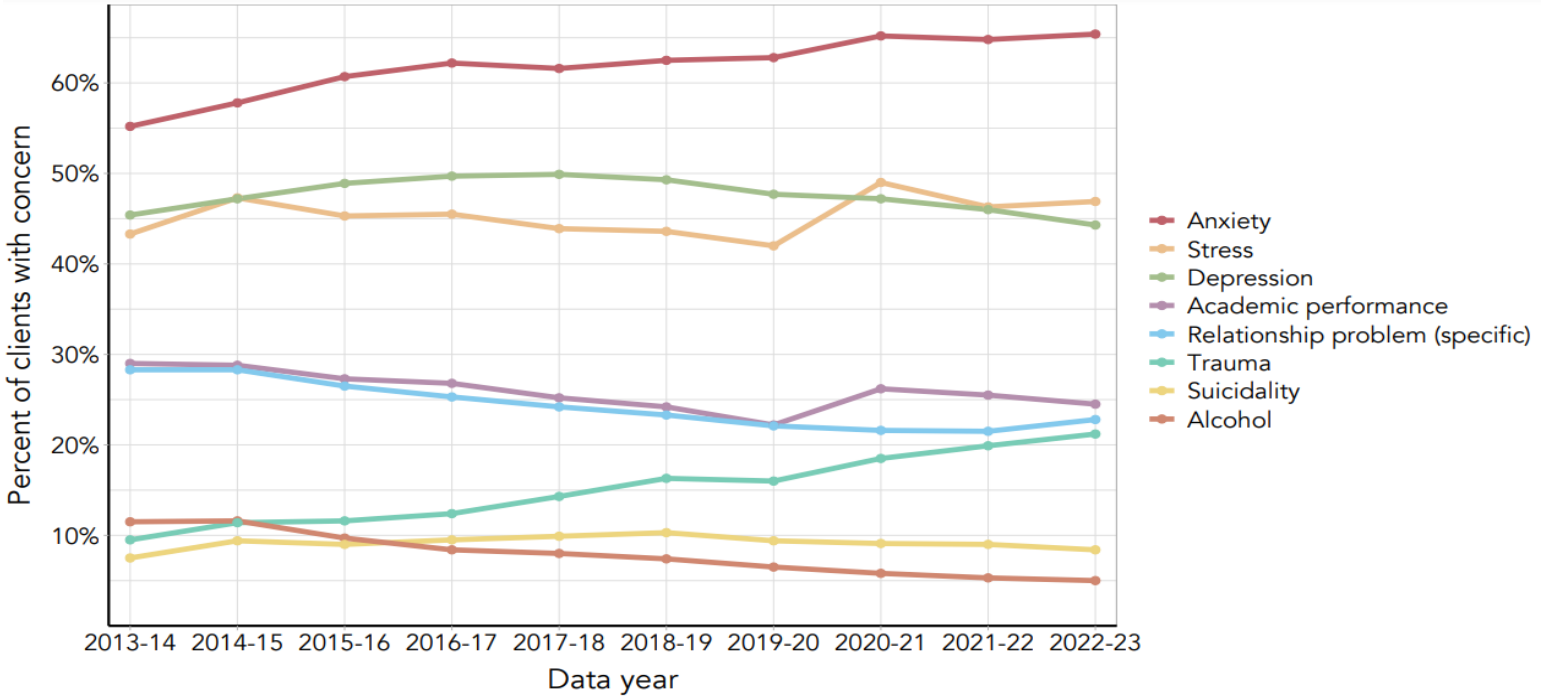
Prior Treatment Trends (11 years)

Item	11-Year Change	2012-2023	Lowest	Highest	2022–2023
Prior Treatment					
Counseling	+13.3%		47.8%	61.1%	61.1%
Medication	+5.1%		32.4%	37.5%	37.5%
Hospitalization	-0.9%		8.0%	10.3%	9.2%

CCAPS-62 Self-Reported Distress: 13-year Trends

Item	13-Year Change	2010-2023	Lowest	Highest	2022–2023
CCAPS-62					
Depression	+0.23		1.59	1.84	1.82
Generalized Anxiety	+0.29		1.61	1.91	1.91
Social Anxiety	+0.32		1.82	2.14	2.14
Academic Distress	+0.08		1.85	2.05	1.93
Eating Concerns	+0.11		1.00	1.12	1.11
Frustration/Anger	-0.06		0.96	1.04	0.99
Substance Use	-0.20		0.57	0.77	0.57
Family Distress	+0.16		1.29	1.45	1.45

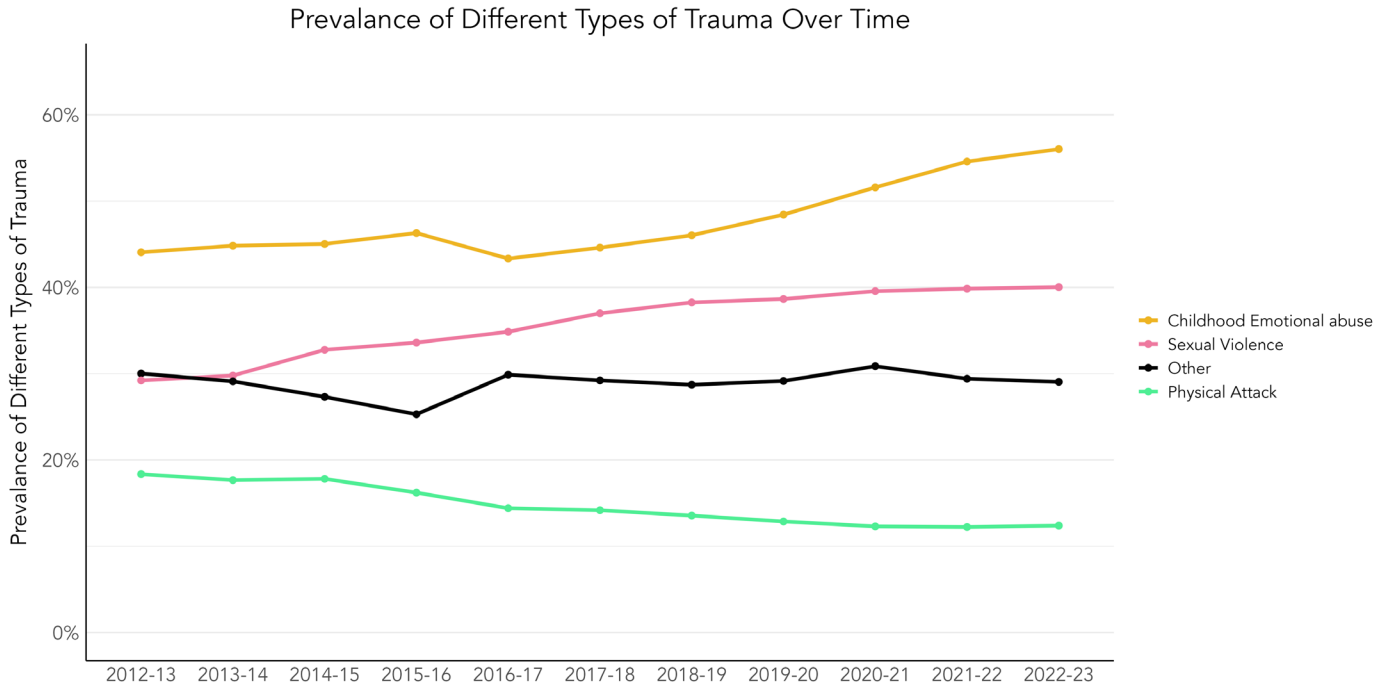
Clinician Report - 10 Year Trends- Check All



Traumatic Experiences Trends (11 years)

Item	11-Year Change	2012-2023	Lowest	Highest	2022–2023
Traumatic Experiences					
Had unwanted sexual contact(s) or experience(s)	+8.3%		18.9%	27.4%	27.3%
Experienced harassing, controlling, and/or abusive behavior	+6.2%		32.8%	39.6%	39.4%
Experienced traumatic event	+9.3%		37.5%	46.8%	46.8%

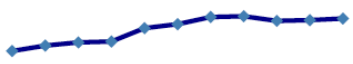
Traumatic Experiences Trends (11 years)



Threat to Self Trends (11 years)

Item	11-Year Change	2012-2023	Lowest	Highest	2022–2023
Threat-to-Self					
Non-Suicidal Self-Injury	+5.4%		23.0%	29.1%	28.4%
Serious Suicidal Ideation	+4.4%		30.1%	36.9%	34.4%
Serious Suicidal Ideation (last month)	-0.6%		6.1%	8.2%	6.3%
Suicide Attempt(s)	+2.0%		8.7%	10.9%	10.6%
Some Suicidal Ideation (past 2 weeks)	+1.9%		33.9%	39.6%	35.9%

AOD Use and Treatment Trends (11 years)

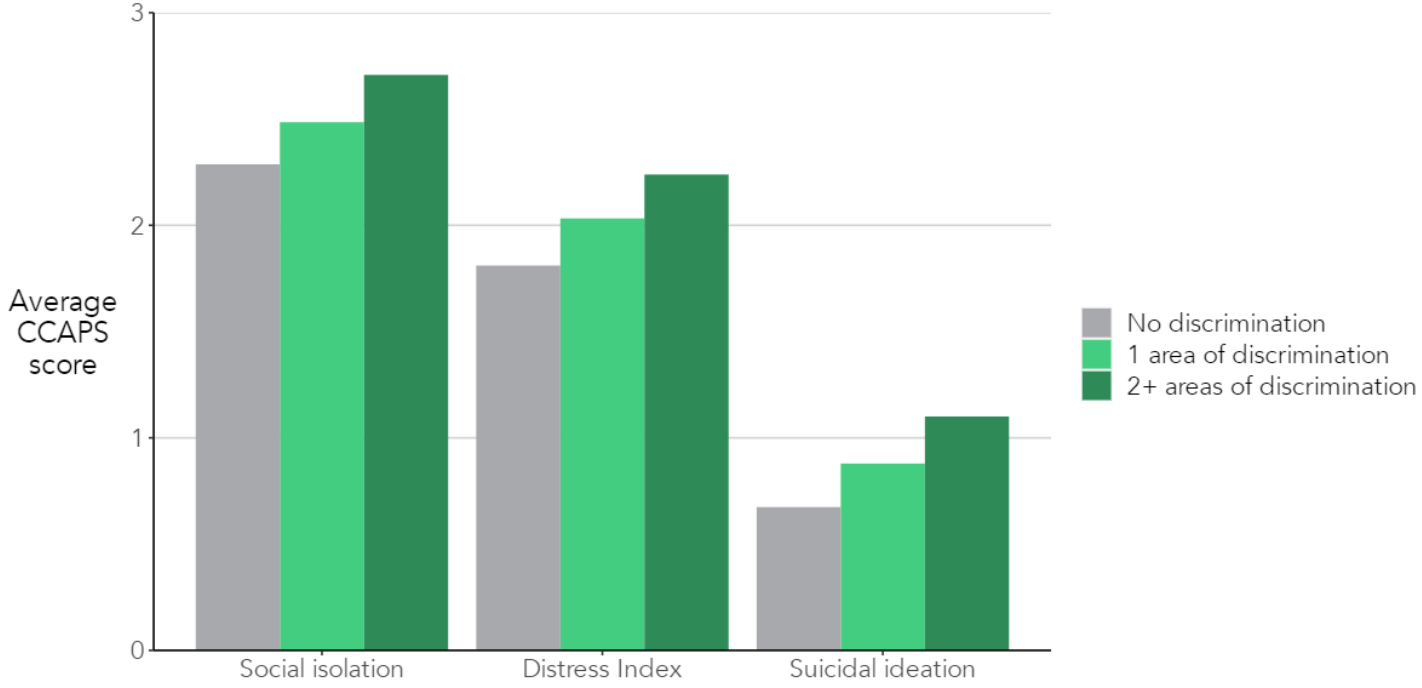
Item	11-Year Change	2012-2023	Lowest	Highest	2022–2023
Drug and Alcohol					
Felt the need to reduce alcohol/drug use	-0.9%		25.6%	27.5%	26.2%
Others concerned about alcohol/drug use	-4.0%		13.0%	17.6%	13.5%
Treatment for alcohol/drug use	-2.6%		1.7%	4.4%	1.8%
Binge drinking	-8.9%		32.6%	41.5%	32.6%
Marijuana use	+4.8%		19.1%	26.0%	25.5%

2023 Special Section: Discrimination Data (2021-2023)

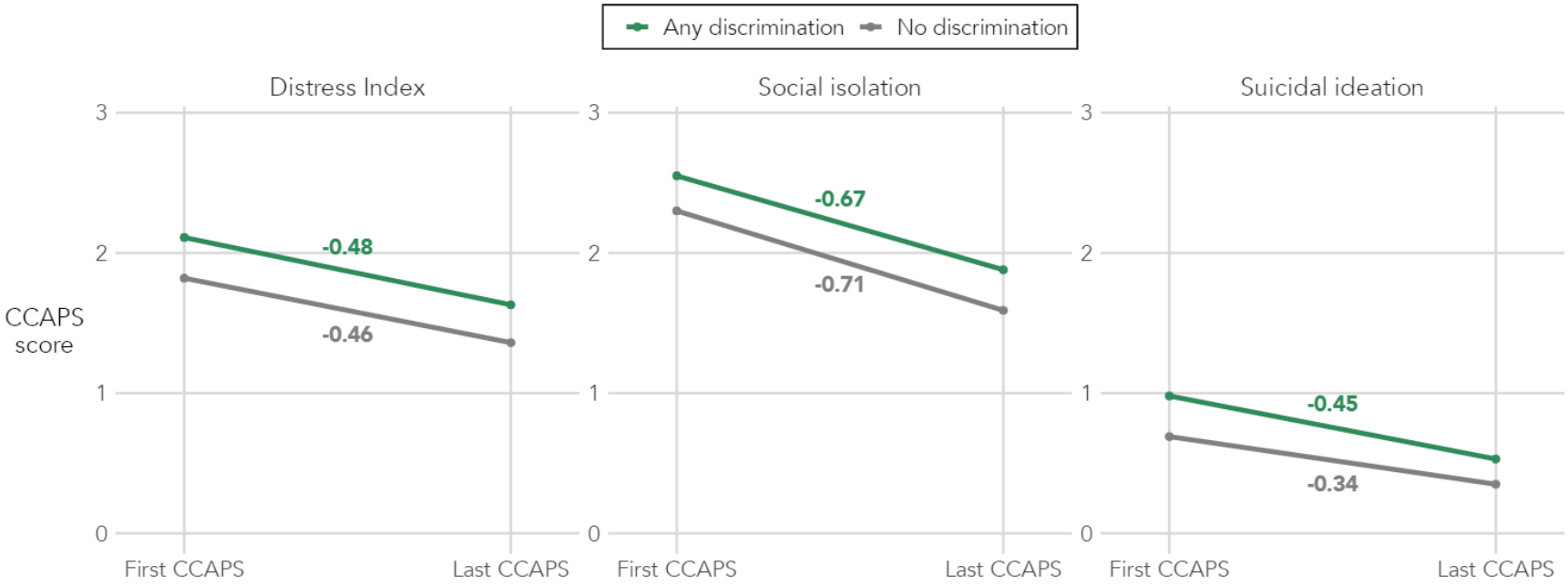
Item added July 1, 2021

In the past 6 months, have you experienced discrimination or unfair treatment due to any of the following parts of your identity?	
Disability	1 Yes 0 No
Gender	1 Yes 0 No
Nationality/Country of Origin	1 Yes 0 No
Race/Ethnicity/Culture	1 Yes 0 No
Religion	1 Yes 0 No
Sexual Orientation	1 Yes 0 No

Discrimination by Social Isolation, Distress, and SI



Changes in Distress, Social Isolation, and Suicidal Ideation

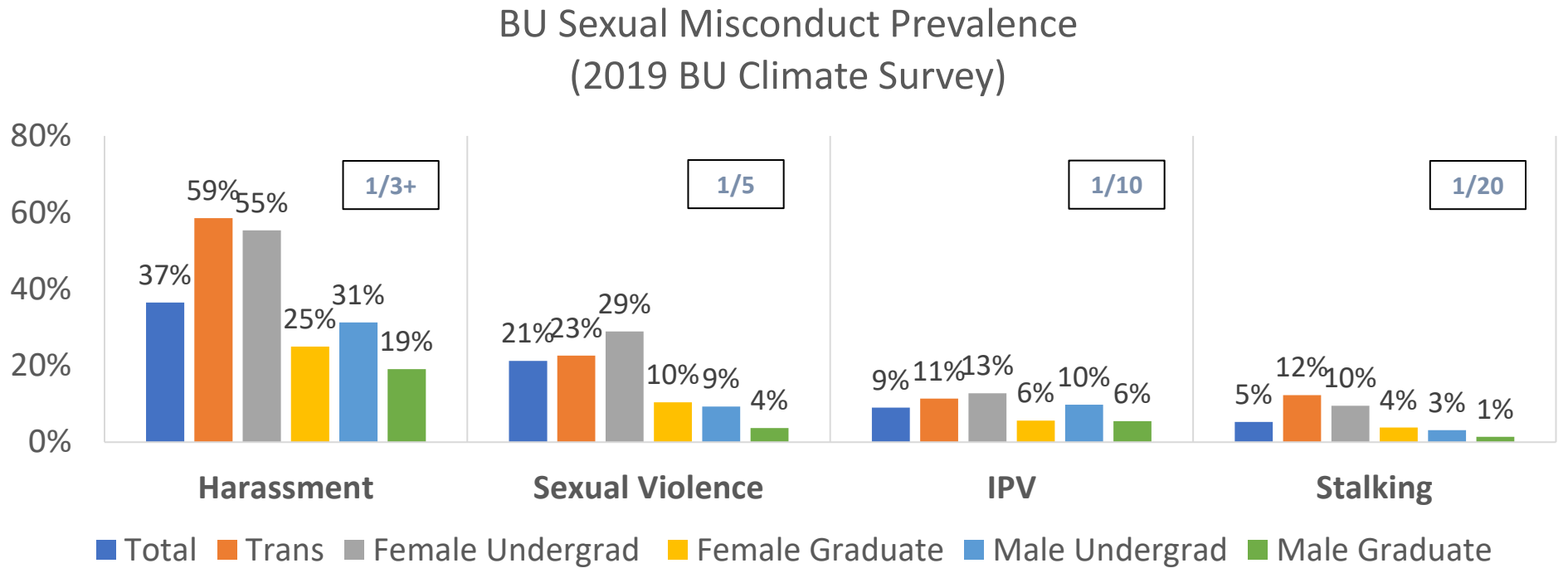


Top Presenting Concerns of Patients and Health Issues Impacting Academics (National Data and BU data)

- Trauma, Anxiety, Depression
- Stress
- Sleep Difficulties
- Covid/Flu/Upper Respiratory Illness
- **80% of students (BU & Nationally) report experiencing academic impairment due to mental health in the past 4 weeks

Sources: Center for Collegiate Mental Health, National College Health Assessment; Boston University, 2023

Students are traumatized at BU



BU Treatment Gap

- Close to 40% of students endorse symptoms of anxiety and/or depression and 20% meet the severe diagnostic threshold (Healthy Minds 2023)
- With our current resources we support approximately 16%
  - 52% of these individuals receive treatment in house
  - 48% work with our case managers for care coordination in the community

Source: Healthy Minds Study; 2022-2023 Data Report

Addressing Mental Health Needs in Higher Ed

Historical Problem

- Low Utilization
- Stigma
- Resource Lack of Awareness

Newer Problem

- Demand>>Supply
- Complicated cultural message that therapy is the only answer to distress
- Issue may not be best addressed in traditional counseling model

A Way Forward

- Robust Clinical Services
- Prevention and Support Services
- Health Promotion/Wellness/Wellbeing Programming

A Way Forward: What this looks like at Student Health Services

Robust Clinical Services

- Individual Counseling, Group Therapy, and Referrals
- Psychiatry and Medication Management
- 24/7 Crisis Response and Advocacy

Support & Skills Training

- Terriers Connect, Step Up Step In BU (SUSIBU), Interrupt
- Relationship Training and Enhanced Residence Life Skills Trainings
- Peer Listening and Support with "All Ears"

Health Promotion/Wellness Programming

- Sex Positivity, Consent Culture, and STI Prevention
- Sleep Kits. Stress Management, Healthy Eating and Body Positivity, Mindfulness
- Collegiate Recovery Program, Alcohol and Drug Education

Reminder of Clinical & Prevention Services at SHS

Services

- **Individual Therapy**
- **Specialized counseling & advocacy for survivors of trauma**
- **Psychiatry/Medication Management**
- **Support & Skills Groups**
- **Connection to Community Resources**
- **Emergency access/ On-call 24/7**
- **Outreach & Prevention Initiatives**
  - **Consultation with faculty and staff**
  - **Step Up Step In BU (SUSIBU)**
  - **Skills Training for Res Life (RA's)**
  - **Terriers Connect**
  - **All Ears Peer Listening**

Things to Know

- **Confidential services**
- **Average wait time for first appointment is 3 days**
- **Telehealth and In Person visits**
- **Contracted additional Telehealth with Mantra**
- **Fees are covered by tuition**

Next Up:

Panel Discussion Exploring How We Are Doing as a Village…

Trends and Resources

Hopes for supports, resources, collaborations?

Student Health Services

University Services Center

Dean of Students Office

Student Wellbeing Office

BU School of Public Health

Center for Psychiatric Rehabilitation

Caring for You

Nathan Q. Brewer, PhD, LICSW
Director, SARP

1. Recognize vicarious stress.

2. Keep the frame.

3. Pause. Reset. Nourish.

4. Use your resources.

1. Recognize vicarious stress.

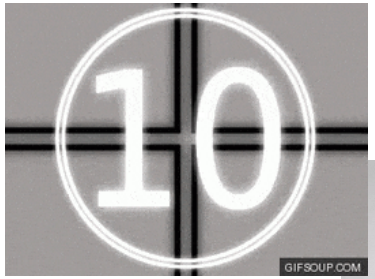
Secondary Traumatic Stress	Compassion Fatigue	Burnout
• "Emotional duress that results [from] hearing the firsthand trauma experience of another." (NCTSN)	• "Diminished capacity to care as a consequence of…exposure to the suffering of [others]." (Cavanagh 2020)	• Exhaustion, Cynicism, Inefficiency (Maslach 2001)

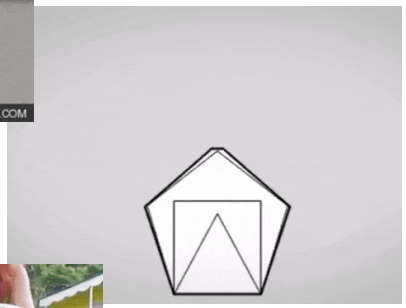
2. Keep the frame.

- **Role & Responsibilities**
  - Most big problems shouldn’t be handled alone.
  - What is my work? What is shared? What is better done by others?
- **Boundaries**
  - We all need to protect ourselves and our teams.
  - Am I true to my position, policies of my department, and values?
- **Mind Your Exceptions**
  - When outside your position, policies, or procedures know why. And know your limits.
  - Is this exception sustainable long term? Do others agree with this exception?

3. Pause. Reset. Nourish.

- **Pause**
  - Slow down or stop, check in with yourself and your feelings
- **Reset**
  - Actively do something towards being steadier, more calm, confident, and focused
- **Nourish**
  - Soak up the positive, replenish your mind-body-spirit





3. Pause. Reset. Nourish.

TIMING	PAUSE	RESET	NOURISH
Before	Take a few minutes to do a self check-in before starting	Imagine closing a book on what was, opening a new book for what can be	Watch a funny or uplifting video
During	Take a deep breath	Remind yourself you are not alone in this	Keep a joyful picture or memento on your desk
After	Do box breathing for a few minutes	Walk outside, chat with a colleague	Name what is meaningful to you about your work
Long Term	Take time off from work and responsibilities	Use time off to recoup, rest	Seek out joy outside of work

4. Use your resources.

- Mutual aid, colleague support
- Supervisor, manager
- Consults with other departments (e.g., SHS, DOS)

- Headspace
- Faculty & Staff Assistance Office (FSAO)

- Ask yourself and your team:
  - How can we best structure our work to support each other, as well as the students we serve?

4. Use your resources: FSAO

- FSAO Workshops & Groups
  - Archived videos of workshops
  - The Art of Connection: Build Closer Relationships Through Mindful Communication
    - (tonight, 2/15, noon & 8pm)
  - Prioritizing Rest & A Good Night's Sleep
    - (3/28, noon & 8pm)

- FSAO Services
  - Free and confidential short-term counseling
  - Referrals for mental health and substance use treatment
  - Referrals to community resources
  - Crisis support (critical incident response)
  - Management consultation
  - Training and education
  - Resources to promote well-being

Thank you!