Mental Health Problems on Campus
A Comparison of National and UM Issues and Programs

INTRODUCTION:

In recent years campuses have experienced an increasing number of problems related to disruptive students and students with mental health conditions. Campuses have responded in a variety of ways; the most effective have taken a broad campus-wide approach. This paper provides a brief review of the problem, recommended components of an effective program, a summary of current efforts at UM and suggested areas of unmet needs.

SCOPE OF THE PROBLEM:

- Of high school youth, 28.3% are clinically depressed, 19% seriously consider suicide, 14% make a plan and 8.8% attempt suicide per year.[1]
- Between 1989 and 2001 the number of college students diagnosed with depression doubled and the number of suicides tripled.[2]
- Between 2000 and 2004 the percent of college students diagnosed with depression increased from 10.3% to 14.9%.[3]
  - At UM the percent increased from 7% to 13% for men and from 18% to 23% for women.[3]
  - Of the approximately 5400 students seen each semester in the CHC Medical Clinic 11.7% were seen for mental health conditions in Fall 2002, increasing to 14.7% in Fall 2004.
- Of college students, 11.7% are diagnosed with depression, 9% have seriously considered suicide and 1.5% attempted suicide with in the past year.[3]
  - UM survey numbers similar[3]
  - Of the 1028 students using CAPS in AY 2003-04 (excluding Self Over Substance visits), 196 (19.2%) acknowledged past or present suicidal ideation or behavior; 119 (11.6%) were judged by therapists to be high enough risk to warrant closely monitored follow-up. Experience in fall 2004 was similar.
- Suicide is the second leading cause of death between ages 20-24[4], second only to accidents, mostly motor vehicle related.
- The rate for college students is 7.5 per 100,000 students, compared to 15/100K non-students matched for age, gender and race.[5]
- Graduate students comprise up to 32% of campus suicides.[5]
- Eighty-five percent of counseling center directors surveyed reported an increase in severe psychological problems over the past 5 years and half reported an increase in self-harm during the same period.[6]

EFFECT ON STUDENT LEARNING:

- 5% of students end their college career prematurely due to psychiatric disorders[7]
- 77% of students using counseling report they were more likely to stay in school and performed better on schoolwork.[8]
- Students with A or B average are more likely to seek counseling.[2]

EFFECTS ON CAMPUS:

- Students receiving counseling have been found to have a 14% higher retention rate and retention was found to be positively related to the number of sessions attended.[9]
- Self-destructive students often disrupt the learning environment for other students.[10]

- Some mentally ill students exhibit disruptive behavior in classrooms and living quarters.
- Residence Life staff report an increased severity of disruptive behavior and an increased number of disruptive students, many of whom appear or claim to have mental health problems.
- The Dean of Students reports an increased number and severity of conduct code violations involving disruptive students, many of whom appear or claim to have mental health problems.
- An increasing number of students are withdrawing from school for medical reasons, 60-65% for mental health problems.
- Concerned faculty, staff and friends devote considerable time and effort into helpful endeavors.
- Parents have complained that their student's attention to school is distracted by roommates and friends with psychiatric problems.
- The risk of self harm creates anxiety for all those dealing with these students, raising issues of confidentiality and potential duty to protect.
- Although courts have not found that a "duty to protect" exists, parents and families increasingly seek to hold universities liable for student suicide.[11]
- Mental health problems are intimately related to drug and alcohol abuse and campus violence, a discussion of which is beyond the scope of this paper.

COMPONENTS OF QUALITY PROGRAMS:
The Jed Foundation and the National Mental Health Association[12] identify the following as components of a quality suicide prevention program:
- Screening Programs
- Targeted Education Programs for faculty, staff, RA's
- Broad-based campus-wide public education
- Educational programs and materials for parents and families
- On-site counseling center
- On-site medical services
- Off-campus referrals
- Emergency services
- Postvention programs
- Medical leave policies
- Stress reduction programs
- Non-clinical student support networks

The Suicide Prevention Resource Center, in a white paper prepared for the US Dept. of Human Services[13], added the following to the list:
- Leadership to promote mental health and suicide prevention
- Life skills development
- Means restriction
- Social marketing
- Social network promotion

The Surgeon General's Call to Action to Prevent Suicide 1999[14] also stressed the need to:
- Improve the ability of primary care providers to recognize and treat depression, substance abuse and other major mental illnesses associate with suicide risk
- Increase the referral to specialty care when appropriate

There is broad consensus on the need for clear institutional policies and protocols and broad administrative and faculty involvement in dealing with self-harm and suicide prevention on campus.[9,11,12,13,14,15]

Developing programs to respond to these evolving mental health needs in the diverse atmosphere of university campuses creates additional challenges.

CURRENT EFFORTS AT UM:

Screening Programs
- Participation in National Depression Screening Day, coordinated with community agencies
- Offer access to U-Lifeline on-line screening on CHC web page

Targeted Educational Programs
- Extensive training for Residence Life staff to recognize, deal with or refer at risk or potentially problematic students
- Consultation with Law School faculty and the Montana State Bar to reduce the stigma of seeking mental health care
- Depression education seminar for students by CAPS staff

Educational programs for parents and families
- Participation in summer orientation programs

On-site counseling center

	US Average	UM
Ratio of professional staff to students	1:1574	1:1873
Ratio of psychiatry hours/wk to students	2.6/1000	2.5/13000

- Individual, couples and group therapy; numerous programs; crisis intervention; 24/7 availability
- Expanded student training programs both increase service to students and contribute to the educational goals of the university.
- Native American graduate student provides culture sensitive services.
- Social work practicum established this semester to aid in follow-up care.

On-site medical services
- Physicians and Nurse Practitioners skilled in the diagnosis and management of mental health conditions; same day service; 24/7 availability; in-patient care.

Enhance skills of primary care providers
- In-services by local mental health professionals
- MD/NP mentoring program to enhance NP skills in dealing with less serious mental health patients
- MD educational programs to enhance skills in dealing with more complex mental health patients
- MD/CAPS joint meetings to enhance coordination of services and discuss difficult cases

Crisis management
- Crisis appointments available daily in CAPS
- Medical and mental health care available 24/7 when school in session

Connection to community resources
- Collaboration with St. Patrick Hospital mental health in-patient care
- Participation on MCCHD suicide prevention committee
- Maintain a referral system to community providers

- Enhanced connections with the Missoula Indian Center

QI/Risk Management
- Suicide risk assessed in all CAPS clients and special attention paid to those at risk
- Benchmarking of follow-up care provided in Medical Clinic

Postvention Action
- Outreach provided to affected individuals and departments
- Initial steps taken to form a Student Affairs incident team

UNMET NEEDS:
- Increased psychiatric services.
- Continued recruitment of diverse professional staff and training for existing staff on cultural differences in mental health care.
- Educational programs for students, parents, faculty, staff and administrators to:
  - clarify roles and responsibilities;
  - create a climate of support for those with mental health problems;
  - increase awareness of resources.
- Improve coordination of responses to incidents.
- Clarification and articulation of how the conduct code applies to disruptive behavior apparently stemming from mental illness, especially threats or acts of self-harm.
- Further integrate policies and programs addressing mental health issues with those addressing alcohol abuse and campus violence.

Proposals to meet some of these needs will be developed in the upcoming months.

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Prepared by Dave Bell, MD
Director, Curry Health Center
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