

Presentation to Tunxis Community College

College Mental Health

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College-Age Population Stats

- 75 percent of lifetime cases of mental health conditions begin by age 24. <http://www.nimh.nih.gov/science-news/2005/mental-illness-exacts-heavy-toll-beginning-in-youth.shtml>.
- Almost 73 percent of students living with a mental health condition experienced a mental health crisis on campus. (www.nami.org/collegereport)
- Yet, 34.2 percent reported that their college did not know about their **crisis**. (www.nami.org/collegereport)

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College-Age Population Stats

- One in four young adults between the ages of 18 and 24 have a diagnosable mental illness. <http://www.stopstigma.samhsa.gov/publications/collegelife.aspx?printid=1&>
- More than 25 percent of college students have been diagnosed or treated by a professional for a mental health condition within the past year. <http://www.stopstigma.samhsa.gov/publications/collegelife.aspx?printid=1&>
- More than 80 percent of college students felt overwhelmed by all they had to do in the past year and 45 percent have felt things were hopeless. <http://www.stopstigma.samhsa.gov/publications/collegelife.aspx?printid=1&>

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College-Age Population Stats

- 64 percent of young adults who are no longer in college are not attending because of a mental health related reason. www.nami.org/collegereport
- **Depression, bipolar disorder** and **posttraumatic stress disorder** are the primary diagnoses of these young adults. www.nami.org/collegereport
- 31 percent of college students have felt so depressed in the past year that it was difficult to function and more than 50 percent have felt overwhelming anxiety, making it hard to succeed academically. http://www.acha-ncha.org/docs/ACHA-NCHA-II_ReferenceGroup_ExecutiveSummary_Spring2012.pdf.

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College-Age Population Stats

- More than 45 percent of young adults who stopped attending college because of mental health related reasons did not request accommodations. . http://www.acha-ncha.org/docs/ACHA-NCHA-II_ReferenceGroup_ExecutiveSummary_Spring2012.pdf.
- 50 percent of them did not access mental health services and supports either. . http://www.acha-ncha.org/docs/ACHA-NCHA-II_ReferenceGroup_ExecutiveSummary_Spring2012.pdf.

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Mental Illness on Campus

Contributing Factors to Increased Demand for Counseling Services:

- early diagnosis; better treatment
- overall lessening of social stigma re: mental illness
- greater adjustment stress of diverse student population
- limited access to off-campus services (high cost of private care; insufficient insurance)
- increased stress associated with the 24/7 pace of campus life (academic, social, etc.)
- adjusting to a world of terrorism; economic uncertainty; political instability

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Reasons for Not Seeking Help

25% of depressed young adults express “intent not to accept a diagnosis of depression” due to:

- Negative beliefs and attitudes toward depression causation and treatment (STIGMA)
- Beliefs that depression should be hidden from family, friends, employers (STIGMA)
- Lack of past helpful treatment experiences

Van Voorhees et al., *Annals of Family Medicine*, 2005

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Campus Suicide

- Suicide is the 2nd leading cause of death among college students
 - Majority of students who die by suicide (≈80%) have never been seen by the counseling service
 - Only ~14% of students report receiving suicide prevention information from their colleges
- Students at risk:
 - Those with pre-existing mental illness
 - Those that develop mental illnesses while in college
 - Those who lack coping and other life skills (or stop their treatments while away from home)

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Precipitating Factors for Suicide

Among all 18-24 year olds who died by suicide:

- Almost 50% were due to intimate partner problems
- Other reasons included:
 - legal/criminal (20%)
 - financial (12%)
 - relationship problem with friend or family (13%)
- Important to attend to youth who have had a recent life event (relationship problem), who are depressed, and a tendency towards impulsiveness, especially within 2 weeks of life event

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Best Practices for Campus Prevention Programs

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What Are You Trying To Do?

- **Disease Prevention**
 - prevent self-injurious behaviors
- **Health Promotion**
 - promote resiliency
 - promote life-enhancing skills
 - promote health maintenance

DIFFERENT GOALS REQUIRE DIFFERENT APPROACHES

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Evidence-Based Interventions

- Needs Assessment (see resources)
- Community education/awareness
 - Engage stakeholders, including senior administration, to form committee/task force on mental health
- Community collaboration around suicide prevention
 - Link with other colleges or groups that are influential in suicide prevention; e.g., the state's Suicide Advisory Board; conduct Mental Health First Aid for staff/students; QPR training
- Social Marketing on Campus
 - Destigmatizing help-seeking for mental health problems
 - Increasing social support – NAMI On Campus; Active Minds
 - Strengthening social networks – veterans, commuters, etc.
 - Honor and support responsible help-seeking

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More Practices

- Stimulate campus-wide cultural change that destigmatizes mental health problems and removes barriers to getting help
- Enhance accessibility of mental health services
- Educate students about the signs and symptoms of suicide and mental illness and where to go to get help
- Provide online self-assessment tools

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More Practices

By teaming up with a school's campus counseling services, psychology club (e.g., Psi Chi), office of disability, office of student affairs, office of diversity, or other groups, school staff can raise awareness of mental health problems and the importance of good mental health—especially during **May** (Mental Health Month – NAMI Connecticut Walk) and the first week in **October** (Mental Illness Awareness Week)

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More Practices

Incorporate Mental Health into Campus Orientation.

- Many new students experience a lot of stress and anxiety. Try to have a mental health provider to speak about different stressors that may occur while in college and where to get help, distribute brochures, do a skit, or/and show a video on tips of how to seek help when in emotional distress (depression or anxiety).

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More Practices

Offer free mental health screenings.

- Work with your school's counseling services to conduct voluntary screenings for depression, eating disorders, and drug/alcohol and/or anxiety disorders.

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More Practices

Restrict Access to Lethal Means

- Limit access to potential sites, weapons, and other agents that may facilitate dying by suicide

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Building an Effective Safety Net

- Clarify and/or institute **transparent policies** regarding parental notification and leave of absence/re-entry
- Ensure **appropriate training** regarding exceptions to confidentiality
- Address **perceived legal barriers** that may affect how to approach students with emotional issues
- Encourage the creation and involvement of a **student mental health advocacy group**
- Need to find a way to help students without punishing them academically.

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Resources

- Jed Foundation
- American Foundation for Suicide Prevention (AFSP)
- National Suicide Prevention Hotline: 1-800-273-8255
- Suicide Prevention Resource Center (SPRC)
- NAMI
- Mental Health America
- NAMI On Campus; Active Minds

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Questions/Answers

Thank You!

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