

Report

Mental Health Status of Miami Students

June 2012

In 2000—at the dawn of the rush of Millennial generation youth to the nation’s universities and colleges—national university health expert Dr. Richard Keeling noted that “one of the greatest achievements of our society” was bringing more students of greater “psychological diversity and complexity” to our universities. He then predicted that one of the greatest challenges would “be making sure they succeed and graduate”. [Keeling, R. (2000). Psychological diversity and the mission of Student Affairs. In NETRESULTS: NASPA’s e-zine for Student Affairs professionals. December 13] The trend to which Keeling referred of increasing numbers of students entering American universities with higher and more complex psychological needs—and the concomitant challenges to educators—had just begun to be noticed. Twelve years later there is ample evidence of this shift, some of which will be presented here, in both the national as well as our own Miami populations. Most if not all faculty who have taught over this period have been impacted by this shift, reflected, for example, in larger numbers of students qualifying for documented disability accommodations, more distressed students appearing to experience emotional struggles as they face the demands of higher education, etc. This newsletter provides a profile of the mental health status of Miami students in the hope that a more informed faculty and staff will be better prepared to meet the challenge to which Keeling refers of facilitating success for all of our students. While it is unrealistic that every student admitted to Miami will be capable of being retained to graduation, the mental health experts of the Student Counseling Service (SCS) believe that optimal retention can only be achieved through a collaborative effort of its staff with a community of faculty and staff informed and educated in recognizing, supporting, and referring these students to appropriate services.

The increases in student mental health needs are reflected in the consistent and steep annual increases in utilization of counseling services at Miami and at colleges and universities across the country in the past decade or more. Charts 1 and 2 show that Miami’s SCS experienced an increase of 134% in the past 14 years in the number of individual clients seen, which corresponds to a more than doubling in the total percentage of the student body seen in a given year from 3.9% in 1997-98 to 8.8% in 2010-11. Over this same period, the total number of sessions provided (individual, group, or psychiatric) per year increased 108% (Chart 3) while the average number of visits per student client remained stable at about 5.5.

National surveys of counseling center directors over the past dozen years report similar trends of increasing demand for service by a student body with increasingly severe psychological needs [Bishop, J., Gallagher, R., and Cohen, D. (2010). College students problems: status, trends, research, in Davis, D. and Humphrey, K. (Eds), College counseling : issues and strategies for a new millennium. American Counseling Association.]. Nonetheless, MU students’ current usage of on-campus mental health services (8.8% of the student body) significantly exceeded the average reported by similar size universities nationally (6.9%) last year (Assn of University and College Counseling Center Directors 2010

CHART 1

Total No. of Individual Clients (New and Updates)

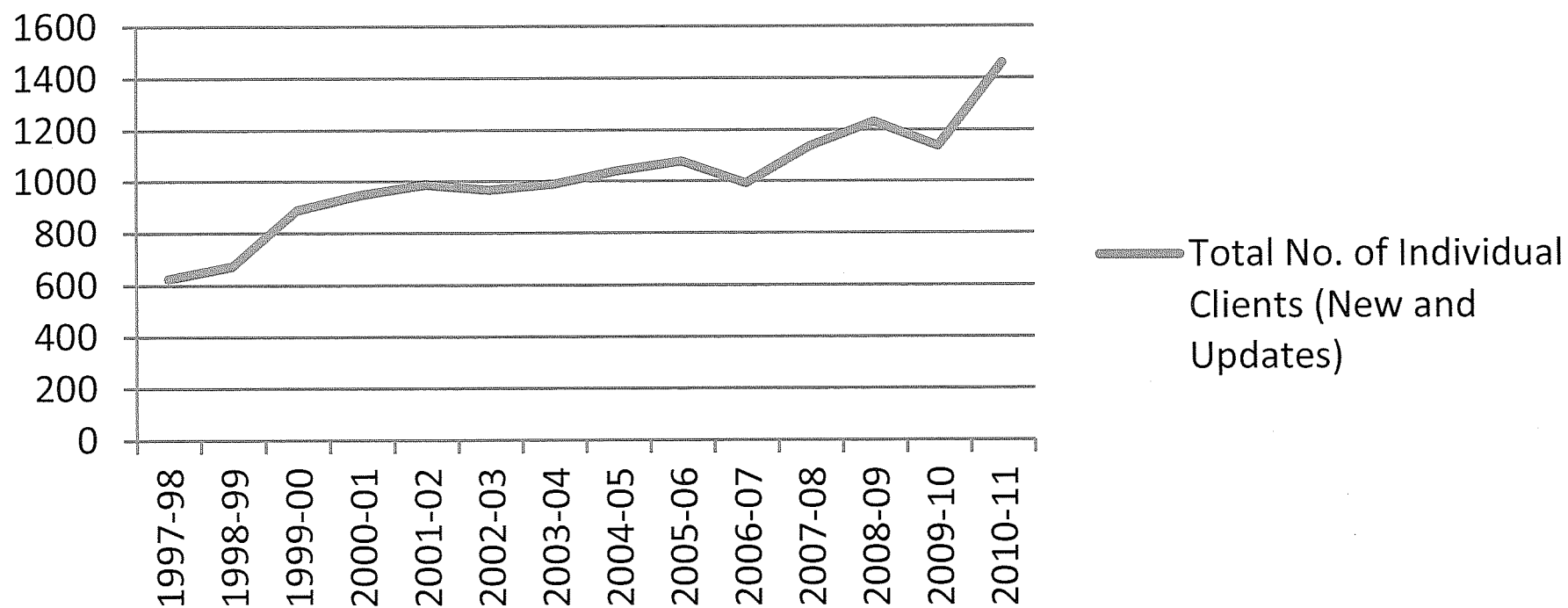


Chart 2

% of Student Body Seen

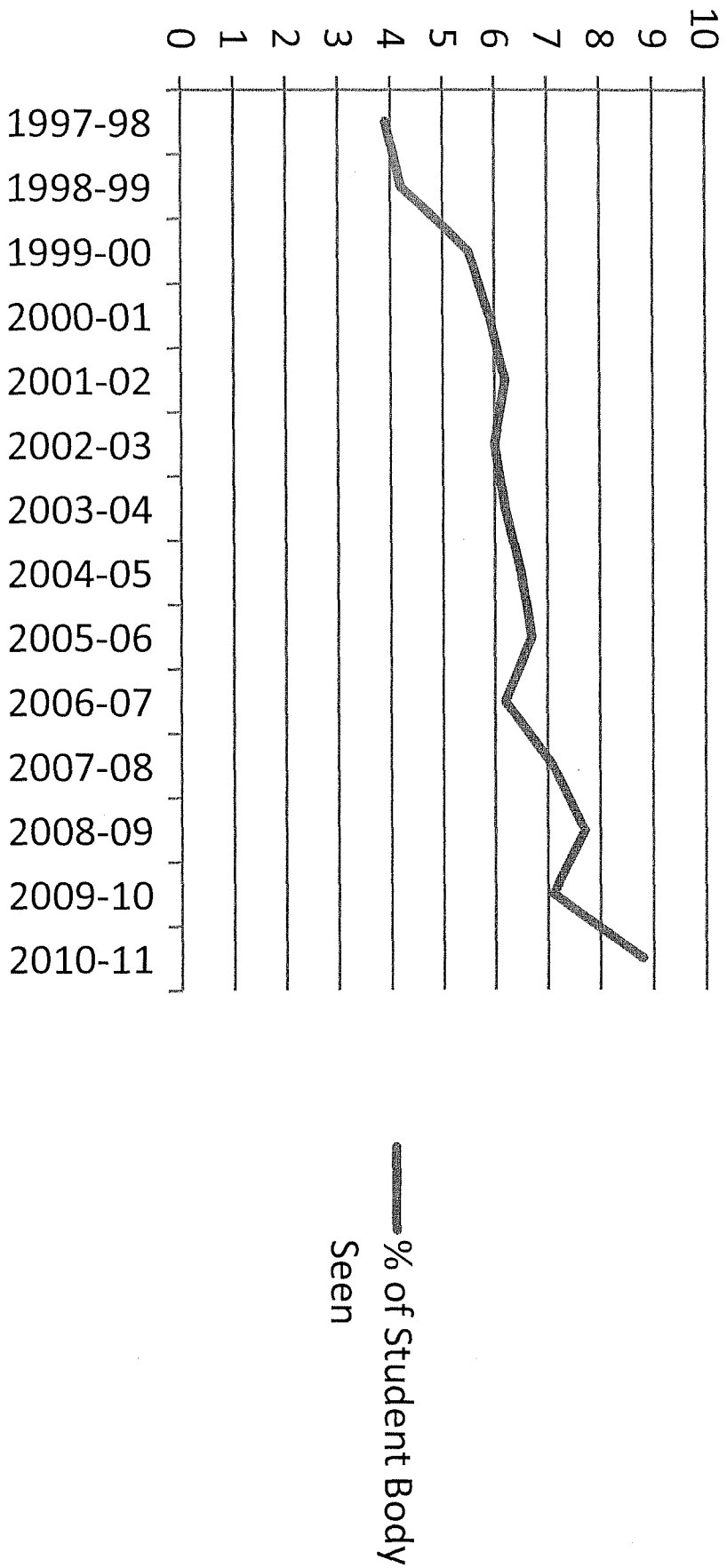
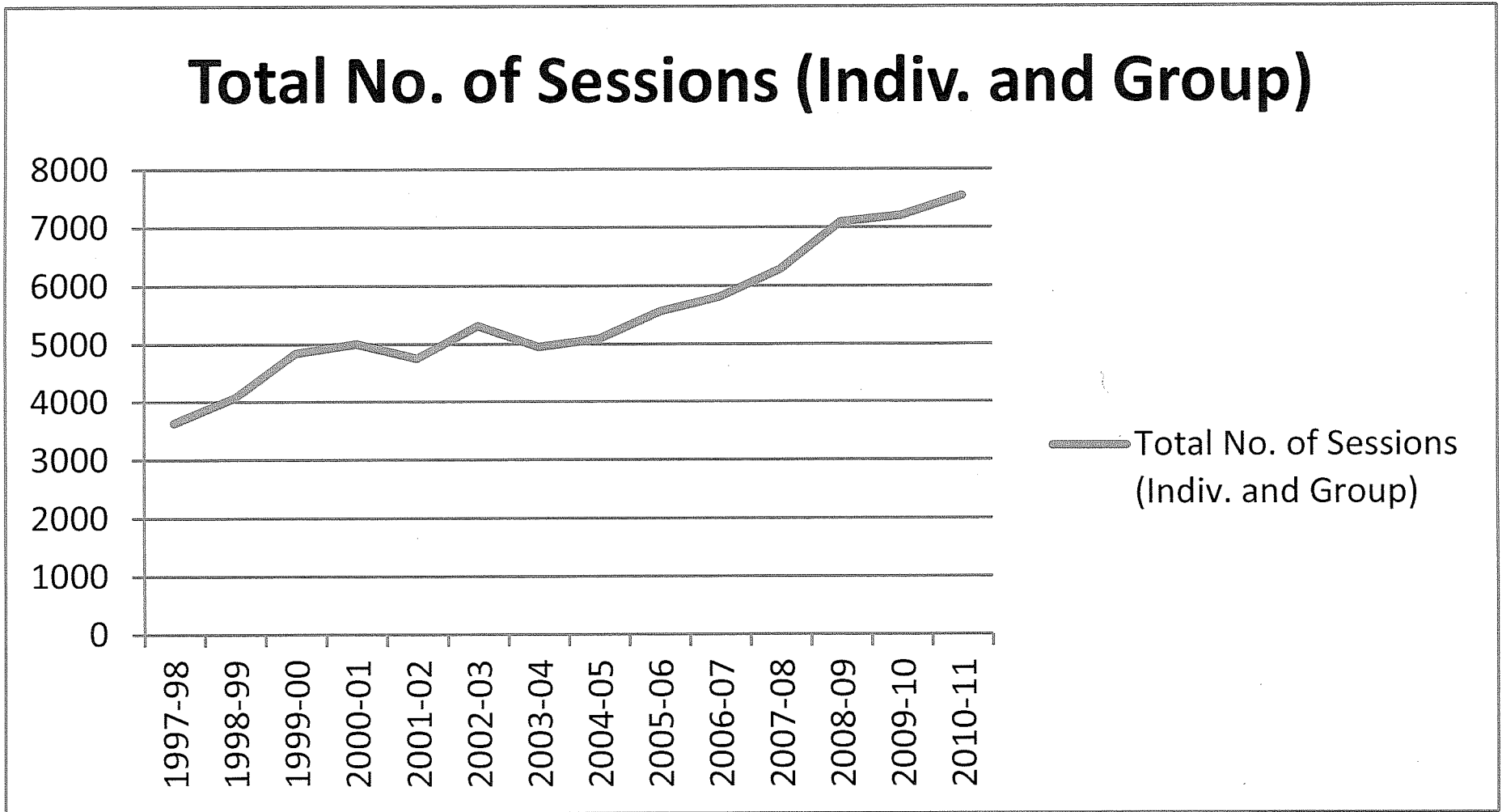


Chart 3



survey), despite the fact that students entered Miami reporting significantly lower expectation that they will seek personal counseling during college than do their national peers (Chart 4; CIRP 2009). These data also conflict with MU students' estimation of their current mental health status: Miami students rate their current mental health as flourishing at a significantly higher rate (61%) than their national peers (52%) (Healthy Minds Study, 2009), despite the fact that they report having been previously diagnosed with a mental disorder at an equal rate as their national peers (27% vs 26%) and they report equal or greater amounts of depression, impairment from depression, anxiety, disordered eating, academic impairment from mental health over the past 4 weeks, non-suicidal self-injury, and suicidality as their national peers (Chart 5) (HMS, 2009).

Two possible conclusions from these data are that Miami students represent a somewhat bi-modal distribution of mental health with one group significantly more distressed than the other, or that Miami students are somewhat poor estimators of their own mental health who tend to over-estimate such health and to minimize or be slow to identify when they are in need of assistance. Analysis of students' attitudes toward mental health treatment strongly supports the latter hypothesis. Chart 6 shows that compared to their national peers, Miami students report significantly higher perceived public stigma (how they think others view) as well as personal stigma (their own view of) re: mental health treatment. Similarly, Miami students report being more likely to think less of someone who has received mental health treatment and to feel that receiving mental health treatment is a sign of personal failure. Related to—and perhaps as a consequence of—these relatively negative attitudes toward mental health treatment, Miami students are significantly less likely than their national peers to “know where to go for professional help for mental health”, despite numerous annual SCS educational outreach activities similar to that at other benchmarked campuses across the country.

What mental health conditions do our students struggle with most? While specific data re: Miami students' mental health prior to arrival on campus are not available, CIRP (2009) data (Chart 4) reveals that incoming first year Miami students are slightly less likely than students at other highly selective public universities to report feeling depressed during the past year, but they are more likely to report feeling overwhelmed by all they had to do. Data for current Miami students (Chart 7), though, show that over a quarter report having been previously diagnosed with a mental disorder, and that this represents no difference from Miami's national peers (HMS, 2009). This chart also lists students' reported previous diagnoses for a wide range of psychological conditions, with the lone statistically significant difference for Miami students compared to their national peers being higher acute stress disorder diagnoses. The most prevalent previous diagnoses reported are depression/mood disorder (13%) and anxiety disorder (13%) followed by attention deficit disorder (8%). These findings closely mirror those reported in Chart 5, which shows that 20% of Miami students score positive on a depression screen while 14% score positive on an anxiety screen. It is also important to note from Chart 5 that 8% of students seriously considered suicide and 2% made a plan for committing suicide in the past year, data that have been consistent for several decades. Finally, while Chart 7 shows that only 3% of students report having previously been diagnosed with an eating disorder, the self-reported behaviors and experiences reported in Chart 5 suggest that many times that in fact meet the criteria for disordered eating, and many of those students may actually meet formal criteria for an eating disorder.

Chart 4

CIRP Survey: Mental Health

2009 CIRP
Table 5B: Mental Health

	Miami University	Public Universities - High Selectivity
For the activities below, indicate which ones you did during the past year.		
Felt depressed		
Frequently	4.6%	4.7%
Occasionally	35.7%	38.8%
Not at all	59.7%	56.5%
<i>Mean</i>	<i>1.45</i>	<i>1.48</i>
<i>Standard deviation</i>	<i>0.58</i>	<i>0.59</i>
Felt overwhelmed by all I had to do		
Frequently	31.6%	25.3%
Occasionally	57.2%	61.0%
Not at all	11.3%	13.7%
<i>Mean</i>	<i>2.20</i>	<i>2.12</i>
<i>Standard deviation</i>	<i>0.62</i>	<i>0.61</i>
What is your best guess as to the chances that you will:		
Seek personal counseling		
Very good chance	7.2%	9.3%
Some chance	26.7%	30.2%
Very little chance	46.6%	47.1%
No chance	19.5%	13.4%
<i>Mean</i>	<i>2.22</i>	<i>2.36</i>
<i>Standard deviation</i>	<i>0.84</i>	<i>0.83</i>

Chart 5

MENTAL HEALTH MEASURES (Healthy Minds Study, 2009)*

<u>Measure</u>	<u>MU</u>	<u>National</u>
<i>Depression (PHQ-9)</i>		
Overall score (0-27)	6.6	6.33
In severe range (20-27)	0.03	0.02
Major depression (positive screen)	0.11	0.09
Other depression (positive screen)	0.1	0.08
Depression overall (positive screen)	0.2	0.17
<i>Impairment from depression</i>		
Not difficult at all	0.38	0.41
Somewhat difficult	0.51	0.5
very difficult	0.1	0.07
extremely difficult	0.01	0.02
<i>Anxiety</i>		
Panic disorder (positive screen)	0.05	0.04
Generalized anxiety disorder (positive screen)	0.11	0.08
Either anxiety disorder (positive screen)	0.14	0.11
<i>Disorder eating</i>		
Weigh less than people think you ought to	0.21	0.2
Eating binges 1 or more times per week	0.18	0.17
Body shape and weight among most important things	0.53	0.52
Need to be very thin to feel good about self	0.16	0.15
Feel fat even though others say you are thin	0.3	0.29
Ever lost period due to low weight (females only)	0.08	0.08
<i>Academic impairment from mental health. Past 4 weeks</i>		
None	0.43	0.46
1-2 days	0.35	0.31
3-5 days	0.12	0.13
6 or more days	0.1	0.1
<i>Non-suicidal self-injury, past year</i>		
Any (total)	0.16	0.16
<i>Suicidality</i>		
Seriously thought about suicide, past year	0.08	0.07
Made a plan for committing suicide, past year	0.02	0.02

*Annual survey conducted by University of Michigan School of Public Health

Chart 6

MENTAL HEALTH STIGMA AND AWARENESS

<u>Measure</u>	<u>MU of Ohio</u>	<u>National</u>	<u>Sig: .05</u>
<i>Stigma about mental health treatment</i>			
<u>Perceived</u> public stigma score (0-5 scale)	2.31	2.09	X
<u>Personal</u> stigma score (0-5 scale)	1.1	0.92	X
...would accept someone who has received MH treatment as a close friend.			
I	0.97	0.96	
Most people	0.8	0.82	
...think less of someone who has received MH treatment			
I...	0.13	0.09	X
Most people...	0.56	0.49	X
...feel that receiving mental health treatment is a sign of personal failure.			
I...	0.23	0.16	X
Most people...	0.64	0.52	X
Knows where to go for professional help for mental health			
Agree or strongly agree	0.63	0.69	X

Chart 7

PREVIOUS DIAGNOSES OF MENTAL DISORDERS

<u>Measure</u>	<u>MU</u>	<u>National Sample</u>	<u>Statistically Significant</u>
<i>Mental disorders</i>			
Any	0.27	0.26	
<i>Depression or mood disorder</i>			
Any	0.13	0.15	
Major depression	0.04	0.04	
Dysthymia	0.03	0.03	
Bipolar	0.01	0.02	
Cyclothymia	0	0.01	
<i>Anxiety disorder</i>			
Any	0.13	0.14	
Generalized anxiety disorder	0.07	0.08	
Panic disorder	0.02	0.02	
Agoraphobia	0	0	
Specific phobia	0	0	
Social phobia	0.01	0.01	
Obsessive-compulsive disorder (OCD)	0.02	0.02	
Acute stress disorder	0.02	0.01	X
Post traumatic stress disorder (PTSD)	0.01	0.01	
<i>Attention or learning disorder</i>			
Any	0.08	0.07	
ADHD	0.08	0.06	
Learning disorder	0.01	0.01	
<i>Eating disorder</i>			
Any	0.03	0.03	
Anorexia nervosa	0.01	0.02	
Bulimia	0.02	0.01	
Binge eating disorder	0.01	0	
<i>Psychotic disorder</i>			
Any	0.01	0	
Schizophrenia	0	0	
<i>Personality disorder</i>			
Any	0.01	0.01	
<i>Substance Abuse disorder</i>			
Any	0.02	0.02	
Alcohol abuse disorder	0.01	0.01	

Comparative data on diagnostic-specific prevalence nationally is not available over the past decade on most diagnoses except for depression which shows an increase from 10% prevalence in 2000 to 15% national prevalence in 2009 [Hunt, J. and Eisenberg, D. (2010). Mental health problems and help-seeking behavior among college students. In *Journal of Adolescent Health*, 46, 3-10]. However, clinical experience suggests that the prevalence of anxiety disorders among our students has markedly increased among this generation. Where depression has traditionally been referred to as “the common cold of mental health” due to it being so prevalent, the profile of contemporary Millennial students clearly shows that not only do more current students “catch” the cold of depression, but also that anxiety disorders have grown dramatically to the point that they rival depression for prevalence, especially among Miami students. As we saw, current Miami students screen positive for depression at a rate of 20% while they also screen positive for anxiety at a rate of 14%, and equal numbers (13%) report having previously been diagnosed with depression as with an anxiety disorder. However, in regard to the clinical profiles of students who seek services at the SCS, Chart 8 shows higher scores on the Counseling Center Assessment of Psychological Symptoms (CCAPS) on both generalized anxiety (1.41 on a scale of 0-4) and social anxiety (1.66) than depression (1.33) over the past year. Similarly, two indices of mental health problems assessed and treated at SCS over the past two years show anxiety problems equal to or greater in prevalence than depression: Chart 9, summarizing selected diagnoses assigned at initial intake, shows that substance disorders (15%), anxiety disorders (14.2%) and then depression/mood disorders (13.6%) are the top three assigned diagnoses. Similarly, Chart 10, summarizing selected conditions treated for student clients who receive more than one treatment/post-intake session at SCS, shows that after adjustment problems (32.2%), anxiety (23.3%) and depression (22.2%) are the next most widely treated issues, with alcohol (10.2%) and other drug (3.9%) issues (14.1% total) being next most prevalent.

The dramatic prevalence of anxiety disorders and substance abuse disorders may be something of a hallmark for this generation of students. This may be understood as an expectable outcome of sorts for a generation that has been noted to have the highest scores on drive for achievement ever recorded at the same time that these students are scoring the lowest of any cohort on measures of frustration tolerance (HERI Research Brief, 2011). Thus, the picture that emerges is that on the whole, this generation expects to do extremely well and achieve highly but it lacks the ability to tolerate the inevitable frustrations and disappointments that come with attempts to reach consistently high levels of achievement, leaving it highly anxious and practicing self-medication through substance abuse. The latter hypothesis is also supported by measures of health behaviors of Miami students compared to national peers (Chart 11) which shows that fully one third of Miami students report binge drinking 3 or more times in the past two weeks, compared to 17 % of their peers nationally. In addition to attempting to seek relief from anxiety and depression through substance abuse, this generation is also seeking and receiving professionally prescribed medication at unprecedented high rates, with 18% of Miami students and 15% of students nationally reporting receiving prescriptions for psychotropic medications in the past year (and fully 25% of Miami students as well as students nationally report receiving medication or mental health therapy in the past year, which unfortunately accounts for only about half of the students who actually screen positive for a mental disorder)(HMS, 2009). The increase in use of psychotropic medications is also reflected in the percentages of Miami SCS clients (22%) and counseling center clients

Chart 8

MU SCS client scores on CCAPS @ intake 2011-12

Sub-scale Average client score

Depression	1.33
Generalized Anxiety	1.41
Social anxiety	1.66
Academic distress	1.74
Eating concerns	0.91
Family distress	0.97
Hostility	0.8
Substance use	0.87

N = 1117

Chart 9

Student Counseling Service
Diagnosis Prevalance at Intake
2010-2011

<u>Disorder</u>	%
<u>Adjustment</u>	10
<u>Anxiety</u>	14.2
<u>Eating</u>	4.1
<u>AD/HD</u>	8.6
<u>Depression/Mood</u>	13.6
<u>Phase of Life</u>	6.3
<u>Psychotic</u>	0.3
<u>Substances</u>	15

Chart 10

**SELECTED CONDITIONS TREATED IN SCS CLIENTS
(5/09/2010 TO PRESENT)**

<u>Condition</u>	<u>% of Clients</u>
Adjustment Problems	32.2
Attention Deficit/Hyperactivity	
Disorder Management	9.8
Acute Stress Disorder of	
Posttraumatic Stress Disorder	2.4
Anxiety Disorder (not Acute Stress, PTSD, OCD, Social Phobia)	23.3
Depressive Disorder (not Bipolar, Grief, or other mood)	22.2
Alcohol Abuse/Dependence	
Treatment	10.2
Drug Abuse/Dependence Treatment	
(other than Alcohol)	3.9
Eating Disorder	4.9

HEALTH BEHAVIORS

(HMS 2009)

<u>Measure</u>	<u>MU</u>	<u>National</u> <u>Sample</u>	<u>Lower*</u>	<u>Higher*</u>
<i>Binge drinking, past 2 weeks</i>				
1 or more time	0.58	0.43		X
3 or more times	0.32	0.17		X
<i>Smoking cigarettes, past 30 days</i>				
Any	0.17	0.18		
1+ cigarette per day	0.04	0.1	X	
<i>Illegal drug, past 30 days</i>				
Any	0.19	0.18		
Marijuana	0.18	0.16		
Cocaine	0	0.02	X	
Heroin	0	0		
Methamphetamine	0	0		
Other psychostimulants				
w/o Rx	0.04	0.03		
Ectasy	0	0.1		
Other	0.02	0.02		
<i>Gambled, past year</i>				
Any	0.23	0.18		X
On 10+ days	0.11	0.06		X
<i>Exercised, past month</i>				
3 or more hours per week	0.59	0.52		X

* p<.05

nationally (25%) taking psychotropic medications now compared to the rates of counseling center client usage of medications nationally in 2000 (17%) and in 1994 (9%) [Bishop, et al].

Given the relative stigma that Miami students report re: seeking mental health services and the apparent slowness with which Miami students recognize their mental health needs, it is clear that concerned faculty and staff are somewhat likely to encounter students whose emotional needs are significantly impacting their academic—not to mention their interpersonal and social—functioning, and thus often play a critical role in responding to such needs. Knowing when and how to intervene or respond to students in distress can be a significant challenge for faculty and staff. The SCS has a program, the Campus Assistance Program, which trains faculty and staff on how to identify, engage and approach, and refer where appropriate students who appear to be struggling with an emotional problem or are otherwise in psychological distress. Departments or other functional work units may contact Kip Alishio, Director, SCS, at alishikc@muohio.edu or Pam Wilkins, Associate Director, at wilkinpl@muohio.edu for more information on scheduling such a program. Finally, information on how and when to refer a student to counseling services can be found at <http://www.units.muohio.edu/saf/scs/information/index.php>.