

Mental Health Trends, Strategies, and Resources

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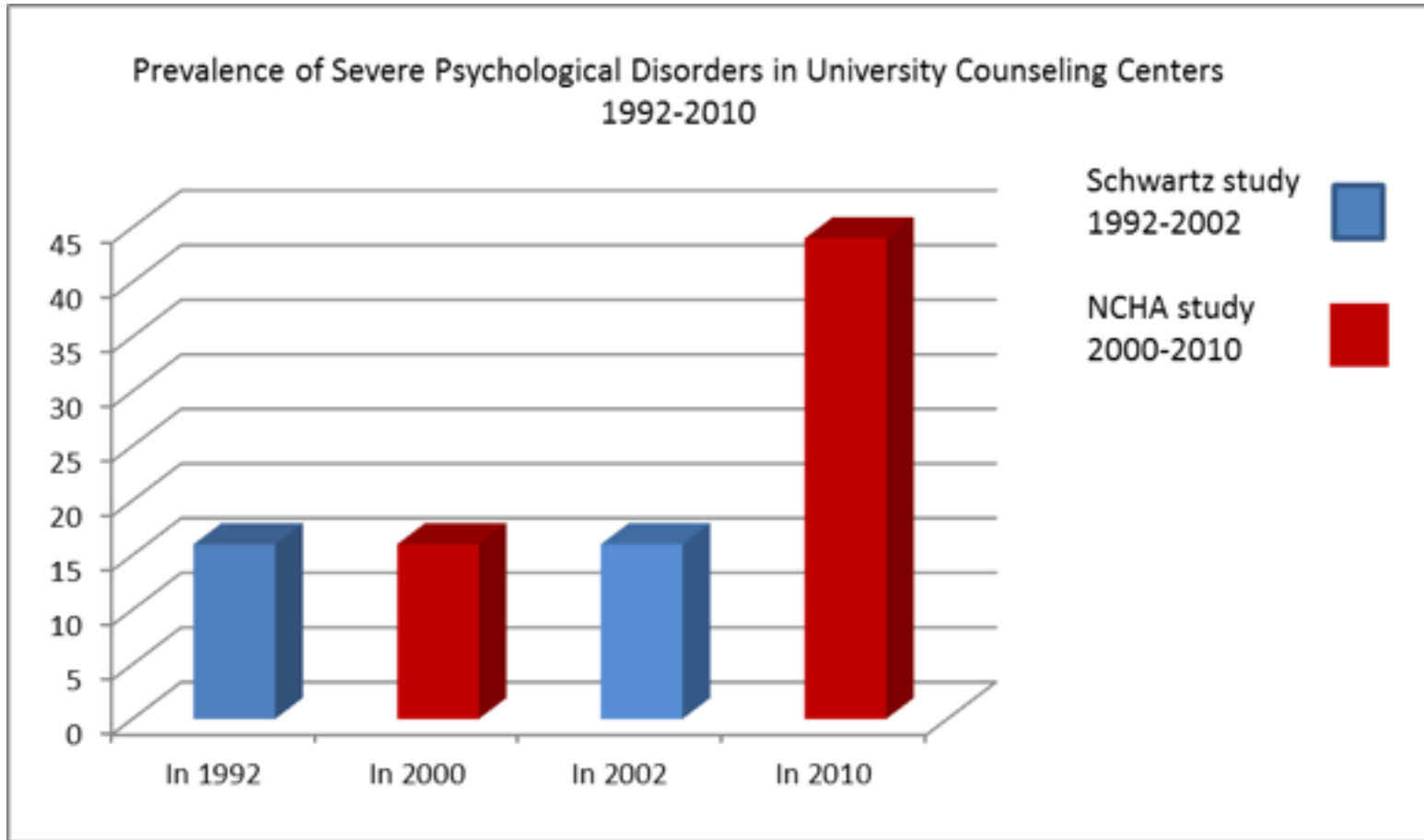
CAS Faculty

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Overview

National and MSU Mental Health Trends

Paradigm Shift in University Mental Health



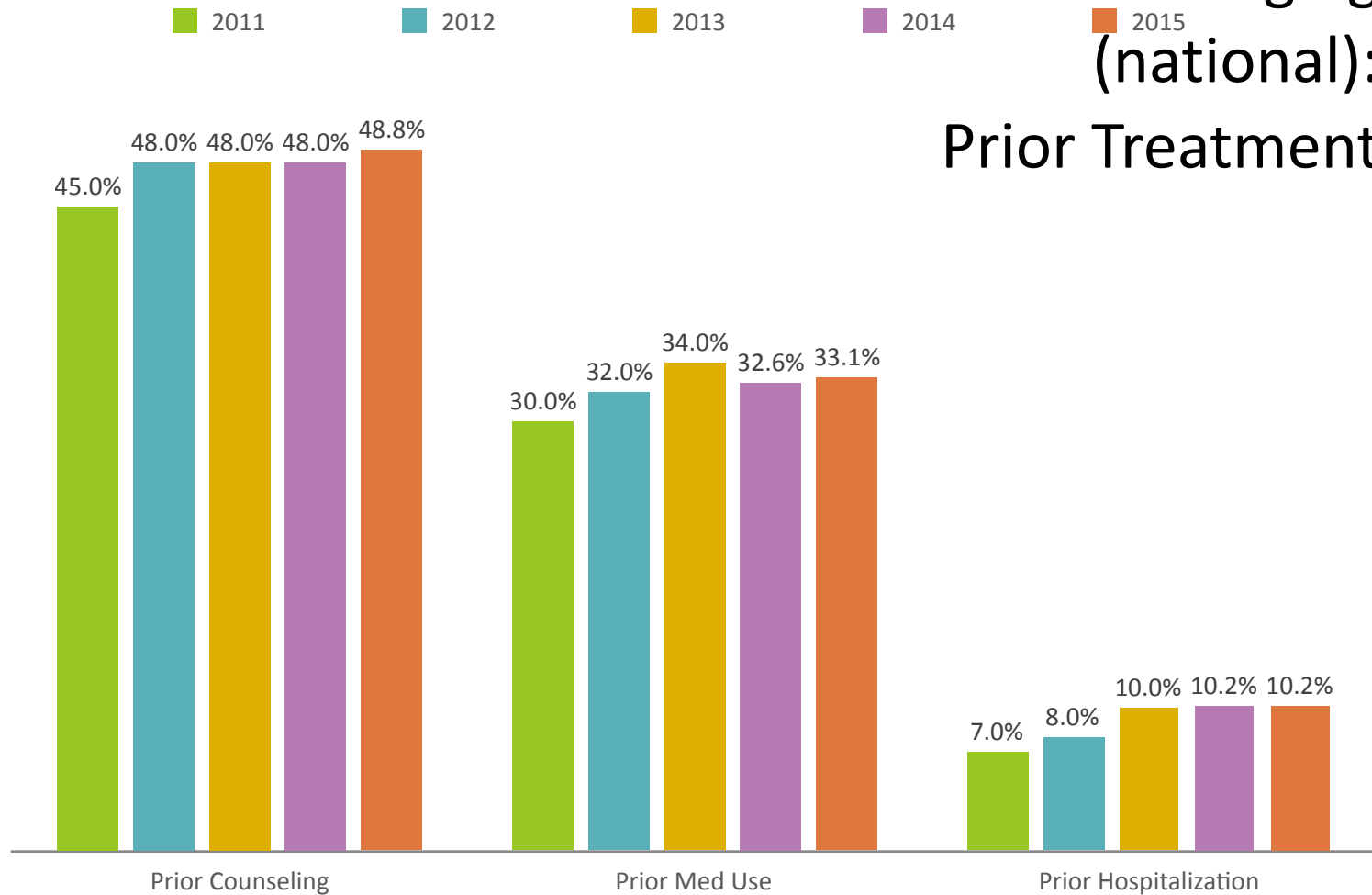
National Trends

- **Increased acuity** of presenting concerns at university counseling centers:
 - Prevalence of severe psychological disorders has nearly *tripled*
 - Increase in high-risk behaviors such as harm to self and others
 - Increase in psychiatric medication
 - Increase in hospitalizations
- **Increased demand** for services was reported by **93%** of university counseling center directors (AUCCD, 2012)
 - Staff of UCCs have, on average, not grown in the past 15 years
 - MSUCC: increase of **100%** in students seen in direct service from 2006-2017

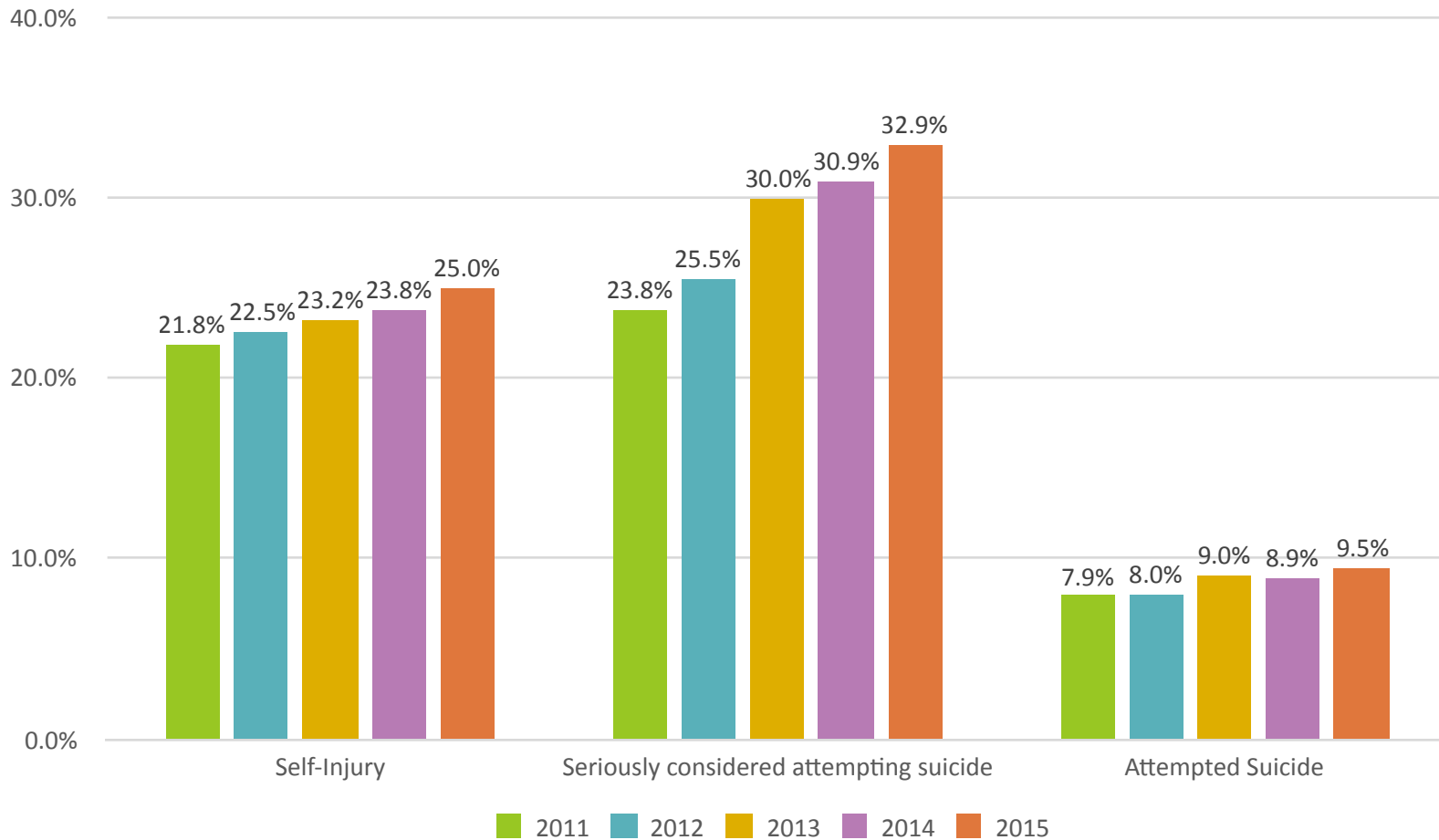
National Trends: Health Minds Study 2016-2017

Estimated values	Percentage of students
Depression	31%
Generalized anxiety	31%
Eating disorder	9%
Eating concerns	33%
Self-injury (past yr)	21%
Suicidal ideation	11%
Lifetime dx of mental health disorders	36%
Psychiatric medication (past yr)	22%
Mental health counseling/psychotherapy (past yr)	24%
Any mental health counseling and/or psychiatric medication among students with positive depression or anxiety screens (past yr)	51%
Personal stigma	6%
Perceived public stigma	47%

What is not changing (national): Prior Treatment



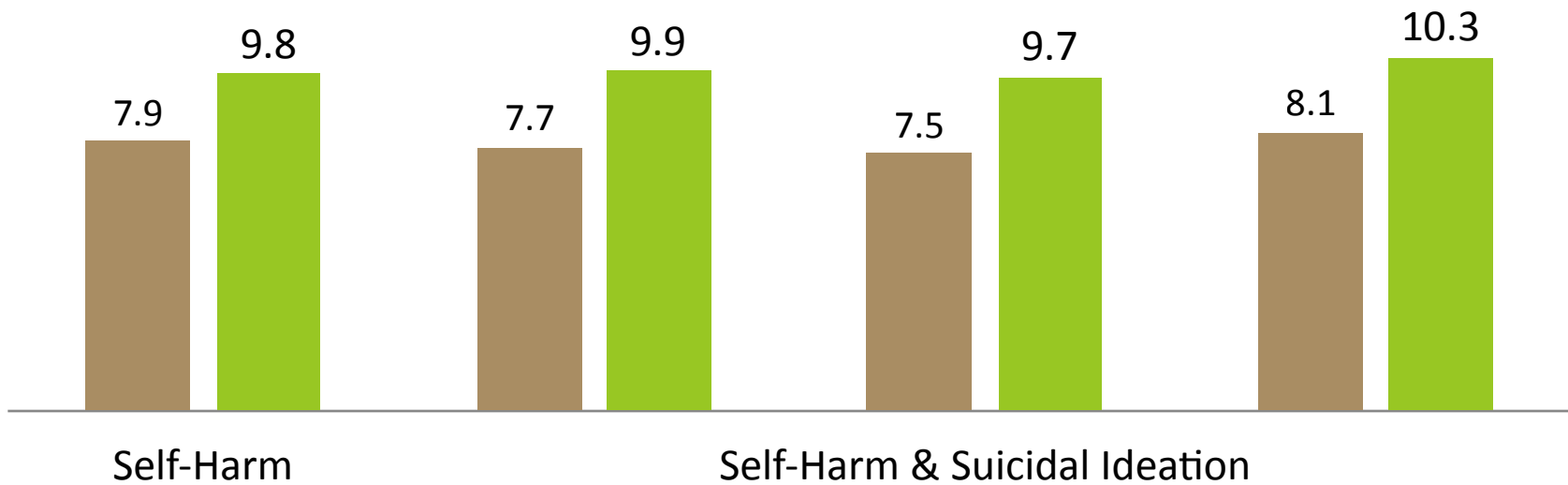
What is changing (national): Threat to Self



Impact of Threat-to-Self on # of Appointments (national)

No

Yes



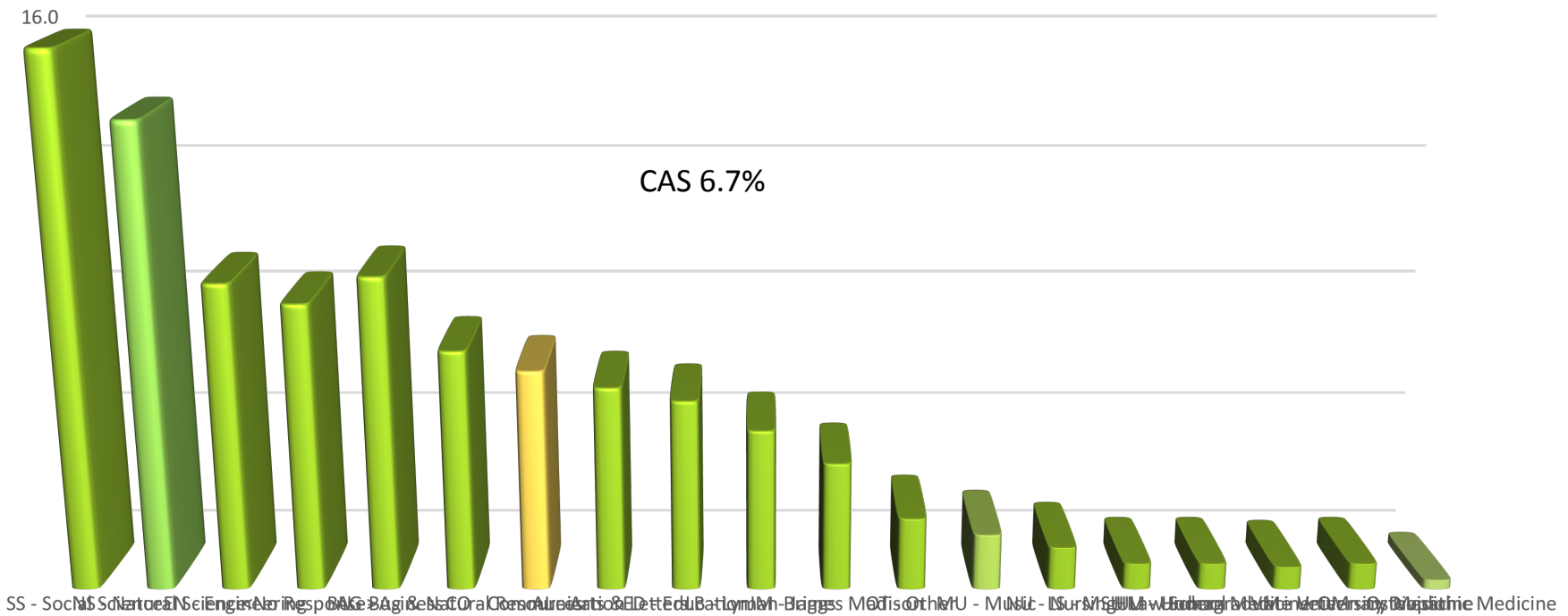
National Prevalence Compared to MSUCC

Condition	National	MSUCC	% Diff.
Anxiety	42	58	+16
Depression	36	61	+25
Relationship issues	36	25	-11
Psychotropic medication	24	28	+4
Suicidal thoughts	16	36	+20
Significant prior treatment	14	23	+9
Alcohol abuse/dependence	10	20	+10
ADHD	9	8	-1
Sexual/physical assault	9	17	+8
Self-injurious behavior	9	15	+6
Eating disorders	6	11	+5
Oppression (racism, sexism, homophobia)	6	9	+3

Source: AUCCCD survey

Clients at MSUCC: 2016-2017 Sorted by College*

% of total clients (n = 2,691)

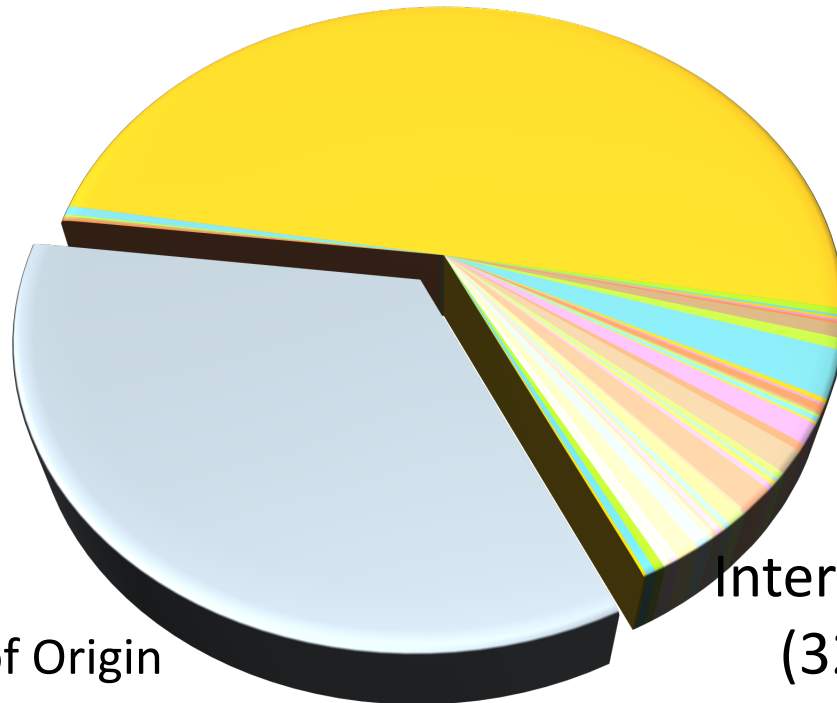


*percentages are primarily a function of total College enrollment,
not necessarily overall distress or prevalence of mental health issues

Undergraduate and Graduate/Professional Students at MSUCC

Professional Students at MSUCC: International Status

United States
289 (68%)



48 Countries of Origin

International: 137
(32% of 426)

% of Clients by Diagnostic Clusters

Graduate Student Mental Health

NCHA SURVEY

Source: National College Health Assessment (NCHA)
Sorted by Allyson Rogers, MA, Olin Health Center

Mental Health Issues: Prevalence Among Graduate Students

- Loneliness: 43%
- Overwhelming anxiety: 44%
- Overwhelmed: 88%
- So depressed it was difficult to function: 32%
- Suicidal ideation: 5%

Source: National College Health Assessment (NCHA);
Sorted by Allyson Rogers, MA, Olin Health Center

Suicidal Ideation: Other Studies

- Big Ten Student Suicide Study
 - 10-year analysis of 261 suicides at 12 Midwestern universities from 1980 to 1990
 - **graduate students were at greater risk for suicide** than undergraduate students
- Berkeley Graduate Student Mental Health Survey
 - **45 percent** experienced “an emotional or stress-related problem that significantly affected their well being and/or academic performance.”
 - **10 percent** “seriously considered suicide.”
 - Nearly **25 percent** didn’t know about the university’s mental health services (even fewer international students).
 - **Female students** “were more likely to report feeling hopeless, exhausted, sad, or depressed.”

Mental Health Issues: Prevalence of Diagnosed Conditions Among Graduate Students

- Dx Insomnia: 3%
- Dx with Anxiety: 12%
- History of Dx Depression: 19%
 - US graduate students: 23.4%
 - International graduate students: 10%

Source: 2012 National College Health Assessment (NCHA);
Sorted by Allyson Rogers, MA, Olin Health Center

Possible Explanations

- Improved availability of mental health treatment for children and adolescents
- Changes in parenting (anxiety → over-protection)
- Socioeconomic stressors
 - Financial stressors
 - Competition for grades, internships, jobs
- Collective anxiety (9/11, Virginia Tech, climate change, political divide)
- Recognition and reporting of trauma, abuse, assault
- De-stigmatizing of mental health; increased help-seeking
- Over-use of social media, video games, digital technology

“This is an issue as important and unprecedented as climate change.”

--Susan Greenfield, Prof. of Pharmacology, Oxford U.

- Increased Media Exposure
- Sleep
- Attention, Memory, and Learning
- Anxiety and OCD
- Addiction
- Depression
- Emotion Regulation
- Identity and Relationships
- Empathy

Digital Technology and Mental Health

Mental Health Trends

IMPLICATIONS

- Millennial (Digital native) students:
 - More likely to be in psychological distress
 - Shorter attention spans
 - Less able to modulate emotions
 - Less able to give and receive empathy
 - Less interested in direct, face-to-face contact
 - More narcissistic than previous cohorts
 - Less able to evaluate information and to place in a broader context
 - More diffuse personal and professional identity

Implications

- What has been considered normal psychological and intellectual development is increasingly less normative.
- Psychological interventions (mindfulness training, psychotherapy) help mitigate deficits in attention, emotion regulation, identity, relatedness, and capacity for integrative information-processing.

Implications

- The mental health paradigm has shifted from secondary interventions (i.e. treatment of symptomatic individuals) to a focus on primary prevention and population-based, public-health approaches.
- There is an increasing need for mental health resources not only to intervene with students in distress but to correct a negative trend in social, emotional, and intellectual development that is increasingly present in the general population.

Implications

- Share information on stress, mental health, and resources in class and/or in syllabi
- Create safety by being open and approachable
- Encourage students to monitor stress
- Encourage help-seeking
- Normalize and de-stigmatize mental health issues (data can help)
- Be proactive – when it doubt, consult!
- Trust your reactions, perceptions, and intuitions

Public Health and Prevention

- Classroom/lab management
 - Increased absenteeism and presenteeism
 - Increased disruptive behavior
 - Increased distressed behavior

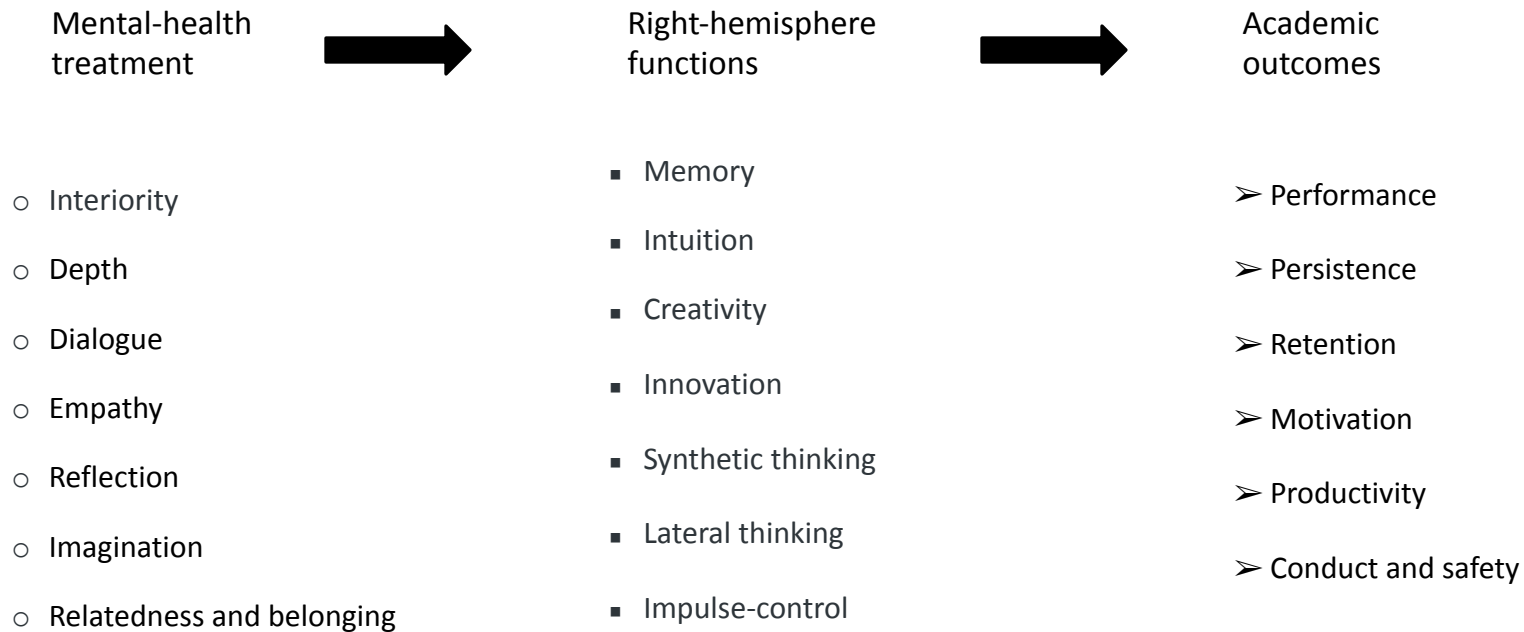
- Academic Advising
 - Greater need for professional and career identity development
 - Increased psychological distress, need for crisis intervention
 - High-risk behaviors (self and others)
 - Increased stress, decreased coping
 - Decreased relatedness/communication

- Productivity
 - Multitasking → poor long-term memory
 - Difficulty with information-processing in depth and context
 - Difficulties with planning, organization, time-management, concentration

Implications

Mental health and academic performance:

Art and science



Signs

- Distress
- Disruptive behaviors
- High-risk behaviors

Strategies

- Classroom
- Lab
- Advising
- Prevention

Resources

- Safety and conduct
- Clinical services

■ Definition:

- Behaviors that impact a student's ability to function effectively either in activities of daily living, academic performance, or both. These do not necessarily constitute an imminent threat of harm to self or others. These are typically non-emergent behaviors

■ Examples:

- crying
- statements that indicate possible depressed mood (e.g. "I don't want to do anything." "I'm sad all the time but I don't know why.")
- excessive worry
- irritability
- panic
- reports of excessive drinking or marijuana use (i.e. self-medication)
- abuse of stimulants

Distress

Definition:

- Behavior that is not conducive to the teaching and learning process (either in the classroom or in other settings such as labs or advising), and that interferes with the functions and services of the University. These behaviors are typically a violation of the Student Code of Conduct.

Examples:

- verbal aggression toward the instructor or students
- loud or disrespectful comments
- inappropriate use of technology in the classroom (e.g. viewing illicit websites during class)
- being intoxicated or under the use of influence of substances
- frequent interrupting of lecture
- pressured speech
- bizarre or odd behavior
- pervasive attendance problems
- frequent conflict with office mates
- sexual harassment

Disruptive Behavior

Definition:

- Behaviors that threaten to harm self or others, psychosis, or becoming extremely withdrawn or depressed. These are severe mental health issues that often constitute urgent or emergent situations.

Examples:

- suicidal or homicidal statements (particularly those that indicate a specific plan and/or access to means)
- making threats of physical violence
- delusional thinking
- experiencing hallucinations, disorientation
- indications of a drug overdose
- cutting or other self-injurious behavior
- stalking
- reports of sexual assault
- Carrying a firearm or other weapon to class

High-Risk Behavior

- Strategies

- Talk to the student
- Acknowledge how they are feeling
- Listen
- Offer sympathy/empathy/support
- Encourage help-seeking
- Normalize and contextualize the experience
- Consult with CAPS

- Resources:

- CAPS
- Student Health Services

Strategies and Resources: Distressed Students

Strategies:

- Set limits - address the behavior as it happens (i.e., do not ignore)
- Meet with the student outside of class/lab
- Be specific and concrete, give examples of disruptive behaviors
- Provide reasons (authoritative, not authoritarian)
- Ask about intent, underlying distress
- Offer referrals if student is open to this
 - CAPS
 - Student Health Services

Resources:

- Consult with colleagues, chair, deans
- Consult with Student Conduct
- Consult with CAPS
- Consult with MSUPD regarding imminent or emergent situations

Strategies and Resources: Disruptive Students

Strategies:

- Safety first
- If emergent or imminent risk, call **911**
- If not emergency, walk them to CAPS
- Consult with MSUPD
- Consult with CAPS
- Report to BTAT online

Resources:

- MSUPD
- CAPS
- Judicial Affairs
- BTAT

Strategies and Resources: High-Risk Students

Incidents That Should Be Reported to BTAT:

- Anything that raises suspicion or concern
- Persistent disorderly or substantially disruptive behavior
- Unusual, bizarre, or disturbing behavior
- Threats of violence or physical harm
- Destructive behavior
- Stalking behavior
- Acts of violence
- Possession of a dangerous weapon or firearm on campus

- Behavioral Threat Assessment Team (BTAT):

- Web: btat.msu.edu
- Reporting form: https://cm.maxient.com/reportingform.php?MichiganStateUniv&layout_id=1
- Email: raya@police.msu.edu
- Phone: 517-355-2222

- MSU Police:

- Web: police.msu.edu
- Emergencies: 9-1-1
- Non-emergencies: 517-355-2222

- Student Conduct and Conflict Resolution:

- Web: <http://studentlife.msu.edu/sccr>
- Email: judaffrs@vps.msu.edu
- Phone: 517-355-8286

Resources

Counseling and Psychiatric Services (CAPS)

Website: <https://caps.msu.edu/>

Phone - Counseling Services: (517) 355-8270

Fax: (517) 353-5582

Phone - Psychiatric Services: (517) 353-8737*

*will be phased into Counseling phone #

In case of an emergency, call 911

Email us at CAPS@msu.edu

Our New Location Fall 2017:

MSU Counseling & Psychiatric Services
Olin Health Center
463 East Circle Dr. 3rd Floor
East Lansing, MI 48824

MSU CAPS - Highlights

- New location: Olin Health Center – 3rd Floor
- One point of access
- Integrated mental health care
- Services:
 - Individual and group counseling/psychotherapy
 - Psychiatric services including medication
 - Crisis intervention
 - Referral to community providers
 - Consultation
 - Gatekeeper training
 - Public health education/prevention

