

# NCHA Data: Administrative and Clinical strategies for linking (mental) health and substance abuse disorders to academic success.

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# Objectives

1. Issues that influence student learning and academic progress.
2. Prevalence of disorders and a review of NCHA data and trends.
3. Identifying strategies to develop best practice guidelines that promote academic success.

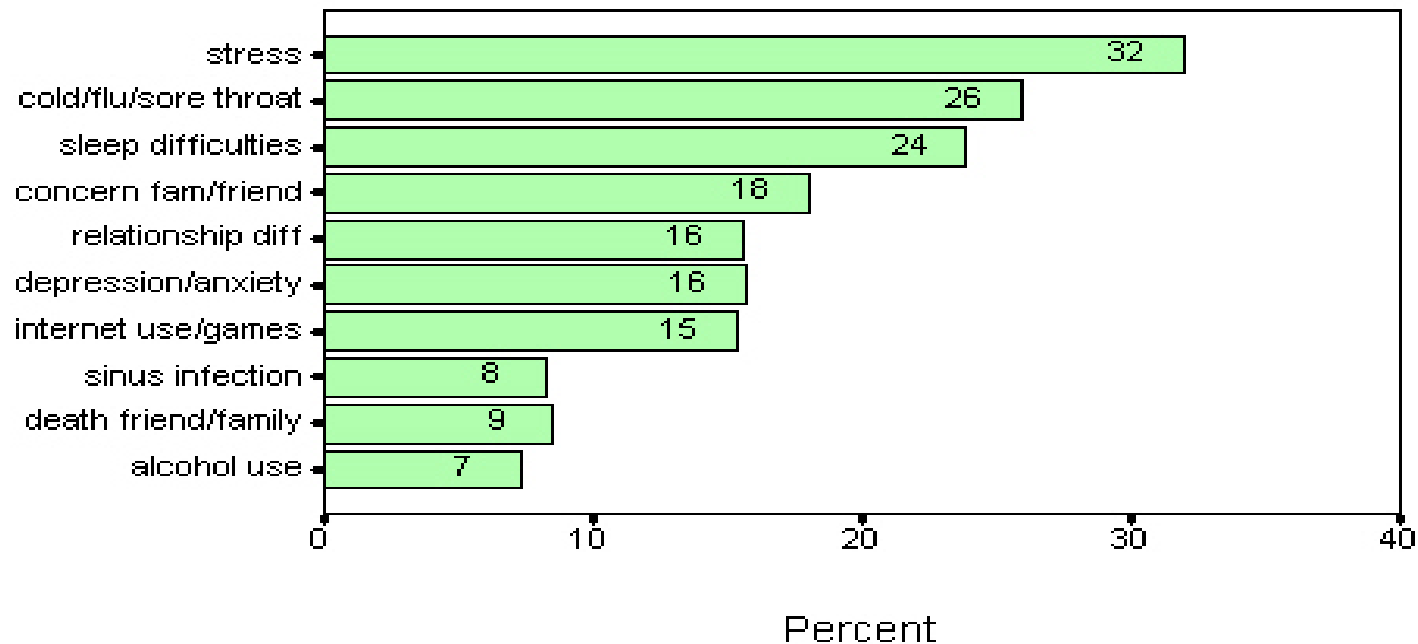
# Issues that influence student learning and academic progress.

- Determining barriers to academic success
- Surveys
  - NCHA
    - Data collected from 2000 to 2006
    - Current analysis uses Spring 2006 data set
    - N= 94,806, 117 schools, 113 were 4 yr.
  - AUCCCD
    - Survey of Counseling center directors
    - Data is from Fall 2006
    - N= 367

# ACHA-NCHA Spring 2006

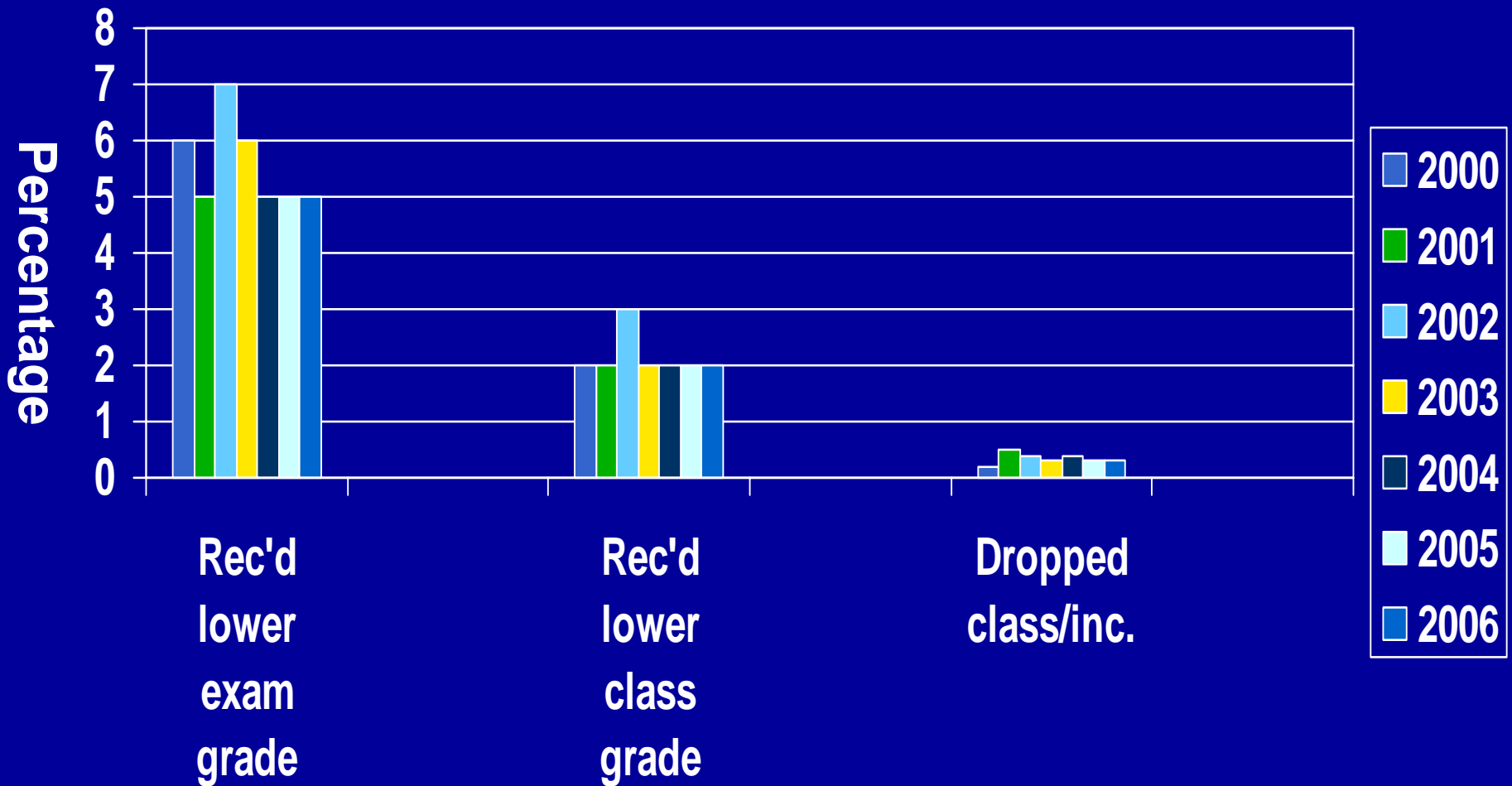
## Top 10 Impediments to Academic Performance

Last School Year

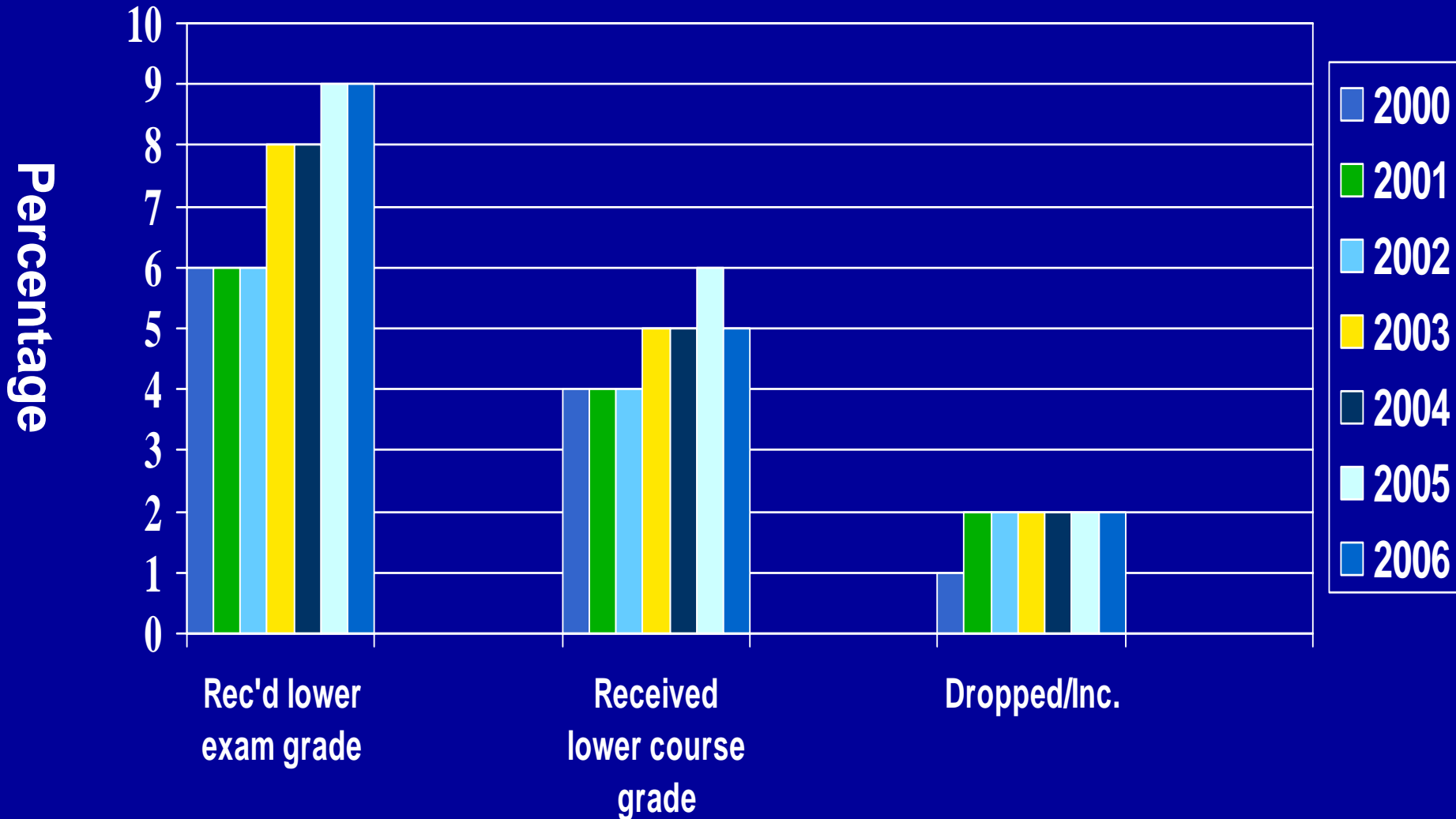


American College Health Association. American College Health Association - National College Health Assessment (ACHA-NCHA) Web Summary. Updated August 2007. Available at [http://www.acha-ncha.org/data\\_highlights.html](http://www.acha-ncha.org/data_highlights.html). 2007.

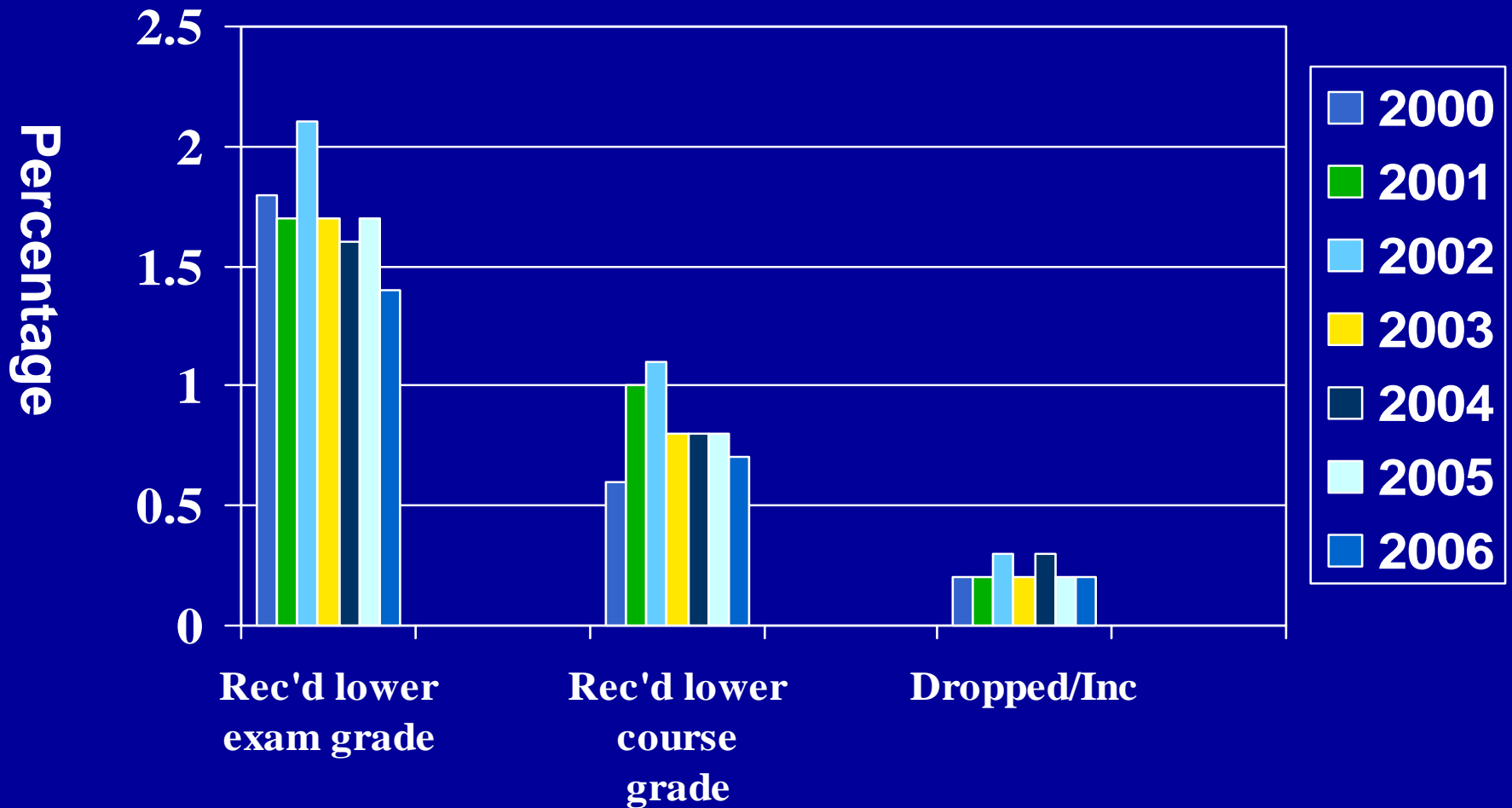
# Academic performance impaired by impact of Alcohol use



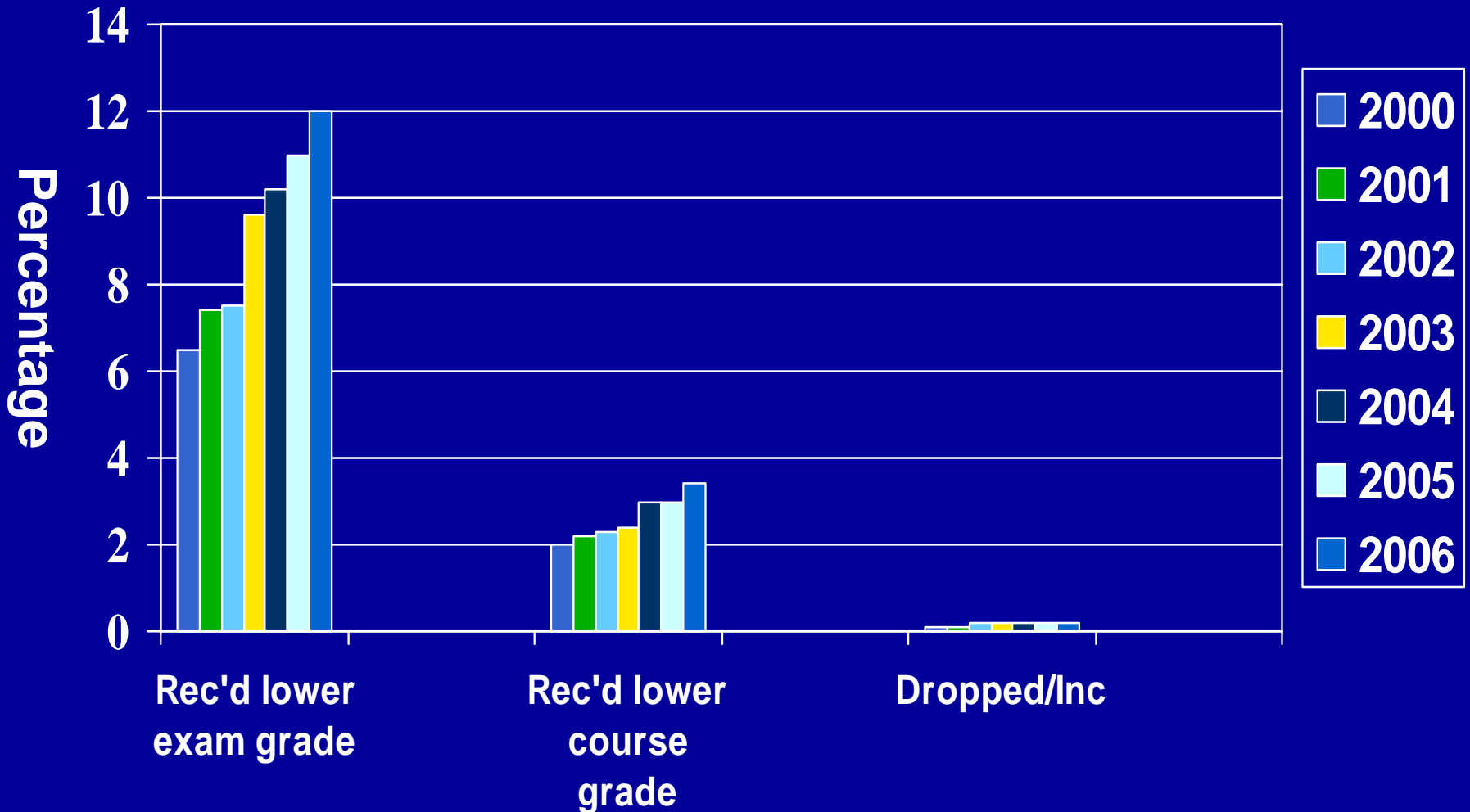
# Academic performance impaired by Depression, Anxiety, Seasonal Affective Disorder



# Academic performance impaired by Drug Use



# Academic performance impaired by Internet/Computer game use

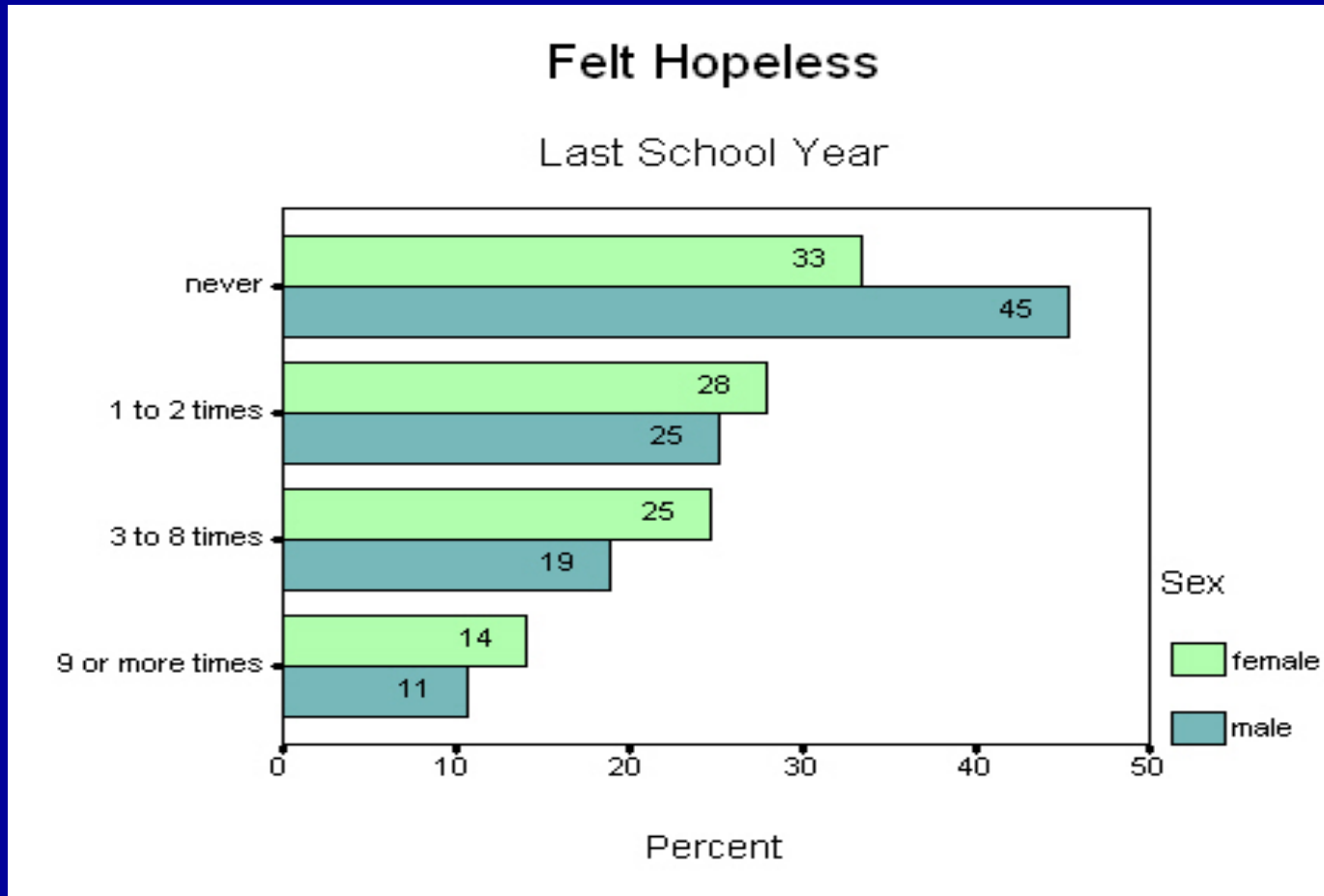


# Common Presenting Problems

Mood Disorders- (1 out of 5, NCHA 2006)

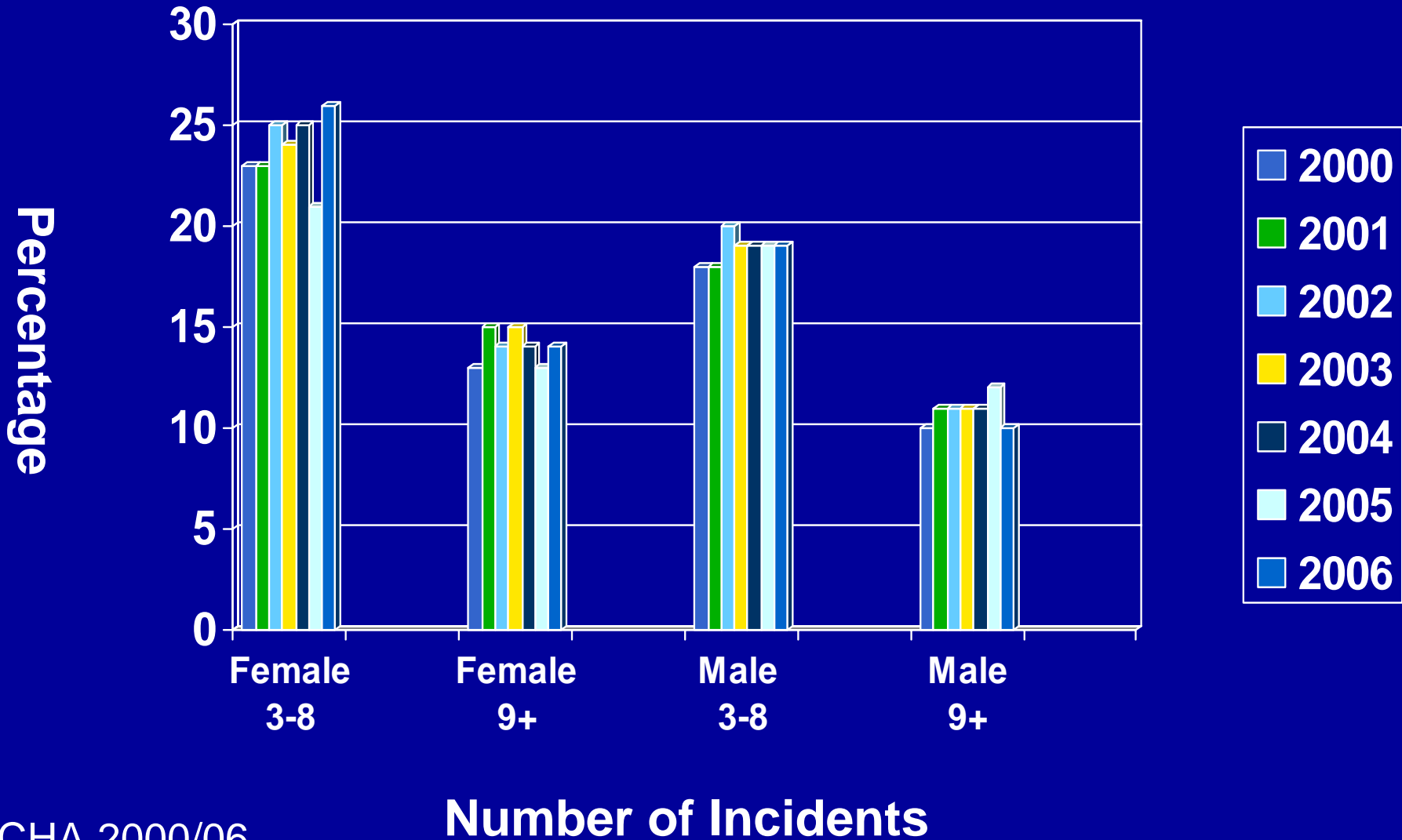
- 14.5% of college students diagnosed with Depression
  - 40% in the last 12 months
  - 26% current in therapy
  - 37% currently taking medication
- 15.2% indicate that depression/anxiety/SAD affect academics (NCHA, spring 2006)
  - Major Depressive Disorder
  - Dysthymic Disorder
  - Cyclothymia
  - Bi Polar Disorder
  - Depressive Disorder NOS

# 2006 Spring Survey Results

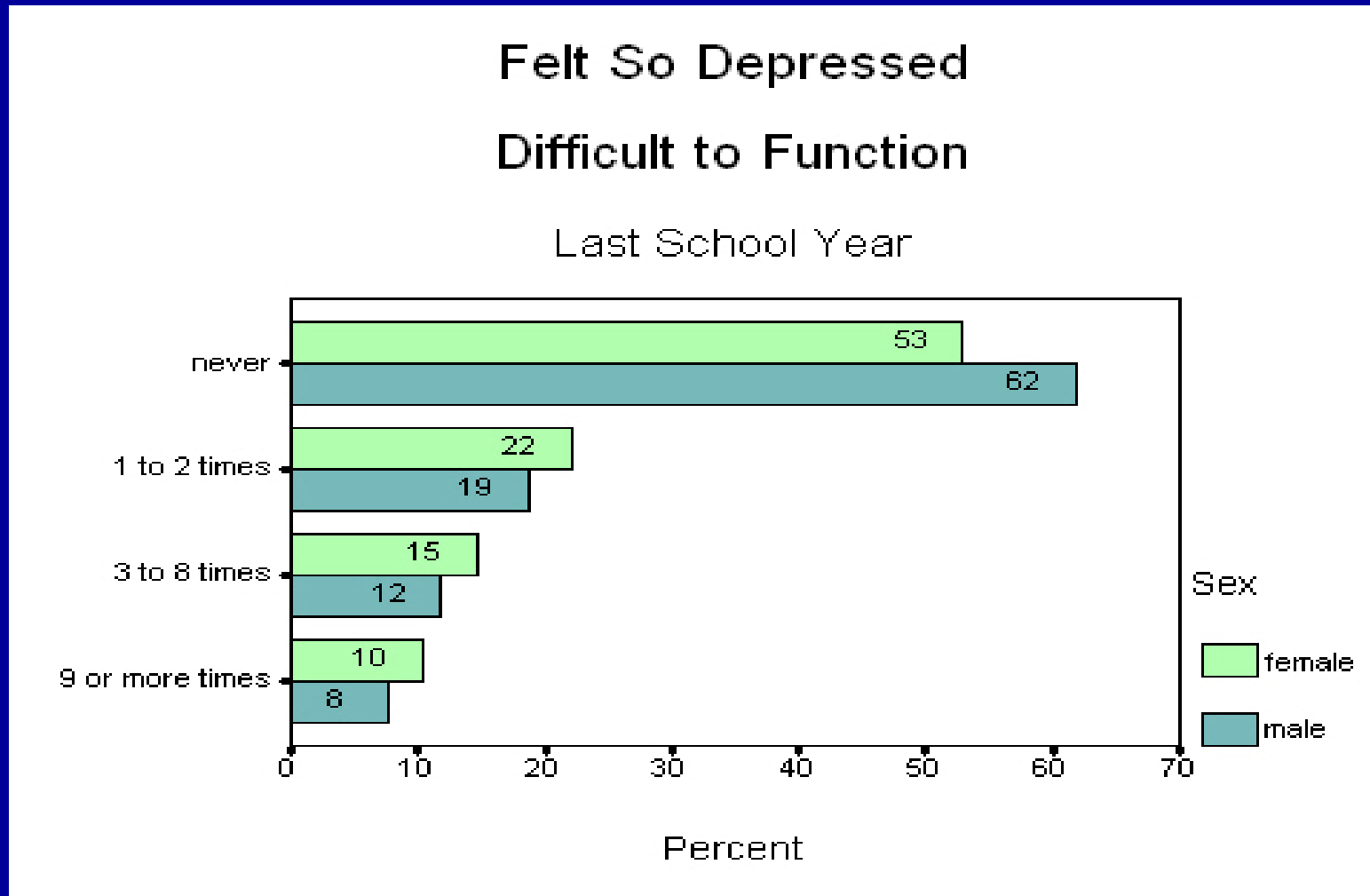


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# Felt things were hopeless

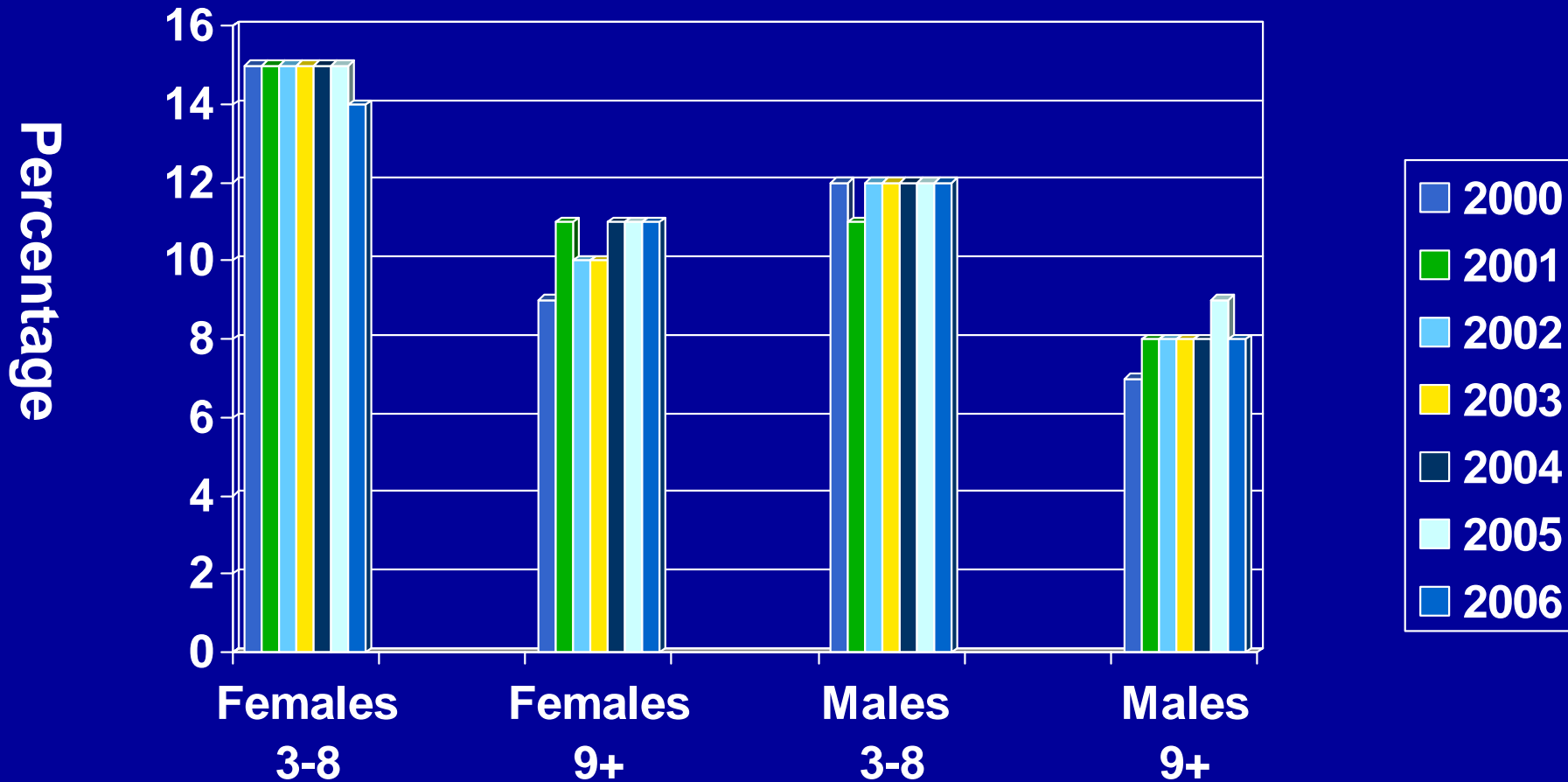


# 44 out of 100 students



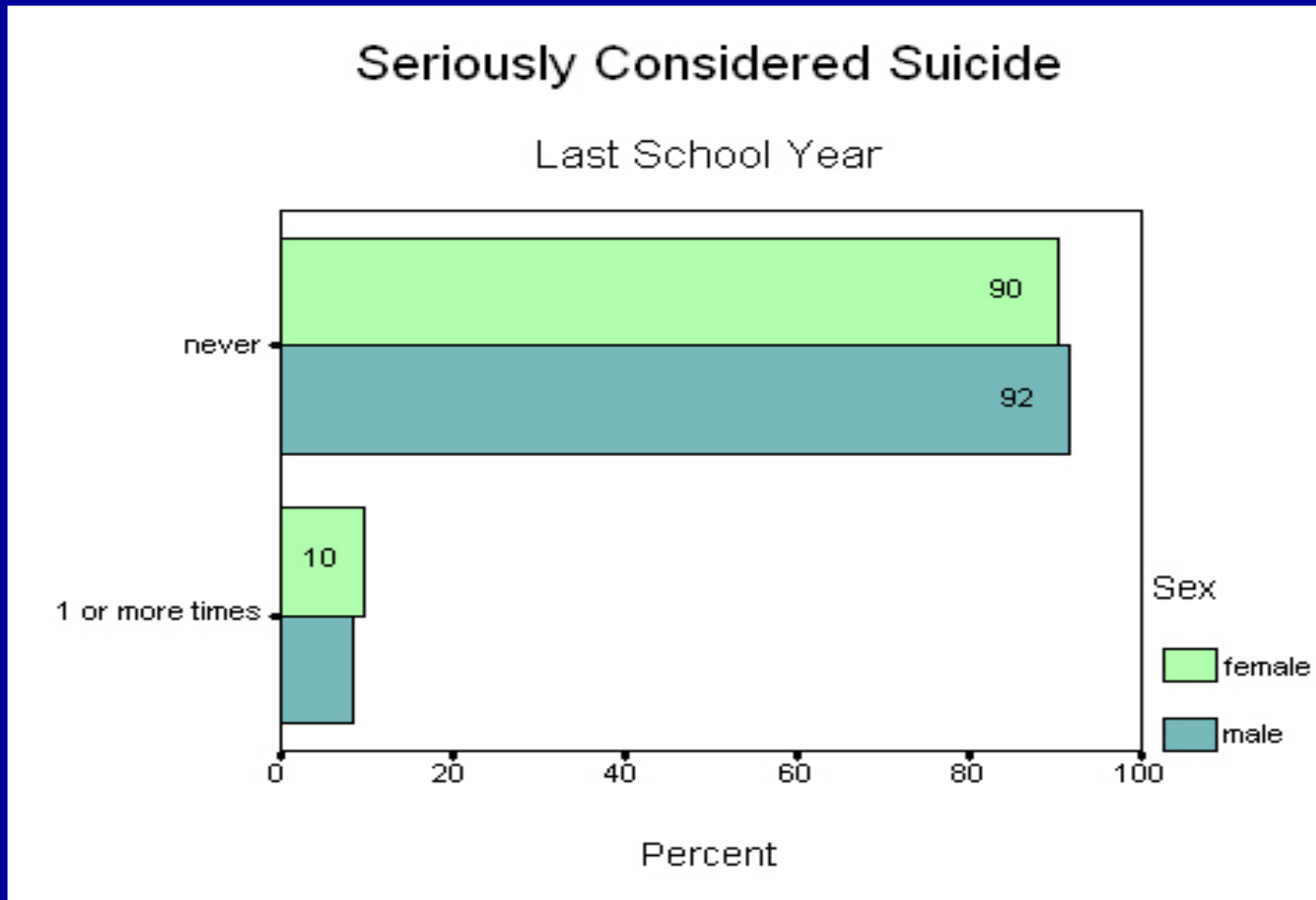
American College Health Association. American College Health Association - National College Health Assessment (ACHA-NCHA) Web Summary. Updated August 2007. Available at [http://www.acha-ncha.org/data\\_highlights.html](http://www.acha-ncha.org/data_highlights.html). 2007.

# Felt so depressed it was difficult to function

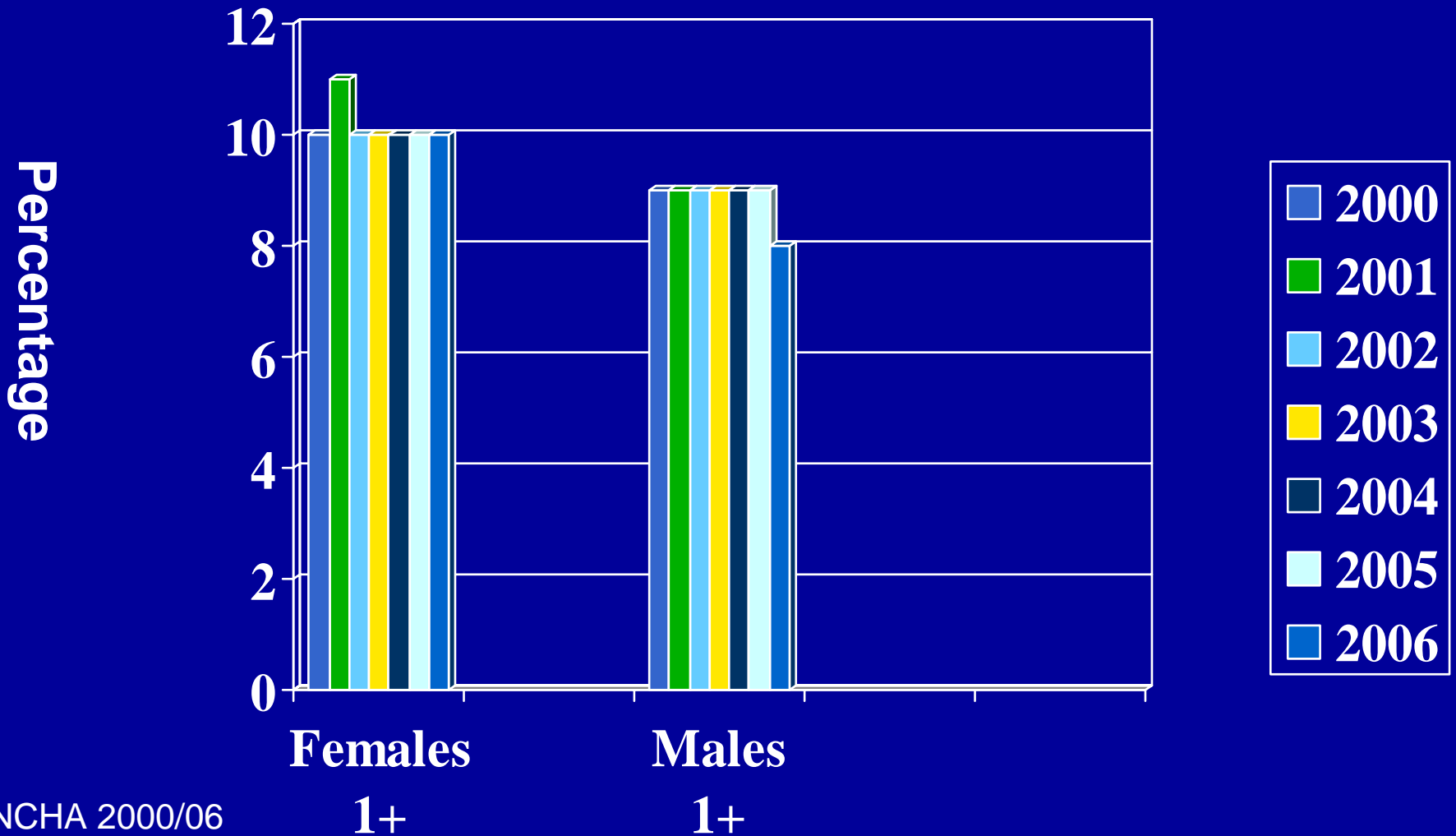


# ACHA-NCHA Spring 2006

## One out of eleven students



# Seriously considered attempting suicide

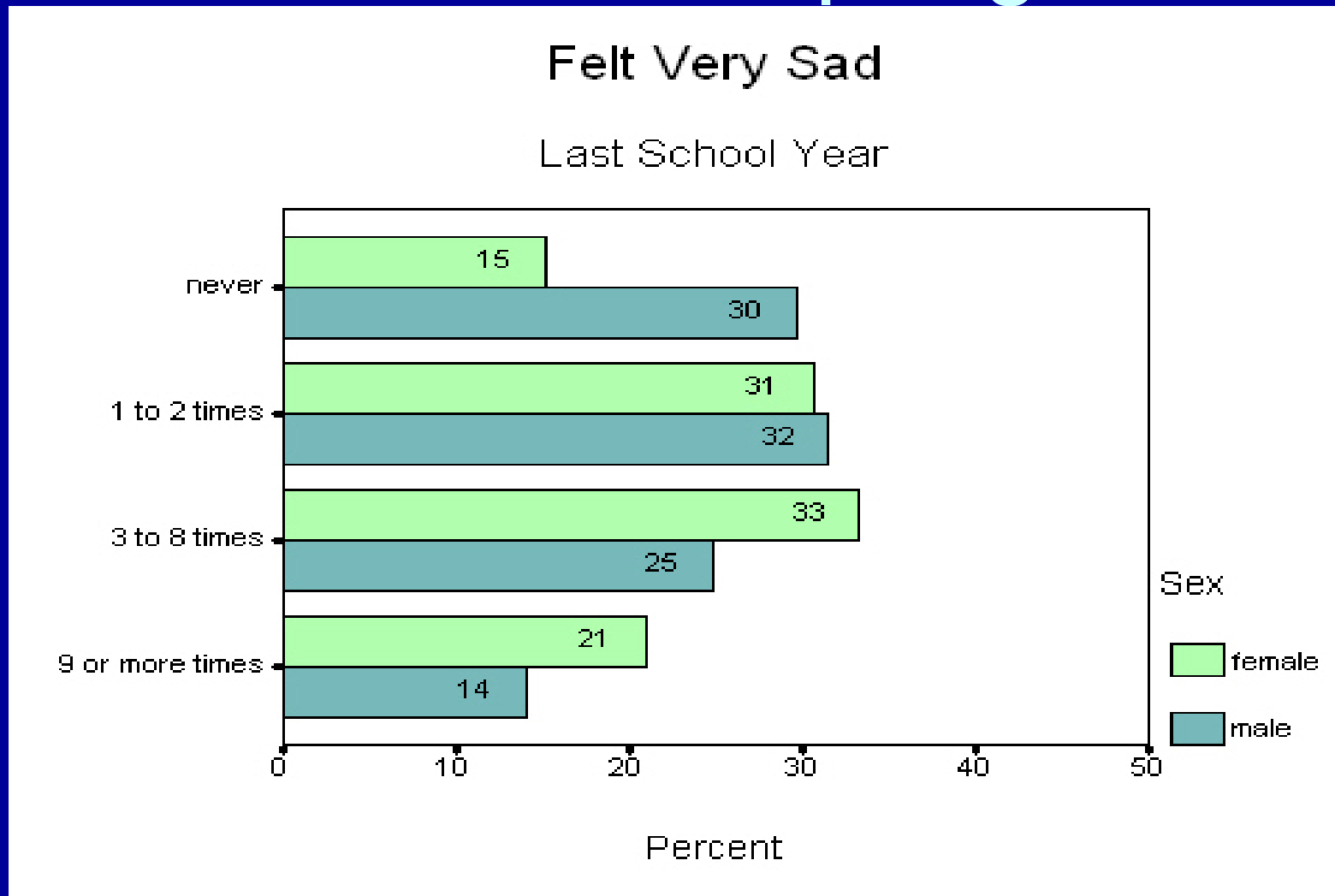


1 out of 11 had seriously considered suicide in the past year.

1.3% actually did attempt suicide, that's 13 out of 100 students.

Based on 18,000,000 enrolled students, that's 19,500 attempts per month or 642 per day.

# ACHA-NCHA Spring 2006



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# Bipolar Disorder

In any given year 5.7 million American Adults have Bipolar (2.6%).

- Commonly diagnosed in college age
- 20-25% increased risk of committing suicide

## Signs and Symptoms

- Irritability, distractibility, increased energy, elation, racing thoughts, decreased need for sleep, reckless behavior, decreased need for sleep, loss or reason

# Anxiety Disorders

In any given year, anxiety disorders affect about 40 million Americans (18%),

12.4% of students or 12 out of 100 (NCHA, spring 2006)

All symptoms cluster around excessive, irrational fear and dread, subjective tension.

- Generalized Anxiety Disorder
- Panic Disorder
- PTSD
- Obsessive-Compulsive Disorder
- Social Phobia

(NIMH-Facts about anxiety disorders)

# National College Health Assessment Data – Alcohol



American College Health Association. American College Health Association - National College Health Assessment (ACHA-NCHA) Web Summary. Updated August 2007. Available at [http://www.acha-ncha.org/data\\_highlights.html](http://www.acha-ncha.org/data_highlights.html). 2007.

# Alcohol -NCHA

- 24.5% chose not to drink at all
- 62% use four or less (last time)
- 79% eat before they go out
- 75% use a designated driver, 65% keep track
- 42% avoid drinking games
- 66% report not driving after even one drink
- 26.5% let a friend know when you've had enough

# Academic Consequences

- A significant inverse correlation between GPA and weekly alcohol consumption.
- Students in the lowest GPA category (1.5-1.99) had the greatest mean alcohol consumption rate.
- Lall, Rakesh; Schandler, Steven. "Michigan Alcohol Screening Test Scores and Academic Performance in College Students." *College Student Journal* (1988): 245-251.

# Consequences to alcohol use and abuse

- 36% did something they later regretted
- 14% had unprotected sex
- 30% experienced blackouts
- 18% physically injured
  
- However, only 3.4% report experiencing substance abuse problems, 7.3% indicate that use affected academics,

(NCHA, Spring 2006)

# Other common problems

## Sleep

### Correlations between sleep patterns and reported GPA

- Consequences of sleep loss: poor academic performance, increased medical illness and increased rates of depression and anxiety.

(Armitage, R., 2004)

- 24% report that sleep has affected academics,

# Internet Use/computer games

- 15.4% report interference with academics (NCHA, spring 2006)
- College age gambling moved from 11.7% (2002) to 20.9% (2005)
- Internet gambling went from 5% (2002) to 15% in (2006)
- 80/15/5 Rule: Social, Problem, Compulsive

# Stress

- 32% indicate that stress has affected academics, 94 out of 100 students reported feeling overwhelmed
- Evidence based interventions
  - CBT, changing thinking
  - Behavioral interventions
  - Wellness prevention and intervention programs involving nutrition, sleep, exercise

# Current Counseling Center Administrative Concerns and Current Status

# AUCCCD 2006

## Administrative Concerns

- Growing **demand** for services without an increase in **resources**
- Managing serious psychological problems
- 91.6% of directors believe there has been an increase in the **severity** of symptoms and an increase in students coming already on meds
- Increased **accountability**

# Current Status

- 16.4% are referred for psychiatric eval (up from 12% in 2004)
- 25% of Center clients are on psychiatric meds (up 20% from 2003)
- 53.7% believe that the director job is more stressful than 5 years ago

- 84.2% believe that administration has a growing awareness of the problems Centers are facing
- 40% believe this had lead to additional resources
- 40% are in favor of mandating counseling for students mentioning suicidal thoughts.
- Centers are seeing about 9% of the population
- 42% of the Directors report the lack of funds for psychiatric services on campus
- The ratio of counselors to students is 1 to 1,697 (1997 it was 1 to 1,598 students)

# Rise on college campuses

- Earlier identification and referral (high school)
- Improved treatment options
- Decreased stigma (high school & college)
- Increased accessibility/availability
- Greater use of structured screening tools, web-based resources
- Improved accommodations
- Greater parity with physical health
- More students working, increased stress

# Finding value in our services

## Retention

- 562 students asking for counseling followed over 2 year period
- 0 sessions 65%    1-12 79%    >13 83%
- Several studies followed people over 5 years all showed dramatically higher retention rates, averaging **more than 10%** for students who used counseling services

Steve Wilson, Terry Mason, Evaluating the impact of receiving university based counseling services on student retention

Journal of Counseling Psychology 1997 vol 44. no 3 p. 316-320

# Satisfaction Survey – link to academics and retention

- 53.6% report that counseling helped them to remain in school
- 57.8% report that counseling helped their academic performance
- 37.3% of centers collect student self-reports of learning outcomes, i.e. “improved ability to focus, “manage stress more effectively”

Strategies that promote  
academic success.

Share information/data  
Recruit allies

# Identify Your Data Needs

- How busy is counseling? Waiting lists?
- Crisis students, risk assessment, prioritizing scheduling
- Retention: track carefully. How is GPA affected.
- How do students get medication?  
Insurance?
- How many students are hospitalized?

# Identify barriers to treatment

- What factors make it less likely that those in distress will seek help?
  - Hours of operation, access
  - Attitudes about seeking help
  - Reputation of the counseling center
  - Physical location
  - Integrated vs non integrated health & counseling
  - Wait times
  - Welcoming environment
  - Outreach

# Outreach to Faculty

Encourage faculty to notice students who are:

- Absent
- Withdrawn
- Excessively anxious about performance
- Engaging in disruptive behaviors
- Exaggerated emotional response that is inappropriate to the situation
- Talk about giving up
- Present with hopelessness or helplessness

# Screening Programs

- College Response National screening Program (Depression, Bipolar, GAD, PTSD, Eating Disorders, Alcohol)
- 2006- 595 colleges, 37,083 students, 79% scored likely or very likely for symptoms consistent with depression, alcohol- 60% scored positive for abuse/dependency and 43.5% indicated they would seek help.

# New Directions

# Case management in College Health

- Trained clinicians in motivational interviewing
- Shared positions within integrated Centers
- Medication compliance – less than 50% are compliant with MH meds.
- Red Flags
  - Co-morbid disorders
  - History of poor adherence to treatment
  - Crisis Center, ER, or inpatient admissions
  - Chronic and persistent mental illness

# Early identification and intervention programs

- Primary care providers: Health risk assessments, i.e. depression, ATOD, anxiety, sleep, abusive relationships and stress.
- AIP Programs utilizing a Comprehensive Wellness model
- High school to college transition programs- social norms based alcohol prevention

# HOW FAR

- 12 minute web-based video
- Uses real students talking about their choices associated with college life
- Uses NCHA data for norming
- Goals: reduce misperceptions, increase self-efficacy, increase protective factors
- Populations: first year students, high school seniors, parents

# “Results: After viewing the video

- Participants were 2.62 more likely to say no to drinking games, 6 weeks later 2.23 times more likely
- 2.5 times more likely to make a safety plan, 6 weeks later 7 times more likely
- 2 times more likely to intervene at mid-semester
- 50% more likely to make plans to use a designated driver, 6 weeks later four times more likely
- Keep track of number of drinks- 5%, 16%, 31%

# Perception changes

- Five or more drinks - reduced from 62% to 18% to 33%
- Three or more nights a week- 72% to 38% to 62%
- Number of college students who do not drink/drive -18%. 49%, 31%

# Creating partnerships.. From the very beginning.....

- Parent orientation welcoming session during “drop-off day”
- Parent website:
  - warning signs of .....
  - how to talk to your child about.....
  - how to/when to reach us about .....
  - how we can help/what we can do about.....
  - identifying the limits of our service.

# Training and Education

- Techniques for assessment and identification (observing & asking)
- Skills for listening and providing support
- Procedures for referral
- What constitutes “a cry for help”
- Audience: faculty, coaches, clergy, residential staff, academic advisors, student advisors, tutors

# Non-Clinical Student Support Services Network

- A form of outreach and education
- Telephone help lines
- On-call services
- Peer support groups
- The Five D's: family deaths, disasters, divorces, debts, decay

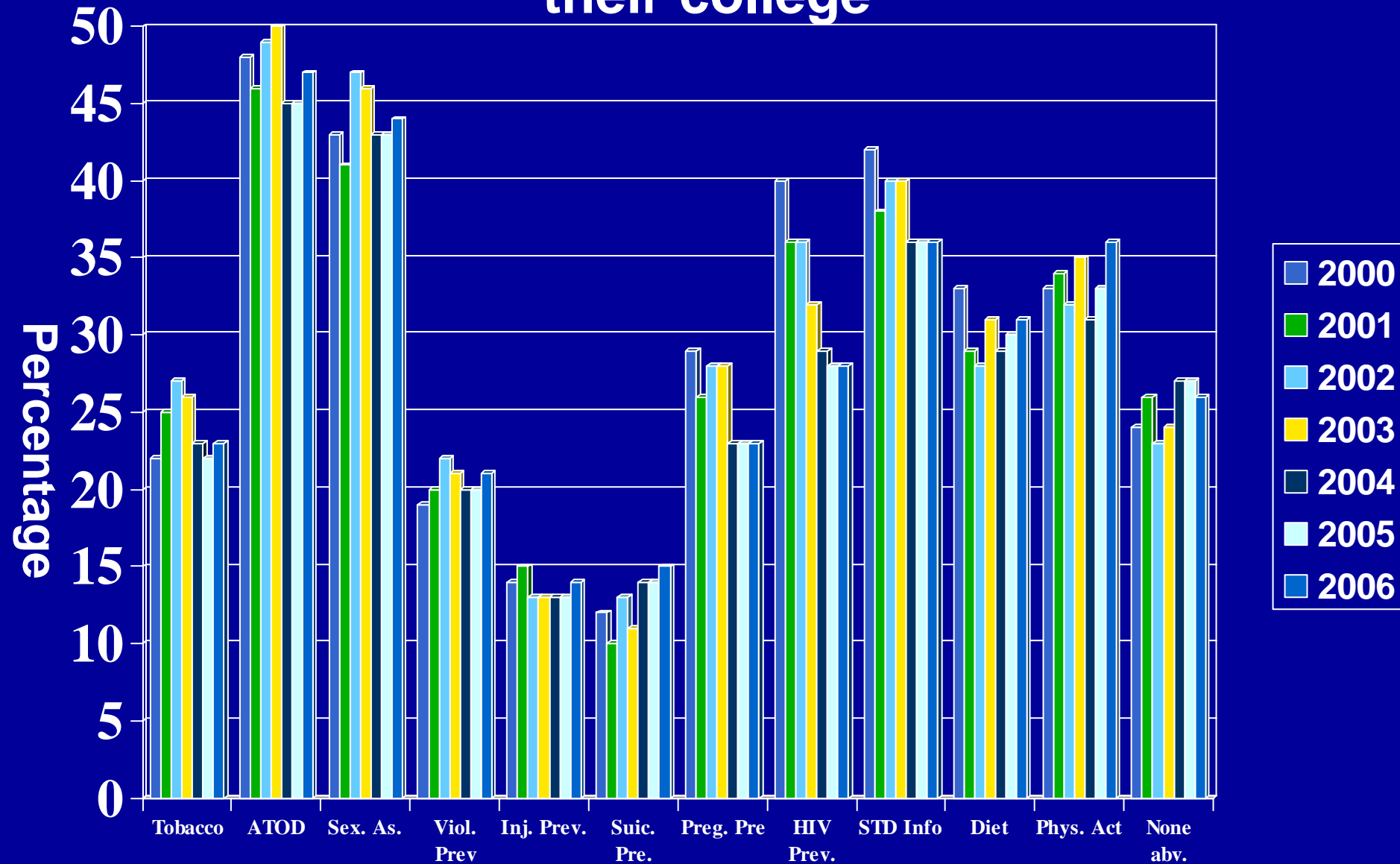
# Campus-Wide Public Health Education

- Student newspaper articles/radio spots
- How to be a good friend/neighbor
- How to manage “winter blues”
- How to seek help
- How to recognize signs/symptoms of.....
- What is a “cry for help”/warning sign
- The role of alcohol in this community

# How many students receive information on suicide prevention?

- Only 15% of students report that they received information on suicide prevention
- Most students receive their health information from their parents, and internet
  - the most trusted & believable sources are Health Center medical staff and Health Educators.

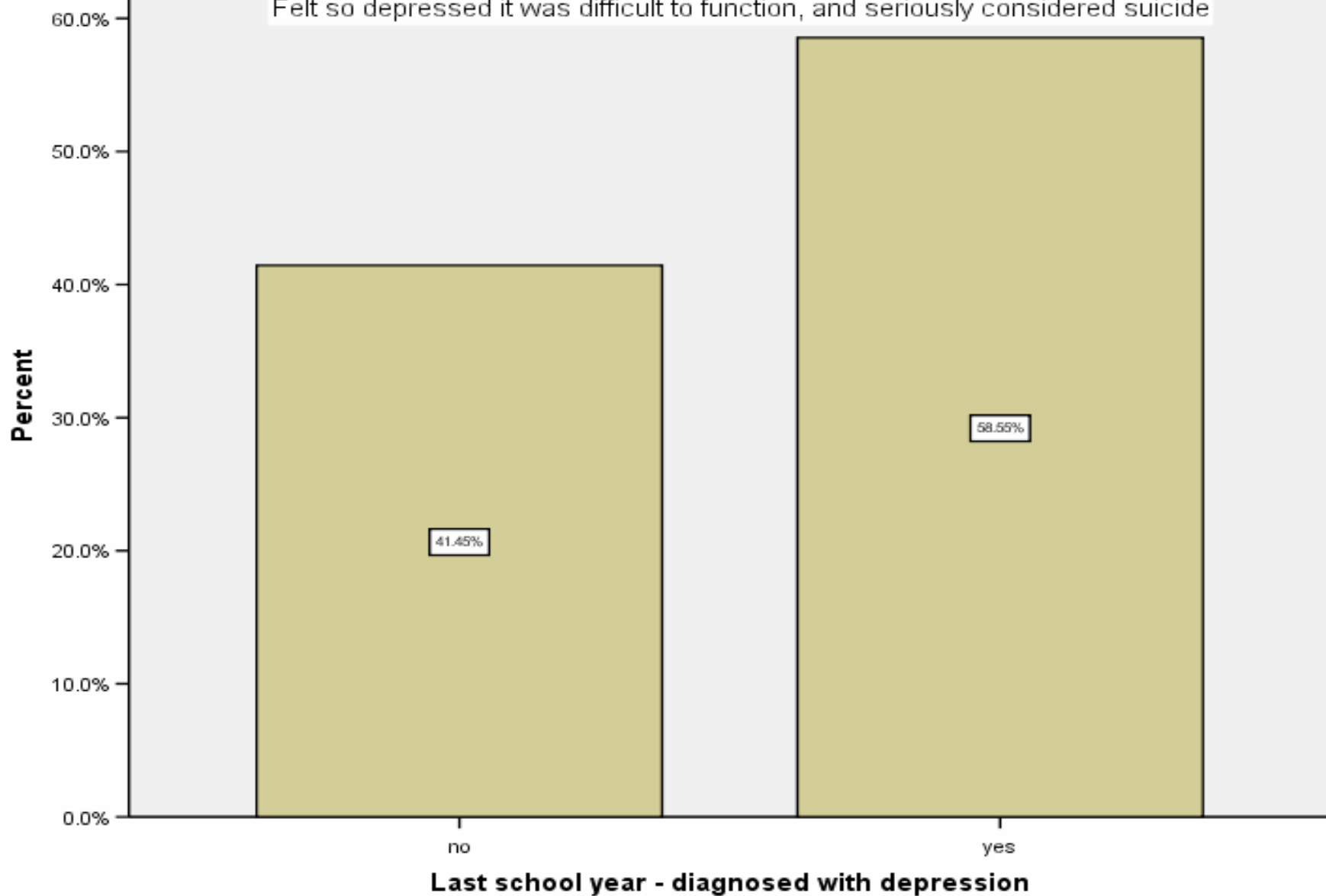
# Students Receiving Information from their college



# Rensselaer's Self Assessment Program

- Designed to identify students who might fall in the cracks.
- Make use of technology to provide information
- Effective prescreening
- Information from, Counseling Center, Health Educator, Health Center, ALAC

Felt so depressed it was difficult to function, and seriously considered suicide



# Early Warning System

- Service initiated by Academic Advising and Counseling Center
- Administered by Registrars office
- Formation of the Intervention team
  - ALAC, Counseling Center, Residence life
  - Required training of faculty as the first responders

**Rensselaer Student Information System**


[Personal Information](#)   [Student Menu](#)   [Instructor & Advisor Menu](#)   [Main Menu](#)   [Hartford Student Menu](#)   [HR/Payroll Menu](#)

Search   MENU SITE MAP HELP EXIT

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Early Warning System 660010067 Keith J. Anderson  
Fall 2006  
Nov 21, 2006 11:22 am

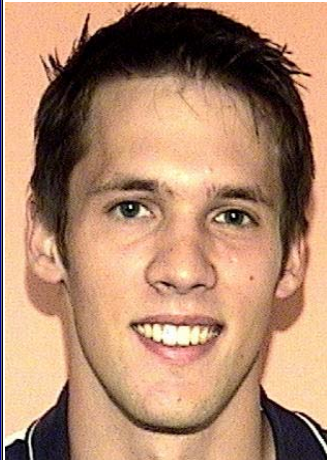
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 Welcome to the Early Warning Entry Page.

Please choose the appropriate warning from the drop down box and enter comments that would be helpful to us to assist the student. Notification e-mails will be delivered to the student's advisor(s), the Advising and Learning Assistance Center and the Office of the First Year Experience. The comments you enter will be shared with these recipients.

Students are notified electronically for all warnings except "OTHER", in which case they are contacted by ALAC. Please note that comments will not be communicated to students.

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Freshmen Fall 2003  
Course : HUMAN SEXUALITY

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*Enter a New Warning*

Select a Warning:

# Medical Leave Policies

- Policies, procedures, protocols, panels, policing
- Is the student able to function as a student?
- Is the behavior disruptive to the community?
- Re-entry protocols and criteria
- Programs for returning students

# Postvention Programs

- Crisis intervention/Emergency teams
- Support, assistance, direction
- Bringing closure
- Media relations

# Faculty and Staff Consultation Services

- Assessing the need for referral or intervention
- Available Resources
- Clarifying your own thoughts about the student and make recommendations
- Discuss follow up concerns
- Faculty and staff training