Emerging Landscape of College Student Mental Health

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1861: Edward Hitchcock appointed “college physician”
Pre-1945: Advisors, deans, faculty “counseled” students
1945-1955: Post WW II; vocational counseling
1955-1970: transition to outreach, training, mental health
1970-2000: profession of counseling centers as blend of mental health and student development; focus on clinical, outreach, and training
2000-present: campus, as well as individual students, as “clients”; dramatic increases in all areas of work; innovative clinical and public health approaches
Expanding the Canvas
College Student Mental Health

- Wide continuum of psychological issues from developmental issues to psychiatric emergencies
- Clinical and ‘non-clinical’ work
- Wide range of diverse student populations
- Increasing breadth/depth of clinical practice
- Identifying quick yet thoughtful responses to emergencies based on training and professional judgment
- Individual and community work
- Consulting, collaborating, communication, and multiple “clients”
- Training graduate students – ‘next generation’
- Innovative strategies to support the work (e.g., CAPS After Hours, QPR, CAPS App, etc.)
UM Student Mental Health

Fundamental themes which guide the delivery of all services -- developmental issues to mental health emergencies

- Quick/Immediate Accessibility to High Quality Care
- Community/communities Approach
- Collaboration/Coordination
- Intentional Diversity
- Trends/Data/Monitoring & Anticipating Needs
- Intersections of Policy, Standard Practice, and Law
Scope of The Issues

Some General Numbers

- 24,000 suicide attempts/year on campuses nationwide (~20 million students at institutions of higher education)
- 1,100 student suicides/year nationwide
- 7.5/100,000 completed (or, 3.1/41,000) per year (Big 10 Study)
- 18% of all UM students have ideation per College Student Mental Health Survey Phase II (CSMHS). {23% in Phase I Study}
- 26% students report mental health issues ‘interfering’ with academics (CSMHS; translates to 11,440 out of 44,000 students)
- 13% report ever engaging in non-suicidal self injury (CSMHS)
- 20% report some history of abuse in family (CSMHS)
- Graduate students reported higher difficulty with academic issues compared to undergraduates (CSMHS)
- 16% meet criteria for experiencing traumatic event (CSMHS)
CAPS 101 – The Basics

- Currently, 33 Professional Staff (licensed psychologists, social workers, and psychiatrists)
- 17 Trainees (interns, post-docs, post-MSW’s)
- New funding for 4 Additional Positions
- Individual, couples, and group therapy
- Same-day walk-in for urgent/crisis issues
- Individual as well as the campus as a whole are our “clients”
Scope of The Issues

Some CAPS Numbers

In 2015-16, there were 4,446 requests for service, with ~20,000 clinical appointments provided

- 40% of CAPS clients were students of color
- 17% noted prior counseling
- 17% were first generation students
- 10% were international students
- 30% were graduate/professional students
- Students improve after being seen at CAPS (outcome study data)
- 33% self-reported some degree (1-4 on a 0-4 scale) of thinking about suicide
- 26% said there was a history of abuse in their family
- 58% reported some degree of “I feel lonely”
- 62% reported some degree of “I feel worthless”
- The “number” of high risk, complex cases has dramatically increased
Yet........
Scope of the Issues

Resilience, Coping, Supporting Each Other

- 60% report strong cultural/ethnic identity (CSMHS)
- 73% report religion/spirituality being integral to identity (CSMHS)
- Students call/come in to CAPS for direction to help a friend/roommate
- CAPS Student Advisory Board & CAPS In Action
- Active Minds, Healthy Minds, PULSE, RA’s, Student Governments
- Many faculty calls inquiring how best to help a student
UM Student Mental Health - A Current Overview of Clinical Services

- Clinical
  - Counseling & Psychological Services (CAPS)
  - The Psychological Clinic
  - University Center for the Child and Family (UCCF)
  - Department of Psychiatry (inpatient and outpatient)
  - Depression Center
  - University Health Service (UHS)
  - Psychiatric Emergency Services (PES)
UM Student Mental Health - A Current Overview of Services

• Student Support
  - Dean of Students Office
  - Services for Students with Disabilities
  - University Housing/Residence Education
  - A wide range of Student Affairs units that support healthy individual and community development
  - A wide range of people/offices/positions in academic units

• Related
  - Many private practitioners and agencies in Ann Arbor
Quick and easily accessible full range of clinical services
Multiple mechanisms for ‘early detection’
Systematic education and prevention efforts
Reduction of stigma for multiple student groups
Amount of services slightly higher than our peer institutions
Campus rich in resources and high in expertise
Using advantages of a de-centralized system yet centralizing when we need to
Each unit having a niche and role in the larger system
Community & Collaboration

• “A community is like a ship; everyone ought to be prepared to take the helm.”

    Henrik Ibsen, Norwegian playwright

• “Each of us needs to be awakened to a personal and compassionate recognition of the inseparable interconnection between our minds, hearts, and bodies, between our physical and psychical well-being, and between our selves and all the other selves in our country and in the world.”

    Grace Lee Boggs, Activist

• “Unless each individual develops a sense of responsibility, the whole community cannot move. So therefore it is very essential that we should not feel that individual effort is meaningless - you should not feel that way. We should make an effort.”

    His Holiness The Dalai Lama
CAPS Prevention & Education

- Utilize natural strengths of a community
- Increasing protective factors; reducing risk factors
- Giving examples of helpful “behaviors”
- Increasing connectivity on campus
- Keeping students “at the center” of focus
- Using elements of healthy communities to our advantage
- Actively promoting early detection/screening
- Creating innovative prevention programs
- Engagement…Engagement…Engagement
Engagement

Students
- CAPS SAB
- CAPS CIA
- Student Groups/Governments
- New Student Groups (Active Minds, Healthy Minds, etc.)

Faculty/Staff
- Documents
- Consulting
- QPR Training
- Presentations
- Liaison Network
New Concrete Elements

- Increased clinical staff to meet demand
  - Embedded Model
  - Central
  - Case Management
- Increased resources devoted to Community Engagement and Prevention (e.g., Leaders at Their Best video series)
- CAPS After Hours
- Wellness Zone(s)
- New ways of linking with Student Governments and Student Groups
- Stronger linkages with Campus and Community providers
Discussion

- What are you seeing?
- What are you addressing?
- What would help you?
- What would you like more of?
- What can we be doing that we are not?