

Behavioral Health and Vanderbilt Students: Need and Resources

VU Faculty Senate
Student Life Committee
Mental Health Subcommittee
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Faculty Senate Briefing
August 17, 2006

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National Trends

- Increase across US in college mental health issues
 - ↑ Adolescents identified with MH problems early, effective treatment
 - Eligible for admission
 - ↑ Universities recognizing more students with MH problems

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National Issues

- Lawsuits against universities (and individual personnel)
 - For putting students in harms way
 - For failure to recognize suicide warning signs
 - For failure to inform parents
 - For failure to identify and treat
 - For dismissal or “forced leave” because of MH problems

Vanderbilt Context

- Best and brightest being admitted to undergraduate, professional, and graduate programs
 - SAT, GRE scores, etc
- Increases in those:
 - Coming to the attention of the Deans of Students in the Colleges
 - Seeking services from Counseling Center & Student Health
 - Reporting prescription psychiatric medication

Vanderbilt Context

- Mental health
- Substance abuse & dependence
 - Alcohol
 - Any use <21 years is illegal
 - Illegal drugs
 - Recreational use of prescription drugs
 - When does use become abuse?
 - Relationship between adolescent substance use and mental health issues

Information From

- Deans of Students or Designated Contact
 - A&S
 - Peabody
 - Blair
 - Engineering
 - Divinity
 - Owen
 - Law
 - Medical School
 - Graduate School at VUMC
 - Nursing School

Information From

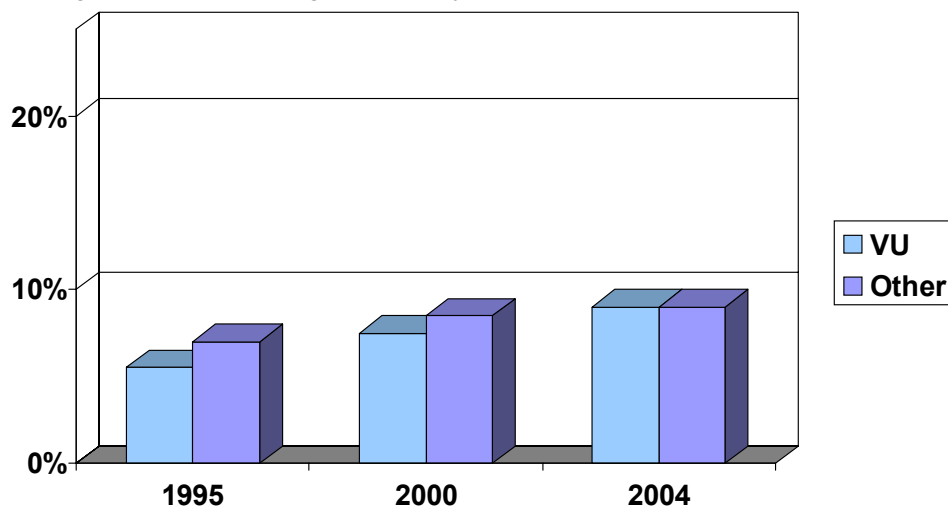
- Psychological & Counseling Center (PCC)
- Student Health
- Housing
- Panhellenic Advisor
- Student Discipline
- Office of Alcohol, Tobacco and Other Drugs Prevention (OATDP)
- VU Police Department (VUPD)
- Emergency Department
- Margaret Cuninggim Women's Center
- Bishop Joseph Johnson Black Cultural Center
- Opportunity Development Center (ODC)
- University Chaplain's Office

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VU Data Available: Problems

• Undergraduates reporting "frequently depressed"

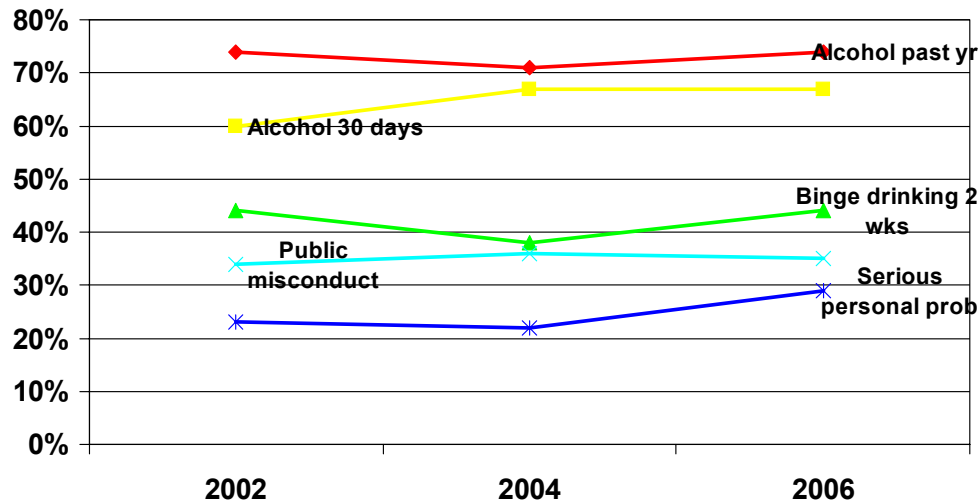


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VU Data Available: Problems

•Undergraduates reporting substance use



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Core Alcohol & Drug Survey(OATDP) (n=69 first year students, Sp 2006)⁹

VU Data Available: Problems

- When larger sample of all undergrads surveyed in dorms (n=2,657):
 - 71% Alcohol past 30 days
 - 43% Binge drinking past two weeks
 - 21% Marijuana use

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Quality of Life Survey (Student Life) (all in dorms, 2004)

VU Behavioral Health Services & Supports

Dedicated to Students:

- Psychological & Counseling Center
- Student Health
- Housing
- Discipline
- VU Police Department
- Office of Alcohol, Tobacco, and Other Drugs Prevention
- Opportunity Development Center, Disability Services

Also Available for a Fee:

- Emergency Department
- VU Adult Outpatient Psychiatry Clinic
- Psychiatric Hospital at VU

VU Data Available: Problems

- Intake information, Psychological & Counseling Center (PCC)
 - 60%+ met criteria for mental health diagnosis at intake
 - 15% discussed suicide at intake
 - 40% on psychiatric medication
 - 1/3 of those on 2+ meds

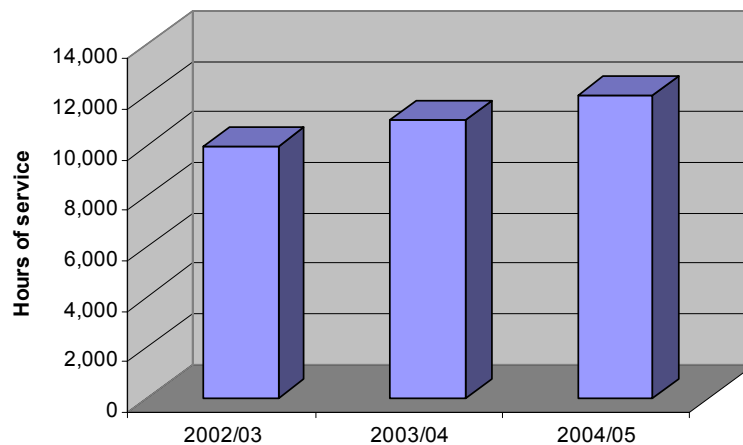
VU Data Available: Problems

- Prescription information, Student Health

Number of Students Taking Psychotropic Medications	Percentage of the 286 Students Taking the Medications	Percentage of the 1,622 Enrolled First-Year Students (Fall 2005)	Diagnoses
129	45.10%	7.95%	ADD/ADHD
97	33.92%	5.98%	Depression
36	12.59%	2.22%	Anxiety
18	6.29%	1.11%	Eating Disorders
6	2.10%	0.37%	Severe Mood Disorders
286	100.00%	17.63%	Total

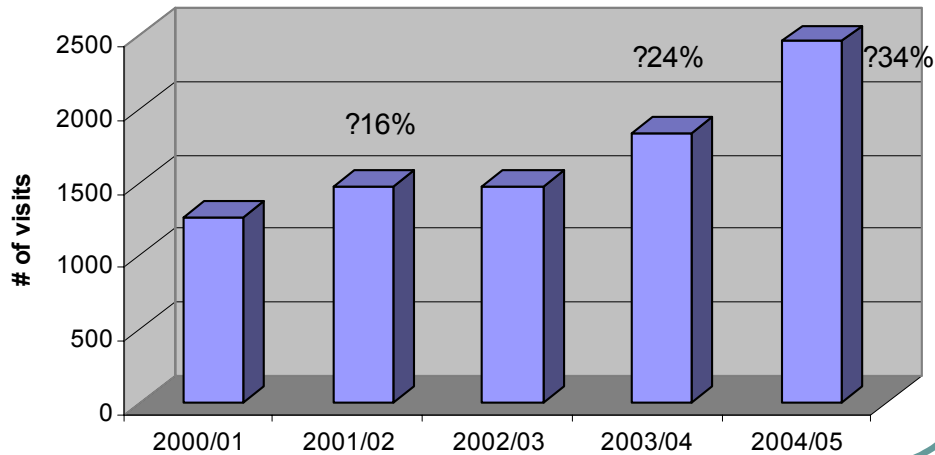
VU Data Available: Resources

- Service information, Psychological & Counseling Center (PCC)
 - 10% increase/year in hours of therapy for students



VU Data Available: Resources

- Psychiatric service information, Student Health



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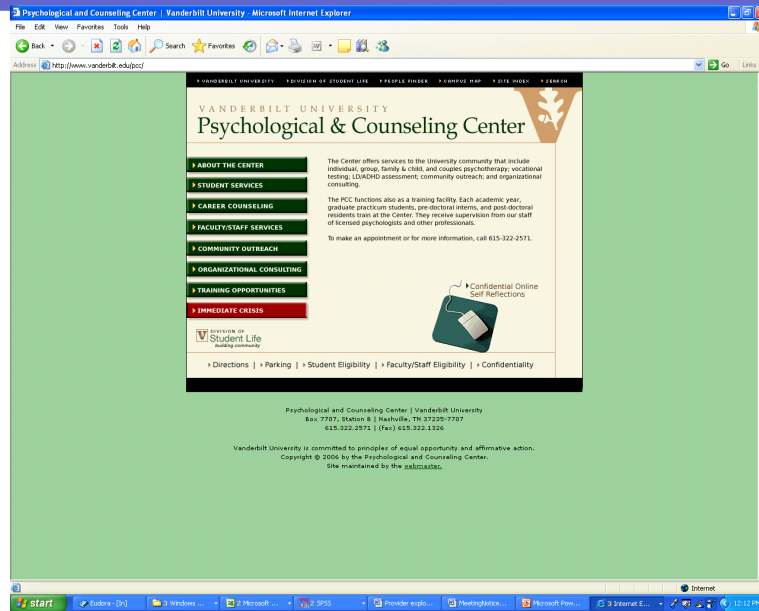
How Do Students Get Identified and Help?

- Orientation for new students
- Websites
 - www.vanderbilt.edu
 - Students
 - Health and Wellness
 - Psychological and Counseling Center
 - Student Health
 - Wellness Resource Center

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How Do Students Get Identified and Help? Psychological & Counseling Center



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<http://www.vanderbilt.edu/pcc/>

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How Do Students Get Identified and Help? Wellness Resource Center



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How Do Students Get Identified and Help?

- First responders
 - Residential advisors
 - Faculty and staff/Deans of Students
 - Special centers for certain students
 - Women's Center
 - Chaplain's Office
 - Black Cultural Center
 - Office for Gay, Lesbian, Bisexual and Transgendered Life

How Do Students Get Identified and Help?

- For undergraduates: "Wraparound" links between academics (deans of students), housing, student health, PCC
- Differences across:
 - Schools
 - Undergrad vs. grad/professional
 - Incoming students vs. others
 - Postdoctoral fellows
 - International students

Examples of VU Related Programs

- For the incoming first year undergraduate students 2006
 - AlcoholEdu
 - <http://college.alcoholedu.com/login.aspx>
 - Demo Login 6C221999DEMO
 - Click “sign up” and follow on-screen prompts

Examples of VU Related Programs

- Opportunities to incorporate “wellness” in the areas of mental health and substance use
 - Vanderbilt Visions (starting August 2006) for incoming first year undergraduates
 - Linked to VU Community Creed (Scholarship, Honesty, Civility, Accountability, Caring, Discovery, Celebration)
 - <http://www.vanderbilt.edu/visions/schedule.html>
 - Residential Halls “The Commons”

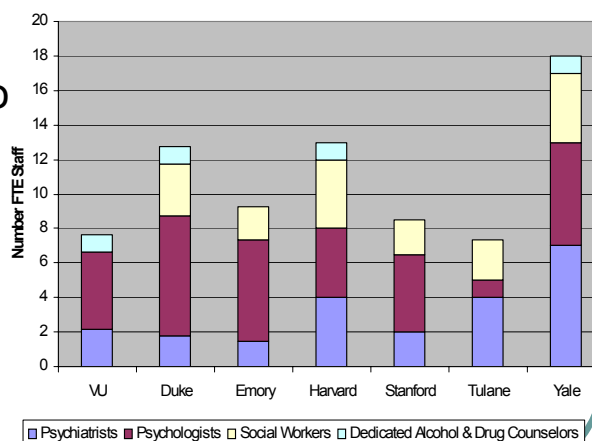
Examples of VU Related Programs

- PCC has received suicide prevention grant from USDHHS SAMHSA; Goals for this year:
 - Implement first responder trainings & host PCC Open House
 - Develop, pilot test, & implement student leader program
 - Incorporate suicide prevention training into existing outreach programs
 - Include crisis hotlines and resources in campus phone book
 - Develop and disseminate information about the National Suicide Prevention Lifeline
 - Evaluate effectiveness of new educational materials for students and first responders

Level of Resources at VU

- Feedback from colleagues at other universities
 - VU works hard to retain students
 - VU relatively understaffed

Phone Survey of Mental Health Professionals for Students, 2004



Lessons Learned From Other Universities

- Starting suicide prevention programs for faculty and dorm leaders
- Universal screening programs with feedback and referral built in
- Specifying procedures for emergencies
- Limiting university liability for putting safety and screening into place

Barriers to Meeting Student Needs

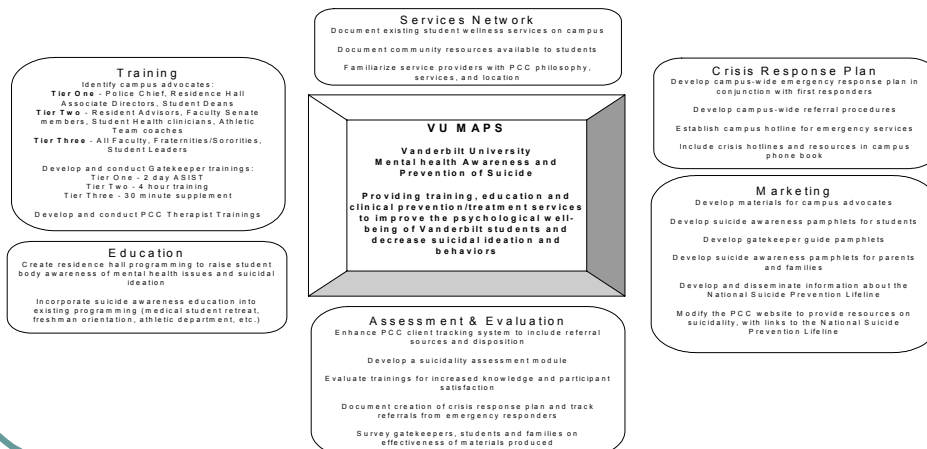
- VU Faculty are only group of “first responders” without regular training
- Many faculty do not consider themselves as “first responders”
- (Lower than needed) level of resources
- Structural barriers
 - Organizational structure
 - Coordination/communication
- Policy vs. enforcement of alcohol policy
- Address students having to withdraw from classes due to mental health crises as an educational issue

Recommendations

- That the Senate commend VU for
 - Admitting well-qualified students regardless of mental health problems
 - Providing services to keep and support students at VU
- How to move to a comprehensive and proactive approach?

Recommendations

- Support the VU MAPS (Mental health Awareness and Prevention of Suicide) Plan



Recommendations to the Administration

- ONE point of contact
 - Phone referral center/ 24 hours/7 days a week
 - Integrated, regardless of school, grad v. undergrad, faculty v. staff v. student
 - Website access/coordination
 - Needs catchy acronym, easy to remember

Recommendations to the Administration

- Improve the infrastructure
 - We commend the recent change in administrative structure
 - Dean of Students and Dean of Commons named, to be directed by Provost
 - More resources needed for early identification, support
 - Address differential access among groups of students

Recommendations to the Administration

- Improve the infrastructure
 - Work on balancing student privacy versus “need to know”
 - ODC information on disabilities
 - ER information on visits
 - Examine discrepancies/gaps in student insurance

Recommendations to the Administration

- Improve/coordinate data
 - To monitor the need, response, and quality control over time
 - Coordinate within-VU information
 - Move to regular, universal surveys
 - Participate in other national surveys
 - How to make this data available to the VU community?

Recommendations to the Administration

- Monitor/enhance orientation
 - For students
 - Undergraduate
 - Professional
 - Graduate
 - For parents of undergraduates
 - Educate them on navigating campus resources
 - For new faculty and staff

Recommendations to the Administration

- Address the discrepancy in the alcohol policy and enforcement
 - Recognize that repeated alcohol/drug offenses indicate
 - Abuse and addiction issues
 - High probability of accompanying mental health issues

Recommendations to the Administration and the Faculty

- Improve awareness of the VU community
 - Address the stigma of seeking help
 - Initial focus on the first responders

Recommendations to the Administration and the Faculty

- Improve knowledge of first responders
 - Especially faculty – Faculty Senate role
 - September 2006 FS meeting
 - Online training modules (e.g., Compliance, VUMC)
 - New faculty orientation
 - Advisor training
 - Blanket mailing
 - Resident Advisors and other Student Mentors
 - Other “ports” for students
 - Women’s Center
 - Black Cultural Center
 - Office for GLBTL
 - Involve student groups in planning and implementation

Behavioral Health and Vanderbilt Students: Need and Resources
VU Faculty Senate, Student Life Committee, Mental Health Subcommittee
Slide Notes

Slide 2:

- More US adolescents are being identified with mental health issues in their teens, receiving appropriate treatment, and succeeding in HS, thus competitive for college admission
- Staff across the country are reporting increases in mental health-related issues at their universities

American Psychiatric Association: reminds us that 1 out of every 4 young adults will experience a serious depressive episode by age 24 and nearly half of all college students report feeling so depressed at some point that they have trouble functioning

From Caulfield (2006) and the November 2005 Leadership Forum on Student Health 2010: Quote from John Terral, MD, Texas Christian University “I feel as though I run the largest residential treatment center in Texas. When we count up our students who present with ADD, depression under current treatment, panic disorder, and those who have had a suicide attempt, we are at about 20% of our student body...and we assume these statistics are underreported...”

Slide 3:

Harms way: University held responsible for a student who committed suicide with socks and belt while being held in custody by university police; another was sued for the athletic departments dispensing of large quantities of Darvocet and Tylenol #3 (Franke, 2004, Chronicle)

MIT: Elizabeth Shin committed suicide at MIT: parents suing mental health professionals and administrators at MIT, MIT is being sued for \$27 million

“Every college ought to have clear and consistent policies and procedures for dealing with students living on the campus who threaten or attempt suicide. The development and implementation of these policies require close collaboration among campus mental health professionals, housing administrators, judicial officers, academic administrators, and university counsel...When a residential student either makes a suicide attempt or expresses serious suicidal ideation, two questions must be asked: Is it appropriate for the student to remain in campus housing? Is it appropriate for the student to remain in college? I would generally answer the first question probably not, unless it is reasonably certain that the behavior will not recur. The answer to the second question depends on what sort of alternative housing and care arrangements can be made, with the safety of the student as the top priority” (Michael Doyle, Psychologist in Student Psychological Services, Loyola Marymount University, Los Angeles, 2005) See also Hoover, E. (2005, August 12) in the Chronicle of Higher Education re MIT ruling

NYU (see Hoover, E. (2003, December 5) in the Chronicle

2 students fell to their deaths from the 10th floor on NYU's Bobst Library, then within six weeks a 3rd student (also an apparent suicide) fell from a 6th-story window of a nearby apartment.....how does a university know if it has enough safeguards for troubled students?

Harvard – on the eve of commencement ceremonies in 1995, a Harvard student stabbed her sleeping roommate, killing her, then hanged herself. She had been seen by a university health services counselor with a degree in education.

In 1996, a Johns Hopkins student gunned down a fellow student as they left a campus meeting. The perpetrator, who is serving time for murder, had never been referred to the campus counseling center, although the victim had complained to the Dean of Students.

Columbia (see Arenson, K., 2004, December 3 in the Chronicle
Nicole Thompson, freshman, went out drinking with friends and got separated from them – she had skipped her medication for bipolar disorder – she called friends at 3am in a panic and told them that she “just wished the traffic would take me out”. She made it back to campus safely and friends notified officials that they were worried about her.....they forced her to take a medical leave (she later returned).

Slide 9:

Core Alcohol & Drug Survey(OATDP)
Small samples of greeks, first year students
First year students (Spring 2006) reported:
74% alcohol consumption in past year
67% (all underage) in past 30 days
44% binge drinking past 2 weeks
15% marijuana use past 30 days
35% some form of public misconduct
29% serious personal problem

Public misconduct=fighting/arguing, DUI, vandalism as a result of drinking or drug use
Serious personal problem-suicidality, being hurt or injured, trying unsuccessfully to stop using, sexual assault

Slide 22:

Note that in the syllabus available for Fall 2006, there is no mention of mental health or substance use issues

Slide 25:

From Kadison 2004
What can colleges do?
Everyone on the campus...from administrators to faculty members to students...must recognize how important these problems are
-Providing rapid access to care
-Preventing problems (wellness and stress management programs)

- Coordinating care
- Involving other students
- Posting information on the Web
- Establishing a committee that involves all stakeholders
- Establishing clear policies to ensure treatment and referral of problems (including alcohol abuse and eating disorders)

See Arenson 2004

Emory and UNC are inviting students to fill out anonymous mental health questionnaires

Duke is asking faculty to be alert to changes in behavior

U of Illinois and U of Puget Sound in Tacoma, WA are requiring any student who threatens or attempts suicide to attend counseling sessions

NYU has forced a freshman student to withdraw because she had been briefly hospitalized for depression and suicidal thoughts ...

After Ms Shin's suicide, MIT began running training sessions for faculty members, departmental administrators, athletic coaches, dormitory personnel, fraternities and sororities

Cornell is making a special effort to reach out to Asian and Asian-american students, since 9 of the 16 students that have committed suicide there since 1996 were of asian descent

Note: Concerns raised about universal screening, see:

Vedantam, S. (2006, June 16). Suicide-risk tests for teens debated. Washinton Post. Retrieved June 19, 2006 from www.washingtonpost.com.

The National Survey of Counseling Center Directors has been conducted since 1981 and includes data provided by the administrative heads of college and university counseling centers in the United States and Canada. It began as a project of the Urban Task Force of the Association of University College Counseling Center Directors, and is now a joint endeavor of AUCCCD, ACCA and the International Association of Counseling Services. <http://iacsinc.org/2005%20National%20Survey.pdf>

MIT has started a suicide prevention program for faculty and dorm leaders.....*after a student suicide and resulting lawsuit*, see Tavernise (2003) NY Times

Liability: see Franke, 2004, Chronicle

“Good online screening programs...reach students directly, providing a rough evaluation of their own suicide risk and encouraging them to seek treatment”....to limit university liability, should clearly state that it is voluntary and anonymous

Policies for emergencies, develop operating procedures, conduct drills; policies for involuntary medical withdrawal: Washington and Lee, Cornell, UNC at Greensboro have on their websites (Franke, 2004)

For college campuses: <http://www.nmha.org/suicide/jedfoundation.org>

Dartmouth Guide to Suicide Prevention

<http://www.dartmouth.edu/~chd/resources/suicide/>

<http://www.couns.uiuc.edu/brochures/suiprev.htm> *University of Illinois at Urbana-Champaign, Suicide Prevention Brochure*

<http://www.unc.edu/policies/tapedec98.pdf> *Emergency Policy and Procedures, The University of North Carolina at Chapel Hill*

<http://deanofstudents.uncg.edu/policy/medical.pdf> *STUDENT INVOLUNTARY MEDICAL WITHDRAWAL, UNC-Greensboro*

Slide 28:

See also www.jedfoundation.org for “Approach to a Comprehensive Mental Health Promotion and Suicide Prevention for Colleges and Universities”

Slide 29:

Campusblues.com – for \$69.95 a student would receive a wallet-size card with a toll-free number to reach trained counselors 24 hours a day/ 7 days a week; plan also covers 6 face-to-face sessions with on- or off-campus counselors (being marketed to universities; they would get 10% of subscriptions)

Active Minds on Campus, a student-run mental-health awareness group based in Washington DC

www.activemindsoncampus.org

Jed foundation: www.jedfoundation.org

Uline.org – features a 24-hour screening program developed at Duke that evaluates students for suicide risk and several other disorders

Beating the College Blues (Facts on File, 1999) NYU

Slide 33:

For new faculty:

In a study that examined the impact of sending faculty, thru campus mail, a packet with a letter, brochure about the counseling center, and faculty guide (versus just being handed the brochure at an orientation meeting). The mailing was followed up with a phone call asking if there were any questions.

“The letter to faculty, signed by the CC director, described the importance of the CCs, the documented tendency of faculty not to refer, and information on the university’s own CC, including its mission, services, and contact information” (Nolan et al., 2006, p.4)

Faculty who received the mailing and phone call were significantly more likely to:

- Report knowing that the CC existed (96% vs. 75%)
- Refer students with personal problems (46% vs. 0%), despite no difference in their reports that students discussed personal problems with them

Other Resources (8/17/2006)

- “American Psychiatric Association launches college mental health initiative.” (2005, August 8). *Medical News Today*. Available at <http://www.medicalnewstoday.com/medicalnews.php?newsid=28838>
- Arenson, K.W. (2004, December 3). Worried colleges step up efforts over suicide. *New York Times*, A1.
- Blom, S.D., & Beckley, S.L. (2005, January 28). 6 major challenges facing student health programs. *The Chronicle of Higher Education*, 51(21), B25.
- Caulfield, S.C. (2006, February). Student health 2010: What changes will the next five years bring? *Spectrum*, 4-11.
- Chisholm, M.S. (1998, May 15). Colleges need to provide early treatment of students' mental illnesses. *The Chronicle of Higher Education*, 44(36), B6-7.
- Collins, M.E., & Mowbray, C.T. (2005). Higher education and psychiatric disabilities: National survey of campus disability services. *American Journal of Orthopsychiatry*, 75(2), 304-305.
- Doyle, M. (2005, October 7). The legal aftermath of a student's suicide: Letter to the editor. *The Chronicle of Higher Education*, 52(7), A63.
- Farrell, E.F. (2005, December 16). Need therapy? Check your in box. *The Chronicle of Higher Education*, 52(17), A36.
- Franke, A.H. (2004, June 25). When students kill themselves, colleges may get the blame. *The Chronicle of Higher Education*, 50(42), B18.
- Galely, G. (2005, April 17). Colleges target mental health; campus groups, courses, online services help reduce the stigma of treatment. *Boston Globe*, D18.
- Hoover, E. (2006, March 13). Student dismissed after seeking treatment for depression claims George Washington U. violated his rights. *The Chronicle of Higher Education*. Available at <http://chronicle.com/daily/2006/03/2006031302n.htm>
- Hoover, E. (2005, August 12). Judge rules suicide suit against MIT can proceed. *The Chronicle of Higher Education*, 51(49), A1.
- Hoover, E. (2003, December 5). More help for troubled students. *The Chronicle of Higher Education*, 50(15), A25.
- Kadison, R. (2005, September 15). Getting an edge – Use of stimulants and antidepressants in college. *New England Journal of Medicine*, 353 (11), 1089-1091.
- Kadison, R. (2004, December 10). The mental health crisis: What colleges must do. *The Chronicle of Higher Education*, 51(16), B20.
- Malmon, A. (2004, August 13). Early help for suicidal students: Letter to the editor. *The Chronicle of Higher Education*, 50(49), B22).
- McPherson, K. (2004, January 23). Mental health care for students: Letter to the editor in response to Hoover (2003). *The Chronicle of Higher Education*, 50(20), B13.
- Nolan, S.A., Pace, K., Iannelli, R.J., Palma, T.V., & Pakalns, G.P. (2006). A simple and effective intervention to increase faculty knowledge of and referrals to counseling centers. Working paper available from Richard.j.iannelli@vanderbilt.edu.
- Stone, G.L., Vespia, K.M., & Kanz, J.E. (2000). How good is mental health care on college campuses? *Journal of Counseling Psychology*, 47(4), 498-510. [Note: criticized Chisolm (1998) and presents survey data]

Tavernise, S. (2003, October 26). In college and in despair, with parents in the dark. *New York Times*, 1,31.

Related Websites

www.activemindsoncampus.org

www.stopstigma.samhsa.gov

www.dailynorthwestern.com/vnews/display.v/SED/State+of+Mind

Free public information about mental health issues for college students and others is available on APA's consumer Web site at <http://www.healthyminds.org>.

From National Mental Health Association for college campuses:

<http://www.nmha.org/suicide/> see their report on “Safeguarding your college students against suicide”

www.jedfoundation.org

The Jed Foundation, a national nonprofit organization, was born from one such tragedy following the loss of Jed Satow, a college sophomore. Jed died by suicide without anyone fully understanding that his life was in imminent danger. See their comprehensive approach at:

http://www.jedfoundation.org/documents/Mental_Health_Model.pdf

Dartmouth Guide to Suicide Prevention

<http://www.dartmouth.edu/~chd/resources/suicide/>

<http://www.couns.uiuc.edu/brochures/suiprev.htm>

University of Illinois at Urbana-Champaign, Suicide Prevention Brochure

<http://www.unc.edu/policies/tapedec98.pdf>

Emergency Evaluation and Action Committee
Policy and Procedures

The University of North Carolina at Chapel Hill

<http://deanofstudents.uncg.edu/policy/medical.pdf>

STUDENT INVOLUNTARY MEDICAL WITHDRAWAL
UNC-Greensboro