

COLLEGE



OF THE

OVERWHELMED



THE CAMPUS MENTAL

HEALTH CRISIS AND WHAT

WE MUST DO ABOUT IT

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# Depression, Student Well-being and Learned Disengagement

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# Which is the Chicken and Which is the Egg?

- Vicious cycle
- Loss of interest following breakup, academic disappointment
- Disengagement with work
- Loss of motivation/concentration
- Sleep problems
- Social withdrawal or reengagement if community reaches out and recognizes

# Ideas from Today

- Let Students teach
- Teach Teachers to be engaged beyond academics and learn about key developmental issues
- Reduce competitiveness for incoming students: learning vs. grades
- Compartmental learning is a problem- staff story

# Thoughts from Today

- Grief is part of campus life, get supports in place
- Teach balance: work, play, give something back to the community
- Make mistakes and learn from them
- Share good ideas across campuses
- Learn where students live on line

# Stories

- Being Depressed at HBS
- Student Engagement: Motivate and Educate: Ipod
- Alcohol: When to get medical care in student DVD
- Walk the walk of the student: illness in family, acute depression, what happens?

# Stories

- Strength is not doing it yourself, but it is learning how to do it. Tools are needed
- Family illness and Scandinavian Literature
- Outward Bound- Penikese Island
- Caring for Harvard Community essays by students to reduce stigma
- Kay Jamison in the stairwell
- Feedback from first ED group

# What is going on in College and should we be worried about it?

- The data reported by college students and research is **FRIGHTENING**
- Depression Doubled, Suicidal Ideation Tripled, Sexual Assaults quadrupled over 13 years
- 45% students self report depression
- 10% report serious suicidal ideation and 44% binge drink
- These are the best years of your life

# Who is Responsible?

- Everyone: dining hall staff see eating disorders first, maintenance sees alcohol
- Senior administration must take student well-being seriously and provide resources
- Residence staff sees behavioral changes
- Faculty sees loss of motivation and withdrawal
- Other students see changes in peers

# Stress

- Biggest Problem described by students
- Amazing simple accurate test
- Picture of 2 Identical dolphins
- Careful scientific study shows that if you see 2 or more differences between the dolphins
- Indicates high level of stress and need for vacation

# Stress Test



# Impediments to Academic Success

- Stress 32.4%
- Cold/Flu 25.6%
- Sleep Problems 24.6%
- Depression 15.3%
- Internet Use/ Games 13.4%

# The Good

- We can learn to recognize problems much earlier
- Depression, Anxiety and Stress are treatable
- Education, Psychotherapy and Medication are all effective
- Academic performance is enhanced by physical and emotional health

# The Bad

- Most people who need care don't seek it or receive it
- There continues to be stigma and cultural pressure keeping people out of care
- Treatment and Medication are expensive and not part of the "mission" of many schools

# The Ugly

- Problems are getting more serious
- There aren't enough resources
- Some schools don't see emotional well-being and growth as their responsibility
- Care is disjointed and poorly coordinated
- No good deed goes unpunished: outreach and education brings business

# Youth Risk Survey 2001

## 13,600 HS students

- 28.3% sad or hopeless almost every day > 2 wks stopped some activity due to symptoms
- 19 percent of students reported that they seriously considered attempting suicide
- 14.8 percent had made a specific plan to attempt suicide.
- 8.8 percent had attempted suicide in the previous year [Grunbaum et al 2002].

# Data (ACHA)

- 58 % of Students feel hopeless at times
- 44.7% felt depressed to point it was difficult to function
- 95% feel overwhelmed at times
- 9.2% seriously consider suicide.

# Staffing Levels- AUCCCD 2003 Gallagher 2002

- 81.4% report increased severity of problems
- 1/1564 is average staffing Mean psychiatric hours per week is 2.6/1000
- 23.6% had new positions
- 30% open in evening, 60.9% of time in direct care seeing 9.8% of student body

# Chickering Group 2003

- 12.1% prescriptions for antidepressants
- 800% increase from 1990 mostly first half of decade
- 4 yr. MH cost increase 64% (140/student)
- Psychotropic costs increase 45%, (23.5% of total drug claims (excludes generics))
- (Student health spectrum 2001,2003)

# National Outpatient Trends 1987-1997

- Rate of Outpt. Tx. .73-2.33 (per 100 persons)
- % treated patients on antidepressants (37.3-74.5%)
- Costs covered by insurance (39.3-55.2 %)
- Nearly 30% insurance plan cost increase each year over past 3 due to MH

# Why Now?

- Adjustment Problems
- More Cultural Diversity and opportunity  
“Family Dreams”, Effects of War, WTC
- Financial Stress 1981-1994 200% cost increase at private schools. Income increased 75%
- Pressure starts earlier, “helicopter parents”

# International Students

- Open Doors Institute International Education
- 586,000 students: India, China, Korea
- 5 year growth up to 2002
- Asia 51%; Europe 13%; Latin America 12% (higher risk of suicide)
- Business and Management 20%; Engineering 17%

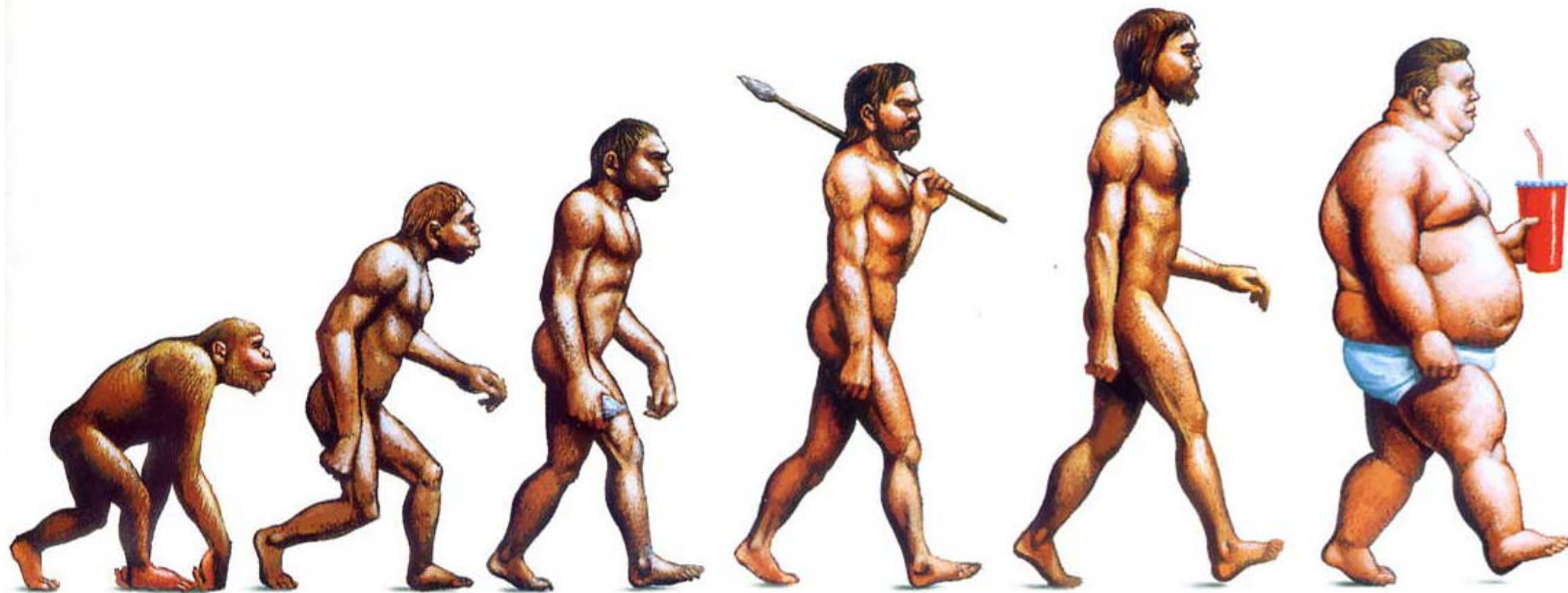
# Common Problems

- Depression
- Anxiety
- Eating Disorders
- Substance Abuse
- Sleep Problems
- Relationship Problems

# Functions of Serious Problems

- ED: numb out and avoid emotions
- Alcohol: social stigma and shyness
- Fear of Failure: Disengage to provide a reason
- Avoid work to Avoid stress
- Avoid sleep for social reasons, then get behind academically

# The Evolution of Metabolic Syndrome



Cover Illustration, *The Economist*, Dec 13, 2002

# Eating Disorders

- Anorexia, Bulimia, ED NOS
- 5-15% mortality from anorexia
- 1/3 of people don't improve from serious anorexia
- Glamour survey- 33,000 women 6% happy with their bodies
- Thighs most hated body part 72%
- 40% describe selves overweight. 60% diet

# Alcohol

My Doctor said "Only 1 glass of alcohol a day". I can live with that.



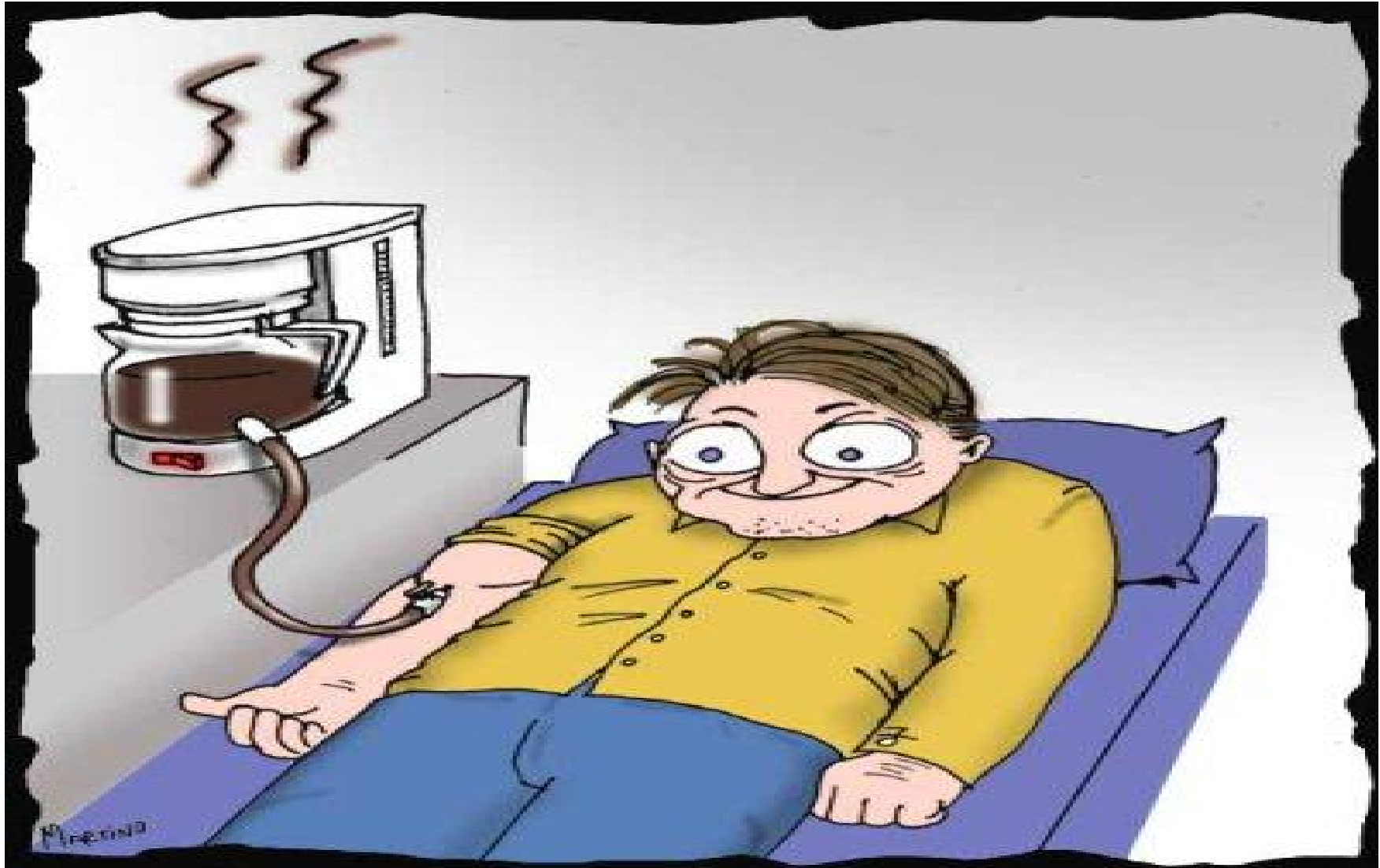
# Substance Abuse

- Binge Drinking- 5 or more drinks one sitting in past 2 weeks
- 44% meet criteria in national surveys
- 41% did something they regretted
- 31 % forgot what they did
- 9.7% unprotected sex
- 17% physically injured

# Stimulant Abuse

- 900% increase in production of methylphenidate (Ritalin) 1990-2000
- 40% increase 2000-2002 despite release of Metadate and Concerta
- 3-7% school age kids ADHD
- 50% carries over into college
- 16% use recreationally by mouth, snorting or by injection

# Sleep



# Sleep Problems

- 35% of adult population experience insomnia
- 11% of college students get a “good night’s sleep”
- Loss of cognitive functioning, driving
- Increased risk of depression
- < 7 hours yields sleep deprivation

# Relationship Problems

- Distorted perceptions of peer behavior
- 3% vs. reality of 28% not sexually active
- Important work of on campus groups recognizing everyone struggles, gets sad, and needs support
- Connection is a strength not a weakness
- Time of flux and experimentation emotionally and sexually

# Suicide

- Acute Risk Factors
  - Severe Anxiety, Agitation, Insomnia
  - Recent onset Alcohol Abuse
  - Contracts for Safety Meaningless: 77% in hospital denied ideation or had contract
  - 10% attempters die over 10 years
  - 45 of 76 suicides occurred during first week post hospitalization
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- Fawcett, Jan Update on Suicide Risk Factors: Currents in Affective Illness Vol XXIII, Number 9 Sept. 2004

# What should colleges do?

- Rapid Access to Care
- Education
- Consistent Care
- Student participation
- Innovative programs to engage students in community and academics

# Core competencies

- Rapid access to care across systems
- Education of faculty, staff, and students to recognize and destigmatize problems
- Coordination of Care between Residence, Counseling, Medical, Outside Providers
- How much care for whom? How are sickest students cared for?
- When should students leave?

# Data Needs

- How busy is counseling?
- Where else do students get care?
- How many students take time off for medical reasons
- What are the retention issues?
- How many students are hospitalized?

# Access to Care

- Triage system: Who needs to be seen today
- Inside vs. Outside Care
- Community Resources
- Hospital and Medical Leave, Reentry
- When should students go home
- Teach Wellness: Eat, Sleep, Exercise

# Coordinating Board

- All stakeholders: Students, Financial and Student Service Deans, Residence, Safety, Ministry, Health, Counseling, Disability
- Community wide programs for education from top down and bottom up
- Advisory to Counseling/MH
- Strategic, Realistic Planning
- Community vs. Individual needs: Insurance
- Have adequate focus on prevention

# Wellness Activities

- Engage Students in community- study breaks, hikes, encourage student groups
- Teach yoga, sleep hygiene, relaxation response as part of leading balanced life.
- Have annual “wellness or caring events” like this one or “maximize academic potential, minimize stress”
- Student Wellness Reps.

# Confidentiality

- Considerations include sensitivity of information
- What is expectation of privacy (what is in the student handbook): Protect health
- What is the “need to know” of the recipient
- Involve student in planned disclosure

# Web Information

- Online screenings:  
[Mentalhealthscreening.org](http://Mentalhealthscreening.org)
- Information about alcohol
- Student made DVD to incoming students
- Information about resources
- Many good web resources  
(JED, [Mystudentbody.com](http://Mystudentbody.com), etc.)
- Many bad web resources

# Student Participation

- Peer Counseling/ Education Programs
- Student Health Advisory Group
- Wellness representatives in the dorms
- Mental Health Advocacy Group
- Involve in screenings and education

# Parents

- Make them partners, don't shut them out with "Sorry, I can't speak with you"
- Process of communication is key: explain the rules and invite them to get permission
- Discuss general concerns suggestions without breaching confidentiality
- Orient them about resources: 70% of students get their health info from family

# Innovative Programs

- Triage
- For credit course for Freshman around stress and time management
- Get students involved in the community
- Screenings for common problems
- Web Based screenings/ Education
- Student Based Programs: Active Minds

# Summary

- Emotional and Physical Well-Being and engagement are crucial for Academic Success
- Focus on Prevention and Learning Healthy Lifestyles: Eat, Sleep and Exercise
- Self Care: Practice what you preach