VII. STANDING COMMITTEES

A. Academic and Student Affairs Committee

UW Student Services Presentation

INFORMATION ONLY

Oral presentation only.

Current Trends in College Student Mental Health

BACKGROUND:

On a national level

Steady increase in demand for services has continued:

- Greater numbers of students are seeking counseling support
- Greater complexity of presenting issues
- Increasing numbers of students arriving on campus with history of medication

In 2011, Association of University and College Counseling Center Directors (AUCCCD) survey indicated that 23% of Counseling Center clients are on medication, up from 20% in 2003, 17% in 2000, and 9% in 1994.

- Increasing expectations among parents and the public
- National concern about the apparent increase in violence on campuses

<u>American College Health Association Survey</u> [Spring, 2011 (n=105,781)]:

Students Report:

"Diagnosed or treated by professional in last 12 months":

Anxiety 11.7%

Depression 10.7%

Panic attacks 5.3%

Bipolar 1.4%

Disabilities or medical conditions:

ADHD 6.5%,

Chronic illness 4.0%,

Psychiatric disorder 4.7%

Factors negatively affecting academic performance:

Stress 27.5%,

Respiratory infection 22.1%,

Sleep difficulties 19.4%,

Anxiety 19.1%,

Internet use/computer games 12.4%,

Depression 11.9%

What do we mean when we talk about "Developmental Concerns" among college students?

- Identity Development: Who am I? Who do I want to become?
- Career Development concerns: What do I want to do with my life? How will I contribute?

- Relationship Issues: With whom do I want to spend my time? How do I find love and connection? How do I take care of myself when I feel lonely?
- Family Concerns: How do I stay connected with my family even if they don't approve of me? How do I learn to let go of old resentments and move forward? How do I balance my own needs with the expectations of my parents?
- Making Meaning: What is the meaning and purpose of life? How do I live in a way that is congruent with my values? What matters most to me?
- Academic Concerns: Why am I not more successful? How do I manage my time more effectively? How do I motivate myself to focus on school?
- Self-Care and Mood Management: How do I manage stress and anxiety? What helps when I'm feeling blue? Why am I not happy when I know I have so much going for me?
- Financial Concerns: How will I pay for college? How do I keep up with my studies when I must work two jobs?

Relationship between Counseling, Retention, and Academic Success

The retention rate for students who received psychological counseling is 11-14% higher than it is for students who do not (Turner, 2000; Kitzrow, 2003).

High levels of psychological distress among college students were significantly related to academic performance: Students with higher levels of psychological distress are characterized by:

- Higher test anxiety,
- Lower academic self-efficacy, and
- Less effective time management and use of study resources.

(Brackney and Karabenick, 1995 as included in NASPA Journal, Fall 2003).

University of Washington

In 2007, following national and local incidents of campus violence, we created Health & Wellness and the Violence Prevention and Response Program (SafeCampus) and established Consultation and Assessment Team (CAT) & Violence Prevention Assessment Team (VPAT) functions:

CAT

- Representatives from Health & Wellness, Counseling Center, Community Standards & Student Conduct, SafeCampus, UWPD, and others
- Meets 2x/week to review cases and "connect the dots" among sources of information regarding students of concern.

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VPAT

- Meets on as-needed basis
 - **2**010-2011: 59
 - **2009-2010: 69**
 - **2**008-2009: 82
 - **2007-2008: 50**

Counseling Center and Hall Health:

- Steady increase in Consultation as well as demand for Counseling Services
- Number of students seen limited by staff capacity (tables on pages 4-5)
- Primary presenting issues: Anxiety, Depression, Relationship Issues
- College student mental health → Clinical and developmental concerns
- Outreach, Education, "Post-vention"

Health & Wellness

- 3.2 FTE working with students broadly under student care and more specifically presenting with issues related to suicide, sexual assault and relationship violence, and alcohol and other drugs
- 807 cases in 2010-11:
 - Student Care: 327
 - Sexual Assault & Relationship Violence Information Service (SARIS):
 138
 - Alcohol & Other Drug: 296
 - Evaluated for the Suicide Intervention Program: 46

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University of Washington Counseling Center Service Delivery Trends

	2007-08	2008-09	2009-10	2010-11	Total % Change	
Students Seen for Counseling	1,309	1,346	1,483	1,454	+11%	
Appointments	6,427	6,427 7,141		6,749	+5%	
Students attending outreach/pres	3,422	3,134	3,033	4,990	+46%	
Crisis Consult with Student*	290	275	301	434	+50%	
Consult with Non-Student**	58	63	276	235	+305%	
Counseling FTE***	12.6	13.9	13.7	13.7	+9%	

^{*} Includes all walk-in contacts with students whose concerns are urgent

Currently, revenues collected from the Services and Activities Fee cover approximately 30% of the Counseling Center budget.

In 2010-11, Students seen at Counseling Center:

7% were International Students

21% were First-generation college students

29% currently or formerly on medication for emotional problems

25% report suicidal thoughts

7% report past suicide attempt

19% report problems with internet overuse

^{**} Includes one-time and ongoing consultations with parents, faculty, staff, and others with concern about a UW student's well-being

^{***} Includes Licensed Professional Staff plus 3.0 Paid Pre-doctoral Residents

Current Trends in College Student Mental Health (continued p. 5)

Hall Health Mental Health Clinic Service Delivery Trends

	2007-08	2008-09	2009-10	2010-11	Total % Change	
Student appointments	9,835	9,877	9,479	9,272	-6% (3 yrs)	
Crisis Consult with student			405	501	+23% (1 yr)	
Hall Health Therapy FTE	9.1	8.2	8.0	6.7	-26% (3 yrs)	
Hall Health Psychiatry FTE	2.5	2.6	2.2	2.4	-4% (3 yrs)	
Total Visits per FTE	1,086	1,117	1,155	1,260	+16% (3 yrs)	

Counseling Center Comparison --- 2011-12

	University of Washington	•	•		UC Berkeley	UC Davis	Ohio State University	Oregon State University	University	
Total Student Enrollment (headcount)	40,500	42,700	40,000	40,000	36,000	30,000	55,000	25,000	21,500	19,500
FTE Permanent Professional (Counseling) Staff	10.9	24	19	31	21.75	25	19.8	15.25	12.25	13.5
FTE Paid Trainees (Pre- and Post- doctoral interns)	3	12	4	7	8	10	14.5	3	5	4
Total FTE Paid Clinical/Counseling Staff	13.9	36	23	38	29.75	35	32.3	18.25	17.25	17.5
FTE Professional Staff:Headcount Ratio*	3,716/2,470	1,779	2,105/ 1,568	1,290	1,655	1,200	2,778	1,639	1,755	1,444

- --Michigan has 3.1 FTE Psychiatrists in addition to the 24 permanent FTE Counseling Staff. Their 24 FTE includes one full-time Case Manager.
- --UCLA has 4.7 FTE Psychiatrists in addition to 31 permanent FTE Counseling Staff.
- --UC Berkeley has 4.0 FTE Psychiatrists in addition to 21.75 permanent FTE Counseling Staff.
- --Ohio State has 3.35 Psychiatry in addition to 17.8 FTE permanent Counseling Staff.
- --UW has 2.6 FTE Psychiatry housed in the Hall Health Mental Health Clinic.
- --At both the University of Illinois and the University of Washington, there is a mental health clinic on campus that provides individual and group therapy to students. <u>These additional FTE equal 6.5 at UIUC and 6.3 at UW in addition to the numbers in the table above</u>. The ratio for these two institutoins reflects these total care providers.

*The International Association of Counseling Services, Inc., the accrediting body for university, college, and community counseling centers, has established minimum staffing ratios in the range of one FTE professional staff member (*excluding trainees*) for every 1,000-1500 students. Even <u>if both the Counseling Center and Hall Health Mental Health Clinic are considered together</u>, the UW falls far short of this professional standard for care. <u>Our current ratio is 1:2470</u>.