

COLLEGIATE STUDENT MENTAL HEALTH

T. Anne Hawkins PhD

Struggle is real ... loneliness ... isolation

The COVID-19 pandemic made U.S. college students' mental health even worse

Almost half of the students surveyed experienced high levels of emotional distress and worry



About 55 percent of college students experienced moderate to high levels of distress during the pandemic's early days, a new study shows. Those who reported the highest distress levels included women, Asians and students who knew someone with COVID-19.




By Sara Frueth

Rising Rates of Mental Health Problems in U.S. College Students Require a New Response, Report Says

College Students Have Been Stressed Out During the Pandemic. Here's How It's Affected Their Mental Health.

By Audrey Williams June | JULY 19, 2020



The New York Times

As Students Struggle With Stress and Depression, Colleges Act as Counselors



UNC Chapel Hill cancels classes amid suicide fears, mental health crisis

'What's the Point?' Young People's Despair Deepens as Covid-19 Crisis Drags On

Experts paint a grim picture of the struggle with lockdown isolation — a “mental health pandemic” that should be treated as seriously as containing the coronavirus.


Under Pressure: The Growing Demand for Student Mental Health Services

By Lee Burdick Williams / Volume 26, Number 3 / May/June 2017



Trends—Not just A Pandemic Problem

Trends: Average Subscale Scores (2010 to 2020)

Item	10-Year Change	2010-2020	Lowest	Highest	2019-2020
CCAPS-62					
Depression	+0.22		1.59	1.82	1.82
Generalized Anxiety	+0.27		1.61	1.88	1.88
Social Anxiety	+0.25		1.82	2.07	2.07
Academic Distress	+0.02		1.85	1.89	1.87
Eating Concerns	+0.06		1.00	1.06	1.06
Hostility	-0.07		0.97	1.04	0.97
Substance Use	-0.14		0.63	0.77	0.63
Family Distress	+0.08		1.29	1.38	1.38

Mental Health Trends (2012–2020)

Item	8-Year Change	2012-2020	Lowest	Highest	2019–2020
Prior Treatment					
Counseling	+11.6%		47.8%	59.5%	59.5%
Medication	+3.7%		32.4%	36.1%	36.1%
Hospitalization	-0.2%		9.5%	10.3%	9.9%
Threat to Self					
Non-Suicidal Self-Injury	+6.1%		23.0%	29.1%	29.1%
Serious Suicidal Ideation	+6.9%		30.1%	36.9%	36.9%
Serious Suicidal Ideation (last month)	+0.8%		6.4%	8.2%	7.8%
Suicide Attempt(s)	+2.2%		8.7%	10.9%	10.9%
Some Suicidal Ideation (past 2 weeks)	+4.6%		33.9%	39.6%	38.5%
Threat to Others					
Considered causing serious physical injury to another person	-4.1%		7.1%	11.2%	7.1%
Intentionally caused serious injury to another person	-1.8%		1.6%	3.4%	1.6%
Traumatic Experiences					
Had unwanted sexual contact(s) or experience(s)	+6.8%		18.9%	25.8%	25.8%
Experienced harassing, controlling, and/or abusive behavior	+5.5%		32.8%	38.7%	38.7%
Experienced traumatic event	+11.7%		31.0%	42.6%	42.6%



Carruth Center

Pre-Pandemic

- 120% increase in crisis intervention appointments
- 107% increase in drop-in appointments



Waves of Pandemic, 1st – 4th

- Pivot to virtual sessions
- Increase in:
 - Reports of suicidality and anxiety
 - Crises interventions (36%)
 - Referrals (40%) to off-campus providers
 - Counseling volume and acuity
- 10.7% of the student population served clinically 2021-22.....

Carruth Center: By The Numbers

CLIENTS

- 30% report self injury
- 31% report suicidal thoughts
- 13% report a previous suicide attempt

SERVICES

- Average number of available crises hours per week: 130
- Average number of scheduled student sessions in a week: 477
- Average number of available access/1st appts per week: 150
- **265 outreaches --- ~12,000 students**



WVU After Hours

In 2018-2019, **159 interventions** -- **2** in-person interventions.

In 2021-2022, **242 interventions** -- **7** in-person interventions.

A 42% increase in after hours contacts; and 300% increase in in- person crises interventions

WVU Campus Police

	Suicide	Attempted Suicide	Threatened Suicide	Welfare Checks
2019-20	0	5	8	40
2020-21	1	4	5	55
2021-22	0	10	19	81

100% increase -----on campus data only

ALL these =
Perfect Storm



A Day in the Life of a Counseling Center

1:10 a.m. Student calls after hours service – suicidal – Welfare Check, ED

7:30 a.m. Zoom meeting with job candidates (3 vacancies)... shameless schmoozing

8:00 a.m. COVID-related calls/texts to students quarantining/isolating

8:30 a.m. Multiple calls from students scheduling/canceling appts. and last night's emergency

3:00 p.m. - 5:00 p.m. Mental Health 101 presentation on campus; Meditation and Mud

4:45 p.m. Crises walk-in (death in family)

5:00 p.m. – 7:00 p.m. Carruth personal counseling sessions and two support groups

8:05 p.m. Crises call about student conduct sanction and related suicidality

8:30 p.m.- 10:00 p.m. Related calls to Student Life staff

Throughout the day: approx. 125 counseling appts, 8-12 urgent/crises visits/calls (grief, sexual assault, failing classes, family/relationship conflict, suicidality), 3-10 calls from parents/students/faculty about distressed students

Status: West Virginia

West Virginia University and Marshall University collaborated to gather data and focus group feedback from counseling center directors on the state of collegiate mental health in West Virginia

- Participating institutions:

Appalachian Bible College

New River Community &
Technical College

West Virginia State University

Concord University

Pierpont Community & Technical
College

West Virginia University

Davis & Elkins College

Shepherd University

Wheeling University

Glenville State University

West Liberty University

WVU Potomac State

Marshall University

West Virginia School of Medicine

WVU Institute of Technology

Status: West Virginia

Top 5 services/support your students need access to/more of:

1. Psychiatric services
2. Mental health/wellness screening (i.e., during first semester),
3. Longer term counseling services beyond first semester or year
4. Access to more frequent appointments (weekly vs. biweekly)
5. Peer mentoring/support (tie)
24/7 staffing for after hours services (tie)

Other: Basic mental health counseling services as we currently have no counselors/counseling center

Status: West Virginia

Top 3 services/support faculty and staff need to assist students

1. More counselors
2. Funding increase for clinician's salaries to recruit and retain staff
3. Funds to provide prevention/outreach/wellness/resiliency services----



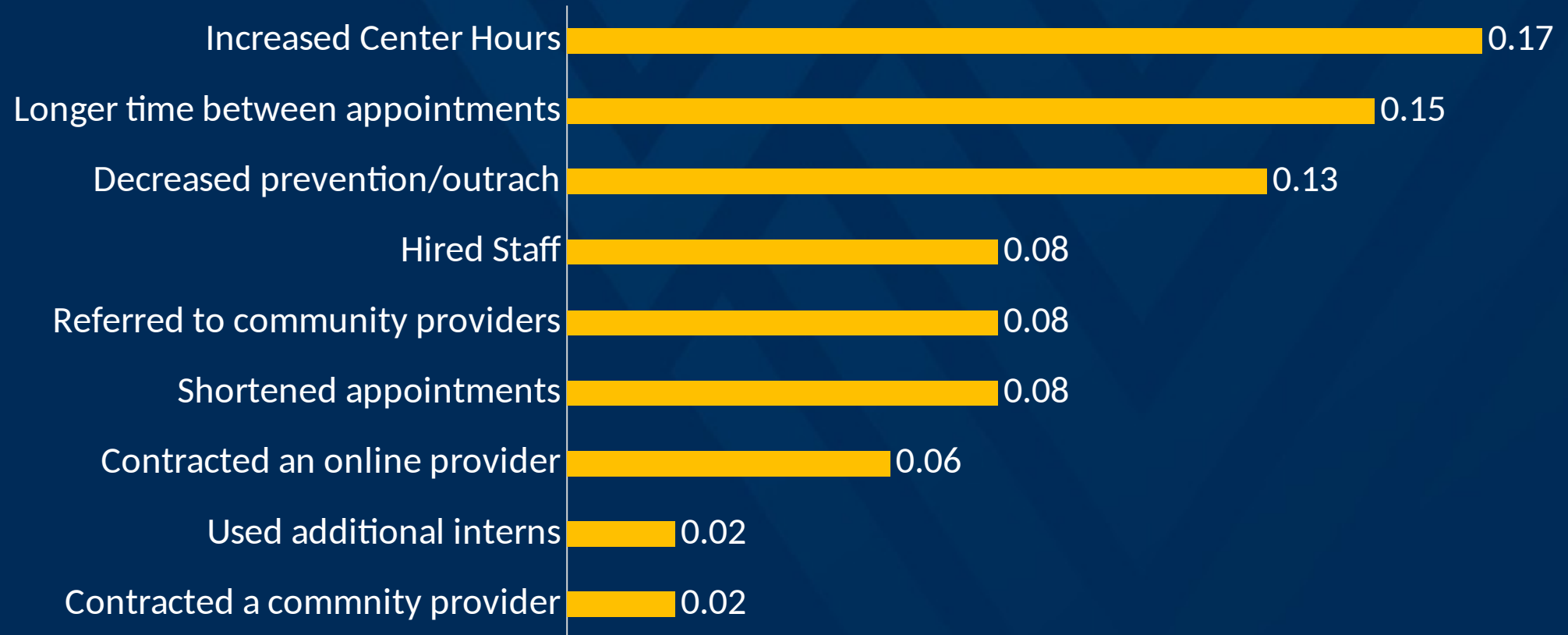
Status: West Virginia

69% of WV Counseling Center Directors reported **higher volumes of scheduled counseling appointments** compared to pre-pandemic.

53% of WV Counseling Center Directors **report higher volume of walk-ins or unscheduled** telehealth appointments compared to pre-pandemic.

Status: West Virginia

Adjustments to address pandemic



West Virginia Needs



- After hours crises interventions: text and phone lines, crises mobilization teams
- Additional counselors and salary reviews
- More psychiatric services
- Collaboration with campus and community partners
- Flip the clinical model – upstream
- Integration of coping skill/resiliency building/“adulting” content into curriculum
- Increased access to in-person and telehealth counseling (esp. marginalized students)
- Online mental health/wellness screening
- Training front line faculty and staff: Mental Health 101
- Increasing peer support, wellness coaching, collegiate recovery

Recommendations for West Virginia

- Increase the number of clinicians and retain them to address clinician shortfall ---- **Grow them**
- Support initiatives to place clinicians in elementary, middle and high schools
- Increase campus and community collaborations
- Think bigger ... share resources and high-tech solutions more effectively and efficiently
- Bring together mental health experts to develop a comprehensive collegiate behavioral health plan to address rise in suicides

Summary

- **Immediately Get More Guard Rails Up --Safety**
- **Decrease Stigma by Raising Awareness**
- **Enhance & Expand Digital Mental Health Services**
- **Work Upstream – Prevention, Resiliency Building, Adulting**
- **Increase Connection and Sense of Belonging**
- **Create a Culture that Values Wellbeing– Plan**

Questions?

Supply Inadequacy

Behavioral Health Clinicians in WV

- Social Workers- 1: 1,260
- Counselors- 1: 2,140
- Psychologists- 1:3,350
- Physicians- 1: 9,200
- APRNs: 1: 16,500
- PAs: 1: 34,500

Behavioral Health Clinicians in the US

- Social Workers- 1: 960
- Counselors- 1: 1,830
- Psychologists- 1: 2,600
- Physicians- 1: 11,300
- APRNs:- 1: 9,260
- PAs: 1:118,000

Number of Behavioral Health Clinicians needed to meet current national average

- Social Workers- 446
- Counselors- 140
- Psychologists- 154
- Physicians- 0
- APRNs- 86
- PAs-0

Current workforce: 3,184 people

Workforce needed: 4,011 people

WV average: 1:564

National average: 1:450

Other statistics that may be helpful

- 60% of our students were self referred to the center
- 50% of the students who attended counseling reported that their issue was affecting their academic performance
- 60% of students feel like COVID negatively impacted their academics
- 53% of students feel like COVID negatively impacted their level of loneliness or isolation
- 63% of students feel like COVID negatively impacted their mental health

Redacted Student Examples

A 19-year-old, African American, heterosexual, female identifying student presents to the center in distress. The student endorses panic and worry, crying spells, low mood and isolation from friends. She identifies her parents' separation and pending divorce as a contributing factor to her symptoms. She reports distress related to being away at school while her parents are managing their separation back in her hometown 5 hours away.

A 21 year old, white, bisexual, male identifying student presents to the center with concerns related to depression. The student endorses low mood daily, isolation from friends and family, and reports not going to class or completing course work. The student also reports significant suicidal ideation, noting thinking about different ways in which he could take his life. He reports a recent (~1 week ago) breakup from a partner of 1 year.

A 23 year old, white, heterosexual, male identifying student presents to the center due to allegations of stalking a previous partner. The student reports a prior diagnosis of Autism Spectrum Disorder during his initial appointment. During his initial session, the student was confused as to why his behaviors were considered harmful or frightening. Police and parents have called the CARE team and center multiple times and student conduct is involved.

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A 21 year old, Caucasian, bisexual, male identifying student presents to the center with concerns related to depression. The student endorses low mood daily, isolation from friends and family, hypersomnia and reports not going to class or completing course work. The student also reports significant suicidal ideation, noting thinking about different ways in which he could take his life. He reports a recent (~1 week ago) breakup from a partner of 1 year which is contributing to feelings of worthlessness and hopelessness.

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