College Student Health, Mental Health, and Substance Use: Current Issues and Future Directions

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Learning Objectives
1. Identify the primary substances used on college campuses
2. Identify possible barriers to students utilizing campus services
3. Recognize screening options for alcohol problems
4. Identify factors that contribute to actual or perceived increase in severity of student issues
5. Identify strategies to increase access to services
Points for Consideration

- Substance use and mental health on campus
- Accessing services
- Prevention/intervention approaches
- The role of screening
- Issues/challenges to consider
- Implications for the college campus
Alcohol is still the primary drug of choice

- **Past year**
  - 81% report any alcohol use
  - 65% report having been drunk

- **Past month**
  - 67% report any alcohol use
  - 47% report having been drunk
Mean score for 5+ drinks in a row in past two weeks by frequent heavy drinking trajectory group.

Source: Schulenberg & Maggs (2002), Journal of Studies on Alcohol
College Student Drinking
Academic Year Drinking Pattern

DelBoca et al., 2004
Substance Use Data from Monitoring the Future Study (2008 report)

- Any illicit drug
  - 35% report past year use
  - 19% report past month use

- Marijuana
  - 32% report past year use
  - 17% report past month use

- Any illicit drug other than marijuana
  - 17% report past year use
    - 8% narcotics other than heroin
    - 7% amphetamines
    - 7% Vicodin
  - 8% report past month use
Substance Use Data from Monitoring the Future Study (2008 report)

- Tobacco vs. Other Drugs
  - More students reported past year use of any illicit drug (35%) than did past year use of cigarettes (31%)
Mental Health Issues and Academics

- Health issues impact academic success
  - 92% of depressed students show signs of academic impairment (Heiligenstein, et al., 1996)
  - 70% of students seeking counseling center services reported that personal problems were affecting academic progress (Turner, 2000)
Following factors identified by students as affecting academic performance:

- 32.9% Stress
- 25.4% Sleep difficulties
- 24.8% Cold/flu/sore throat
- 18.1% Concern for a troubled friend/family member
- 15.5% Depression/anxiety disorder/seasonal affective disorder
- 15.5% Relationship difficulty
- 15.1% Internet use/computer games

24 unique categories listed, the above were the 7 with prevalence greater than 10%

American College Health Association, 2008
Rates of depression in college typically higher than general population (Pace & Trapp, 1995)

16.0% of college students report depression diagnosis (ACHA, 2008)
- 18.8% of women
- 10.9% of men

2/3 of those seeking therapy in counseling centers present for depressive symptoms
- Of those, 45% are diagnosed with depression (Apfel, 2003; Weber, Metha, & Nelsen, 1997)
Impacting Behavior/Consequences/Symptoms

- **Depression** *(Geisner, Neighbors, & Larimer, 2006)*
  - Several efficacious treatments for depression
  - Between 30-40% of depressed individuals do not seek treatment
  - Only half of those who do seek treatment are offered effective interventions
  - 44% of those who seek treatment attend 3 or fewer sessions, with 34% attending 1 or 2

- **Alcohol** *(NIAAA, 2002, 2008; Larimer & Cronce, 2007)*
  - Significant reductions in use and consequences with:
    - Brief motivation enhancement interventions (e.g., BASICS)
    - Combining cognitive-behavioral skills with norms clarification and motivation enhancement (e.g., A.S.T.P.)
Points for Consideration

- Substance use and mental health on campus
- Accessing services
- Prevention/intervention approaches
- The role of screening
- Issues/challenges to consider
- Implications for the college campus
Depression

- 72% of college students who screened positive for major depression felt they needed help
- Only 36% of these received medication or therapy of any kind

Depression

Factors related to access:

- Unaware of or unfamiliar with service options
- Questioned helpfulness of therapy or medication
- Uncertainty about insurance coverage for mental health visits
- Less use by students who reported growing up in “poor family”
- Less use by students identifying as Asian or Pacific Islander
- Students self-identified reasons like lack of perceived need, belief that stress is normal, lack of time

Alcohol and Drug Use Disorders

- Past year prevalence:
  - Alcohol abuse: 12.5%
  - Alcohol dependence: 8.1%
  - Any drug abuse: 2.3%
  - Any drug dependence: 5.6%

- Only 3.9% of full-time college students with an alcohol use disorder received any alcohol services in the past year.

- Only 2.4% of those who screen positive and did not receive services perceived a need for services.

Possible implications?

- There are students who recognize the need for help but are not accessing services.
- Independent of student recognition or self-identification of a need for help, there are students for whom outreach or early intervention could be helpful if detected.
Points for Consideration

- Substance use and mental health on campus
- Accessing services
- *Prevention/intervention approaches*
- The role of screening
- Issues/challenges to consider
- Implications for the college campus
Brief Alcohol Screening and Intervention for College Students

A Harm Reduction Approach

Linda A. Dimeff
John S. Baer
Daniel R. Kivlahan
G. Alan Marlatt
Mailed feedback...

Motivating Campus Change ($MC^2$)

- 1488 participants randomly assigned to feedback and tips intervention ($n=737$) or assessment-only control ($n=751$)
  - Tips involved weekly postcards for ten weeks
- 1000 retained at follow-up (67.2%)

Source: Larimer, et al. (2007)
Your Drinking

According to the information you gave us, the number of occasions you drank (frequency) was:

4 days per week

On the weekends, you drank an average of:

4 drinks per occasion

The average peak and average typical values are based on what we know about students attending UW.

It would take approximately 16.92 hours for your peak Blood Alcohol Content (BAC) to return to .00, and approximately 11.50 hours for your typical BAC to return to .00.

Beliefs About Alcohol Effects

You listed the following alcohol effects as “good” and “likely to occur” when you consume alcohol:

I would enjoy sex more.
I would feel peaceful.
I would feel calm.

Does alcohol really do these things? Research suggests many of the social effects of alcohol are based on myths, placebo effects, and expectations we bring to the drinking situation.

Assessment: Fall 2002
Participant: Jane Student

Drinking Norms

This is what you told us you believed to be the average frequency and quantity of alcohol consumed by students your age, as well as the actual drinking norms for UW students.

Frequency

<table>
<thead>
<tr>
<th>Days Per Week</th>
<th>You Said</th>
<th>Actual</th>
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<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
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<td>2</td>
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<td></td>
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<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
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</table>

Quantity

<table>
<thead>
<tr>
<th>Drinks Per Occasion</th>
<th>You Said</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
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<td>5</td>
<td></td>
<td></td>
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<tr>
<td>6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Most students think other students drink more than they actually do. Most UW students drink 2 or fewer drinks when they drink.
**Alcohol-related Problems**

You indicated the following alcohol-related consequences had occurred at least 1-2 times in the prior six months:

- Had a fight or argument, or bad feelings with a friend or family member.
- Felt you were going crazy.
- Got into fights, acted bad, or did mean things.
- Not able to do your homework or study for a test.
- Went to work or school high or drunk.
- Missed out on other things because you spent too much money on alcohol.
- Experienced nausea or vomiting.
- Had a hangover.
- Passed out or fainted suddenly.
- Missed a day or part of a day of work or school.

You can minimize the negative effects of alcohol by choosing to drink less or not at all.

**Alcohol Dependence**

You acknowledged the following experiences, which are associated with a pattern of dependency.

- Have driven a car after drinking.
- Have had blackouts.
- Felt like you needed more alcohol to get the same effect.
- Felt like you needed a drink first thing in the morning.

Based upon the data provided, we estimate your level of alcohol tolerance to be:

**Very High Risk**

Tolerance means needing more alcohol to get the same effect as you used to get at lower levels. Tolerance reduces pleasurable effects of alcohol and makes drinking more expensive. It can also be a sign that you are becoming dependent on alcohol.

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**Weight**

You indicated that you have the following concerns regarding your weight and/or body:

- You are concerned about your weight, shape, or diet.
- You are fearful of being overweight.
- You have used the following methods to counteract weight gain: diet pills, exercise, You have engaged in binge eating or have eaten more than you are comfortable with.
- You indicated that in a typical week you are getting the following amount of calories from alcohol:

  **2592 calories**

  It would require **566 minutes** of brisk walking or **443 minutes** on the stairmaster to expend this number of calories each week.

**Family History**

We consider your risk based on family history to be:

**Positive Risk**

Most people have heard that having a family history of alcohol problems increases your risk for alcohol problems yourself. While this is true, it's also true that being aware of your drinking and making lower-risk decisions about drinking now can lessen your risk of developing an alcohol problem in the future.

**Perceived Risk**

Your concern about your drinking habits is:

**Low**

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**Alcohol: Financial Costs**

Based upon your typical quantity and frequency of alcohol use, you are typically spending the following, depending on your choice of alcohol:

<table>
<thead>
<tr>
<th>Domestic Beer (cans)</th>
<th>$162.00/quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microbrew Beer (bottles)</td>
<td>$280.80/quarter</td>
</tr>
</tbody>
</table>

**Alcohol and Sexual Behavior**

You indicated that you have had the following alcohol-related sexual experiences:

- Have gotten into sexual situations you later regretted because of drinking.
- Have had sex when you really didn't want to because of drinking.
- Have had sex with someone you wouldn't ordinarily have sex with when drinking.
- Have felt pressured or forced to have sex after drinking.

Alcohol doesn't improve sexual enjoyment or performance. You can reduce your risks of unwanted sexual experiences by being selective about whether and how much to drink, especially on first dates or at larger parties. Use the buddy system to watch out for friends.

**Protective Factors**

These are some things you are doing to avoid negative consequences from drinking:

- Use a designated driver.
- Keep track of how many drinks you were having.

These are some other strategies you might use to reduce negative effects of drinking:

- Switch between alcoholic and non-alcoholic beverages.
- Determine, in advance, not to exceed a set number of drinks.
- Choose not to drink alcohol.
- Eat before and/or during drinking.
- Have a friend let you know when you've had enough.
- Pace your drinks to 1 or fewer per hour.
- Avoid drinking games.
- Drink an alcohol look alike (non-alcoholic beer, punch) or juice, water.
Areas In Which College Students May Experience Consequences

- Academic Failure
- Blackouts
- Hangovers
- Weight Gain
- Tolerance
- Decision-making
- Impaired sleep
- Social Impact
Areas In Which College Students May Experience Consequences (continued)

- Sexual Assault
- Finances
- Family History
- Alcohol-Related Accidents
- Time Spent Intoxicated
- Relationships
- Legal Problems
- Work-Related Problems
Want some extra cash? Do the math on how much alcohol costs.

Feel like you don’t have as much money as you want? Consider drinking less alcohol and see what you would gain by changing your use. Check out how much, based on average prices in the Seattle area (half rack prices where available), a person spends over a typical year depending on brand of beer and how much a person drinks.

<table>
<thead>
<tr>
<th>Brand</th>
<th>5</th>
<th>10</th>
<th>15</th>
<th>20</th>
<th>25</th>
<th>30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budweiser/Coors/Miller</td>
<td>$216</td>
<td>$432</td>
<td>$649</td>
<td>$866</td>
<td>$1082</td>
<td>$1299</td>
</tr>
<tr>
<td>Busch/Keystone</td>
<td>$161</td>
<td>$322</td>
<td>$483</td>
<td>$644</td>
<td>$805</td>
<td>$966</td>
</tr>
<tr>
<td>Cider Jack Hard Cider/Mike’s Hard Lemonade</td>
<td>$346</td>
<td>$692</td>
<td>$1039</td>
<td>$1386</td>
<td>$1732</td>
<td>$2079</td>
</tr>
<tr>
<td>Corona</td>
<td>$346</td>
<td>$692</td>
<td>$1039</td>
<td>$1386</td>
<td>$1732</td>
<td>$2079</td>
</tr>
<tr>
<td>Henry Weinhard’s</td>
<td>$216</td>
<td>$432</td>
<td>$649</td>
<td>$866</td>
<td>$1082</td>
<td>$1299</td>
</tr>
<tr>
<td>Nickley’s Salt Lake</td>
<td>$208</td>
<td>$416</td>
<td>$623</td>
<td>$830</td>
<td>$1038</td>
<td>$1245</td>
</tr>
<tr>
<td>Milwaukee’s Best/Light/Ice</td>
<td>$151</td>
<td>$302</td>
<td>$454</td>
<td>$606</td>
<td>$757</td>
<td>$909</td>
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<tr>
<td>Orchard Street Brewery/Redhook</td>
<td>$303</td>
<td>$606</td>
<td>$909</td>
<td>$1212</td>
<td>$1515</td>
<td>$1817</td>
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<tr>
<td>Zima</td>
<td>$255</td>
<td>$509</td>
<td>$764</td>
<td>$1026</td>
<td>$1288</td>
<td>$1550</td>
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<tr>
<td>Pyramid</td>
<td>$228</td>
<td>$456</td>
<td>$684</td>
<td>$912</td>
<td>$1140</td>
<td>$1368</td>
</tr>
</tbody>
</table>

Compared to

- A season pass to Mt. Stevens (college rate) $249
- Season tickets for the Seattle Seahawks, 50 yard line $680
- A Gateway Essential 1000 computer $999
- 6 days, 5 nights at the Waikiki Sheraton (including airfare) $7995
- Weekend box seats season tickets for the Mariners (approx. 40 games) $1360
- One cheeseburger, fries, and milkshake a day for one year at Dick’s $1424
- One quarter of in-state resident tuition at UIW $1557
- 2 CDs a week for one year $1560
Plan ahead.
Set a reasonable limit and stick to it (use last week’s postcard as a guide).
Remember to plan ahead for transportation too.

Keep track of what you’ve consumed.
Keep your bottle caps in your pocket, bring the bottles or cans to the recycling bin, line up the empty bottles and cans, or whatever else works.

Think quality, not quantity.
If you drink less, you don’t need to buy the cheap, less tasty stuff.

Slow down. Pace yourself.
If you set a limit of 4 drinks over 3 hours, that doesn’t mean 3 drinks in first 5 minutes and one drink 2 hours and 55 minutes later.

Space your drinks.
Take a break or alternate alcoholic and non-alcoholic beverages.
Have a Coke. Then a rum and Coke. Back to a Coke. You get the idea.

Drink water between alcoholic drinks.
This will help you deal with the dehydration that occurs with alcohol use and that leads to the bad “day after” feelings.

Eat before you drink alcohol.
It slows down absorption and helps decrease the stomach irritation caused by alcohol. Mmm...pizza...
Over 26% of UW Students don’t drink

You can choose NOT to drink anytime

**SOME REASONS YOU MIGHT NOT WANT TO DRINK:**

- You really don’t want to
- You have a lot of homework or studying to do
- You have to get up early for class or work
- You’re upset, angry, or depressed
- You have plans or obligations the next day that require you to be at your best
- There is a chance of unwanted sexual activity
- You aren’t feeling well
- You’re taking prescription, over-the-counter medication, or other drugs. Many medications interact with alcohol; ask your health care provider for guidance.
- You’re pregnant or think you might be
- You’ll be driving
- The host ran out of limes and salt for the margaritas and has substituted Gatorade with a potato-chip chaser

*WA state law prohibits the consumption of alcohol by those under 21 years of age (RCW 66.44.170)*
Participants in the feedback condition drank less at follow-up than controls ($F(1,872) = 7.18, p<.01$)

○ Composite score consisting of peak BAC, past month frequency, past year frequency, and total drinks per week

Source: Larimer, et al. (2007)
Feedback participants were more likely to refrain from heavy episodic drinking (defined as five or more drinks in a row at least once in the past two weeks) (odds ratio = 1.43) 
($B = -0.36, X^2(1, N=983) = 5.23, p<.05$)

Source: Larimer, et al. (2007)
Percentage of Students Having 5 or More Drinks

Source: Larimer, et al. (2007)
Abstainers in the feedback condition were twice as likely to remain abstinent at follow-up compared to controls (odds ratio = 2.02) 

\( B = 0.70, \chi^2(1, N=234) = 6.88, p<.01 \)

Source: Larimer, et al. (2007)
Of Abstainers at Baseline, Percentage of Students Initiating Drinking at 1-year Follow-up by Feedback Condition

Source: Larimer, et al. (2007)
Brief, Mailed Personalized Feedback Intervention (Geisner, Neighbors, & Larimer, 2006)

- Screened participants 1,166 participants
  - 18 or older
  - Completed Beck Depression Inventory-II (BDI)
  - Score of 14 or more was used for study inclusion
202 students met criterion & agreed to participate

Of the 202 who agreed and met criterion...

- 177 (83%) recruited & completed baseline
- 94% of these (167) completed follow-up
Brief, Mailed Personalized Feedback Intervention (Geisner, Neighbors, & Larimer, 2006)

- Intervention Condition (89 students)
  - Received personalized feedback
    - Included section with:
      - Validating, empathic statement about the prevalence of depression
      - Feedback regarding symptoms the student was experiencing as problematic
      - Coping strategies they indicated they had used or were willing to use
Brief, Mailed Personalized Feedback Intervention
(Geisner, Neighbors, & Larimer, 2006)

- Intervention Condition (89 students)
  - Received brochure listing strategies for coping with depressive symptoms
  - Both came by mail one-week post-baseline
Brief, Mailed Personalized Feedback Intervention (Geisner, Neighbors, & Larimer, 2006)

- Control Condition (88 students)
  - Received brief letter thanking them for participation
    - Paragraph identical to the depression statement received by intervention group
  - Received community resources list
Brief, Mailed Personalized Feedback Intervention (Geisner, Neighbors, & Larimer, 2006)

“Strong Control Group”

- Simple letters mailed to patients after discharge reduced suicidal behavior in treatment sample (Motto & Bostrom, 2001)
- Design could test additional benefits of the intervention materials
Significant Time x Group Interaction, $p < .05$
Main effect for time, no significant time x group interaction
Hopelessness Scale (HS)

Sign. Time x Group Interaction, p < .05
Brief, Mailed Personalized Feedback Intervention (Geisner, Neighbors, & Larimer, 2006)

Factors
- Loss of pleasure and interest
  - Not significant over time
- Negative self-thinking
  - Trend toward significant interaction
- Fatigue
  - Fatigue improved significantly more among intervention than control (p<.05)
- Concentration difficulties
  - Concentration difficulties improved significantly more among intervention (p<.001)
Conclusions

- Intervention appears to affect “milder” depressive domains or general distress
- Mailed intervention reduced numerous barriers with comparable effect sizes while being inexpensive and flexible
- Raising awareness of mood, normalizing experience, and emphasizing ways to change may help
Points for Consideration

- Substance use and mental health on campus
- Accessing services
- Prevention/intervention approaches
- The role of screening
- Issues/challenges to consider
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Screening options for alcohol problems
(Larimer, Cronce, Lee, & Kilmer, 2005)

- **Lifetime**
  - **CAGE**
    - 4 items, 1 minute to complete, though has been criticized for lacking adequate sensitivity w/college students
  - **Michigan Alcoholism Screening Test (MAST)**
    - Versions with 9-25 items, longest takes <10 min., cutoff of 7 results in 100% sensitivity and 88% specificity compared to score of 14+ on ADS, focuses on advanced problems
  - **Young Adult Alcohol Problems Screening Test (YAAPST)**
    - 27 items, less than 10 min., with cutoff of 4, reasonable sensitivity (92%) and specificity (57%)
Screening options for alcohol problems
(Larimer, Cronce, Lee, & Kilmer, 2005)

- **Past Year**
  - YAAPST
  - College Alcohol Problems Scale-revised (CAPS-r)
    - 8 items, 3 minutes, good reliability and validity
  - Rutgers Alcohol Problem Index (RAPI)
    - 2 versions (23 item & 18 item), less than 10 min., correlated with a range of drinking variables
  - Alcohol Use Disorders Identification Test (AUDIT)
    - 10 items, approx. 2 minutes, cutoff score appropriate for college is debated (ranging from 6-11)
Points for Consideration

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Are problems with college students becoming more severe?

- 96% of counseling center directors perceive an increase in students with more severe psychological problems
  - 64.4% Staff burnout concerns
  - 64.1% Not enough staff during peak times
  - 62.0% Decreased focus on students with “normal developmental concerns”

- 94% perceive an increase in number of clients already taking psychiatric medication

Source: Gallagher, 2008
** Data for slide estimated from table appearing in Schwartz, 2006 **
Not much evidence from empirical studies suggesting severity is actually increasing

- No general trend but centers may be seeing clients with more complex problems or multiple diagnoses
  - Small rise in extremely distressed students (Cornish, et al., 2000)
  - Students highly stressful to manage tripled (Benton, et al., 2003)
- Consistent increased service demand coupled with loss of staff positions
- Some individual campuses might actually have this problem

Kettman, et al., 2007
Possible reasons behind perceived increase in severity of psychological problems

- Actual increase in problems
- Greater similarity between college/general population
- Greater availability of meds could allow students to attend college who otherwise might not have done so

CASA, 2003
Possible reasons behind perceived increase in severity of psychological problems

- Lesser stigma attached to mental illness may have led to an increase in seeking psychological services
- Students under care of a provider may discontinue that once in college

CASA, 2003
Possible reasons behind perceived increase in severity of psychological problems

- Increased academic pressure, competitiveness, or greater sleep deprivation
- Fewer take time off to become stabilized than in the past after stress or mental health problems

CASA, 2003
Possible reasons behind perceived increase in severity of psychological problems

- Students stop using meds upon entering college
  - Assume they’ll be less depressed, don’t want stigma of being on meds, or want use alcohol/drugs instead
- Students using alcohol or drugs while on meds accentuate depressant effects

CASA, 2003
Calls for improved campus security do not address:

- Shortage of mental health services
- Lack of adequate health insurance coverage

Prescott (2008)
“If our higher educational system is to remain open to a truly diverse range of students, then ‘security’ needs to include a safe, welcoming environment for students with mental health problems, one that allows students in crisis to feel comfortable about seeking help without fear of punitive action.”

Prescott (2008), p. 265
On student mental health...

“The solution lies in being aware of it, intervening earlier and providing support with adequate and appropriate services.”

Nuran Bayram and Nazan Bilgel
Uludag University, Bursa, Turkey

Source: Bayram & Bilgel (2008), p. 671
Early identification of students and coordination of care

• 65% of counseling centers have no relationship with the college health center (Schuchman, 2007)

• Only 32.5% of Health Centers routinely screen for alcohol problems
  ○ Of these, only 17% use standardized instruments as part of screening (Foote, et al., 2004)
Early identification of students and coordination of care

- **Routine Screening for depression**
  - Example: College Depression Partnership (Klein & Chung, 2008)
    - Improved clinical outcomes for at-risk, underserved college students by early detection, coordinated proactive follow up, and better adherence to outcomes-based treatment

- **Routine screening for alcohol problems**
  - Example: Use of AUDIT and referral to BASICS (Martens, et al., 2007)
    - Decreased alcohol use, correction of norm misperception, increased use of protective behaviors
Access to services

- Consider outreach, education, campaigns, or initiatives to address not knowing about:
  - Availability
  - Potential effectiveness
  - Insurance coverage of options

- Can only be successful if resources are prepared to support demand for services

- Also attend to other issues that may impede access to services
  - Address any attitudes about quality of services, lack of awareness of symptom severity, availability of services

Source: Eisenberg, et al. (2007)
Counseling can impact retention

- Turner and Berry (2000) demonstrated that retention rates are higher for college students who get counseling than for those who do not.
Counseling can impact retention

- Wilson, Mason, & Ewing (1997) followed 562 students who requested counseling
  - Excluding those who specifically request counseling for retention-related concerns
Counseling can impact retention

- 79% of those seen in 1-12 sessions were retained or graduated 2 years since their counseling request
- Only 65% of those who requested services but had not received them were retained or graduated at 2 years

Wilson, Mason, & Ewing (1997)
Points for Consideration

- Substance use and mental health on campus
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- The role of screening
- Issues/challenges to consider
- Implications for the college campus
Implications for the college campus

- Consider strategies to address overlap of mental health issues and substance use
Implications for the college campus

- Consider strategies to address overlap of mental health issues and substance use
- Early identification through screening
Implications for the college campus

- Consider strategies to address overlap of mental health issues and substance use
- Early identification through screening
- Consider approaches as part of overall strategic plan
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- Consider comprehensive approach involving broader campus community (e.g., SPRC & Jed Foundation)
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- Reduce barriers to implementation and access
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- Early identification through screening
- Consider approaches as part of overall strategic plan
- Consider comprehensive approach involving broader campus community (e.g., SPRC & Jed Foundation)
- Reduce barriers to implementation and access
- Importance of evaluating efforts
Implications for the college campus

- Consider strategies to address overlap of mental health issues and substance use
- Early identification through screening
- Consider approaches as part of overall strategic plan
- Consider comprehensive approach involving broader campus community (e.g., SPRC & Jed Foundation)
- Reduce barriers to implementation and access
- Importance of evaluating efforts
- Consider the role of other delivery options
Believability of health information and where students get information

- 63.9% of college students see faculty/coursework as believable source of health information
  - This was 4th of 14 categories, behind...
    - Health Educators (89.5%)
    - Health Center Medical Staff (89.3%)
    - Parents (65.5%)
- Only 39.1% get their information from faculty/coursework
  - This was 10th of 14 categories

American College Health Association, 2008
Believability of health information and where students get information

- 73.3% of college students get their health information from the Internet/World Wide Web
  - 2nd of 14 categories behind parents (75.0%)
- 25.5% of college students see Internet/World Wide Web as a believable source of health information
  - 10th of 14 categories
- Evaluate variability in “believability” (e.g., websites linked from the college)

American College Health Association, 2008
Believability of health information and where students get information

- 65.5% of college students see parents as believable source of health information
  - This was 3\textsuperscript{rd} of 14 categories
- 75% of students get their information from parents
  - This was 1\textsuperscript{st} of 14 categories

American College Health Association, 2008
Implications for the college campus

- Consider strategies to address overlap of mental health issues and substance use
- Early identification through screening
- Consider approaches as part of overall strategic plan
- Consider comprehensive approach involving broader campus community (e.g., SPRC & Jed Foundation)
- Reduce barriers to implementation and access
- Importance of evaluating efforts
- Consider the role of other delivery options
- Future research: Continue to evaluate strategies targeting other health issues (including drugs) and varied delivery methods
Implications for the college campus

- Consider strategies to address overlap of mental health issues and substance use
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Thank you!

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All the best in your prevention and intervention efforts!

Special thanks to:

- College Coalition
  - Gail Farmer
  - Michelle Pingree
- UW’s Center for the Study of Health and Risk Behaviors
  - Irene Geisner
  - Mary Larimer
  - Melissa Lewis
- University of Washington Division of Student Life
  - Shannon Bailie