

STUDENT MENTAL HEALTH ISSUES AND RESOURCES AT THE UNIVERSITY OF UTAH

COLLEGE STUDENT MENTAL HEALTH : National Overview

The mental health of university and college students has become a growing concern to faculty, staff and administrators. For the past decade, university counseling center directors nationally have noted increasing student psychopathology. In a 2003 study (Kitzrow), a 50% increase in the number of students seeking counseling was reported over the previous five years. In 2007, 92% of counseling center directors endorsed a continued trend of greater numbers of students on campus with severe psychological problems (Gallagher, 2007). For example, in 1994, 9% of all college counseling center clients were prescribed psychotropic medications; in 2000, this number had risen to 17%, and was up to 20% by 2000. Last year, the number of counseling center clients taking medication was 23% (Gallagher, 2007).

Although there is some disagreement as to the reasons for these increases, many directors point to a “compressed” childhood, meaning that children are becoming exposed to issues such as substance abuse and sexual experimentation at earlier ages. In addition, because of advances in psychotropic medications, students who in the past were unable to attend college are now more likely to do so. While many of these students are successful, others struggle and contribute to the numbers above. Also, as the number of older, non-traditional students continues to rise, we increasingly see students who experience significant external pressures such as family and work responsibilities.

Whatever the reasons, more students than ever before are requesting services, and the severity of the issues which bring them into counseling is increasing. On large campuses nationally, the mean percentage of the student body that seeks counseling is 5.8%; on some smaller campuses, this number is as high as 35%. The tragic events at Virginia Tech in April 2007 placed mental health issues at the center of campus-wide discussions across the country. As a result of this tragedy, directors report a significant increase in consultations from faculty members about students of concern and an increased interest in developing or revamping a campus-wide crisis management team. Directors indicate that requests for interviews from school and local media are up, as is pressure from police and administrators to discuss “difficult” cases (Gallagher, 2007).

When asked what actions counseling centers have taken to handle the larger number of students with more serious psychological problems, 74% of directors stated that they have increased the time spent training faculty and others on campus how to respond to students in trouble and how to make more appropriate referrals. In addition, 30% of centers nationally gained at least one position in the past year (while 4% lost a position).

A growing concern for counseling centers and universities is the number of returning veterans who will be seeking higher education. A study of the first 100,000 Iraq and Afghanistan veterans seen at VA facilities showed that 25% of them received mental health diagnoses (Kantor, 2007). Of these, 56% had 2 or more mental health diagnoses. The most common were Post Traumatic Stress Disorder (PTSD), substance abuse, and depression. The

younger the veterans were, the more likely they were to have mental health conditions (Kantor, 2007).

STUDENT MENTAL HEALTH: University of Utah

Apprehension and concern over the impact of student mental health issues can be felt at all levels on campus. A faculty member who receives vaguely troubling e-mails from a student, a Financial Aid Counselor who interacts with an angry student, or a Resident Hall Advisor who confronts a resident often assumes that the worst possible scenario is about to unfold. Student mental health indicators at the University of Utah, as measured by those who seek services at the University Counseling Center (UCC), suggest improvement over national trends in terms of numbers, but mirror national trends in terms of crises and crisis management. In the past eight years, the number of new clients annually seeking UCC services has remained relatively stable, as has their measured severity (UCC clients routinely complete a brief symptoms checklist at the beginning of each session). What has increased significantly, however, is the number of students calling in crisis, the number of emergency or urgent appointments, the amount of time spent treating “students of concern,” and the number and complexity of consultations with the Dean of Students office, with faculty chairs, and with other campus administrators. For example, last year, the number of crisis appointments at UCC increased 40% from the previous year, reaching an all-time high (personal communication, Rob Davies, September 2008). In the past three years, requests for UCC campus outreach presentations on a range of topics have increased 130%. The Dean of Students office averages four calls a week from faculty and staff concerned about student behavior, with approximately 25% of these students needing significant attention.

While depression is the most consistently reported concern for students seeking treatment on campus, other concerns are also very common, as seen in the table below:

Top Ten Reported Concerns for UCC Clients, Jan 1 to September 15, 2008

Client Concerns at Intake	% of Clients
Depression	57.5%
Anxiety	51.%
Stress	44.3%
Relationships with Partner	41.6%
Academic	35.3%
Self-Esteem	33.9%
Loneliness	30.8%
Career Issues/Questions	19.9%
Social Anxiety	18.6%
Family I grew up in	17.6

A 2005 survey conducted by the National Consortium of Counseling Centers in Higher Education shows that, at the University of Utah, 58% of undergraduates and 51% of graduate students have had suicidal thoughts at some point in their life. More alarmingly, 22% of undergraduates and 16% of graduate students have seriously considered suicide. Last year alone, the University of Utah lost four students to suicide and another three to suspected suicide.

UNIVERSITY OF UTAH RESOURCES

Students and concerned faculty have several referral options on campus. If the student appears to be in imminent danger of harming self or others, consult immediately with the Counseling Center, the Office of the Dean of Students, or Campus Police, depending on the severity of the situation. Faculty have a variety of resources for assisting students when the concern is less immediate. On-line faculty resources for helping students can be found on the Counseling Center's website: *Faculty as a Helping Resource for Students* (www.sa.utah.edu/counsel/documents/faculty.pdf) and *Managing Difficult Student Behavior* (www.sa.utah.edu/counsel/documents/managing-difficult-student-behavior-2008.pdf). This latter publication, jointly written by the Office of the Dean of Students and the Counseling Center, helps faculty identify the difference between troubling student behavior, disruptive behavior, and threatening behavior; the brochure also identifies appropriate resources for consultation and referral for a number of situations. These two offices also provide training for faculty on "Managing Difficult Student Behavior". The Counseling Center staff has had a Faculty Liaison program for over 10 years, and each academic department has a specific counselor contact (www.sa.utah.edu/counsel/documents/liaison-2008-2009.htm). The Women's Resource Center also has counseling resources which operate from a feminist therapy model.

As a result of events at Virginia Tech in April 2007, campuses across the country have become increasingly aware of frequent gaps in communication between campus entities with regard to disturbed students. Here at the University of Utah, the Dean of Students Office has chaired a monthly "Student of Concern" team for several years. This entity has recently been streamlined into the Behavioral Interventions Team (BIT), a small representative group which meets weekly to discuss students who have been identified as being of concern from various sources on campus, including the residence halls, faculty contacts, support services and, on occasion, other students. In a recent BIT meeting, for example, 16 students with a wide range of issues were discussed. Although it is impossible to reliably predict behavior, BIT represents an attempt to coordinate information about students who have been identified as potentially dangerous to self and/or others and to make decisions in the best interest of both the campus and the student.

The University of Utah, like campuses across the country, is seeing an increase in student crises and campus concern for student mental health. To effectively work with these issues, continued coordinated efforts by faculty and administration, timely referrals for evaluation and treatment, and continued support of campus resources are critical.

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