Substance Use and Mental Health on College Campuses:
Screening, Prevention, and Brief Interventions

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Points for Consideration

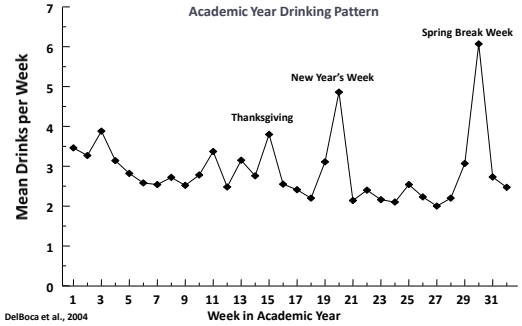
- ***Substance use and mental health on campus***
- Interplay of substance use and mental health issues
- Accessing services
- Prevention/intervention approaches
- Brief interventions: Alcohol
- Extensions to mental health: An example
- Issues/challenges to consider
- Implications for the college campus

Substance Use Data from Monitoring the Future Study

- Alcohol is still the primary drug of choice
  - Past year
    - 82% report any alcohol use
    - 67% report having been drunk
  - Past month
    - 69% report any alcohol use
    - 45% report having been drunk

Source: Johnston, et al (2009)

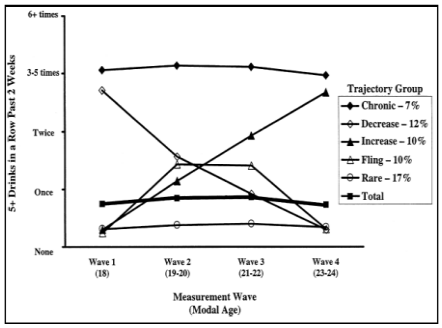
College Student Drinking



DelBoca et al., 2004

Trajectories of "Binge Drinking" During College

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*

Alcohol-Related Consequences

- Within the past 12 months as a consequence of drinking…
  - 22.3% did something they later regretted
  - 19.0% forgot where they were/what they did
  - 10.8% had unprotected sex
  - 10.7% physically injured themselves

n=34,208 from 57 colleges/universities
American College Health Association, 2010

Alcohol-Related Consequences (continued)

- Within the past 12 months as a consequence of drinking…
  - 2.6% got in trouble with the police
  - 1.8% physically injured another person
  - 1.5% had sex with someone without giving your consent
  - 1.2% seriously considered suicide
  - 0.3% had sex with someone without getting their consent

American College Health Association, 2010

Substance Use Data from Monitoring the Future Study

- Any illicit drug
  - 35% report past year use
- Marijuana
  - 32% report past year use
- Any illicit drug other than marijuana
  - 15% report past year use
    - 6.7% Vicodin
    - 6.5% Narcotics other than heroin
    - 5.7% Amphetamines
    - 5.1% Hallucinogens
    - 5.0% Tranquilizers

Source: Johnston, et al (2009)

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 reported personal problems affected academics (Turner, 2000)

Health and Mental Health

- Factors affecting academic performance:
  - 27.8% Stress
  - 20.0% Sleep difficulties
  - 19.0% Cold/Flu/Sore throat
  - 18.6% Anxiety
  - 13.6% Work
  - 12.6% Internet use/computer games
  - 11.1% Depression
  - 10.4% Concern for a troubled friend/family member

31 unique categories listed, the above were the 8 with prevalence greater than 10%

American College Health Association, 2010

Mental Health: Prevalence

- Blanco and colleagues compared NESARC data from college (n=2188) & non-college (n=2904) young adults
- 45.8% of college students met past year prevalence of any Axis I Psychiatric Disorder, Personality Disorder, or Substance Use Disorder
  - 20.4% substance use disorder
  - 17.7% personality disorder
  - 11.9% anxiety disorder
  - 10.6% mood disorder

Source: Blanco, et al. (2008)

Issues Experienced in the Past Month from ACHA-NCHA II (Fall 2009)

Stress/Anxiety

- 69.5% overwhelmed by all they had to do
- 29.9% have felt overwhelming anxiety

Anger

- 20.1% felt overwhelming anger

American College Health Association, 2010

Issues Experienced in the Past Month from ACHA-NCHA II (Fall 2009)

Depressed/Sadness/Physical

- 65.8% felt exhausted *(not from physical activity)*
- 37.5% felt very sad
- 36.1% felt very lonely
- 25.9% felt things were hopeless
- 15.8% felt so depressed it was difficult to function

American College Health Association, 2010

Issues Identified in the Past Year as "Traumatic or Very Difficult To Handle"

- 44.2% identified academics
- 35.6% identified finances
- 30.3% identified intimate relationships
- 27.1% identified family problems
- 24.3% identified sleep difficulties

American College Health Association, 2010

Psychiatric Comorbidity

- 17.0% of college students report lifetime depression diagnosis (ACHA, 2010)
  - 20% of women
  - 12% of men
- Diagnosis of depression carries increased risk for co-occurring substance abuse or anxiety disorder (Weissman, et al., 1996)
- Co-occurrence of depression and AOD use increases the risk of suicide (Ross, 2004)

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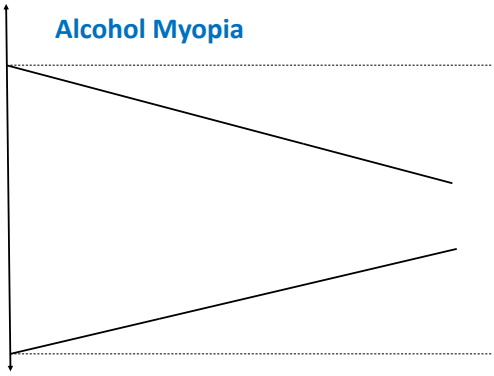
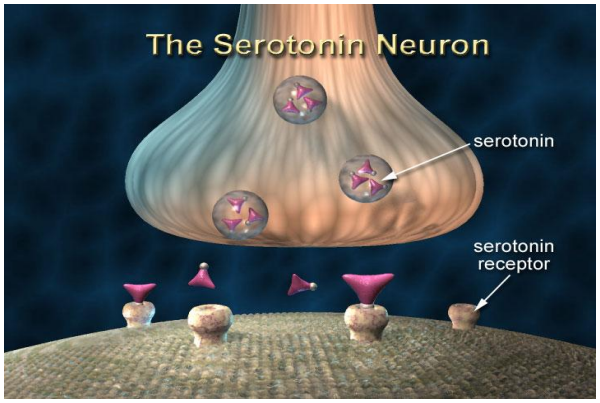
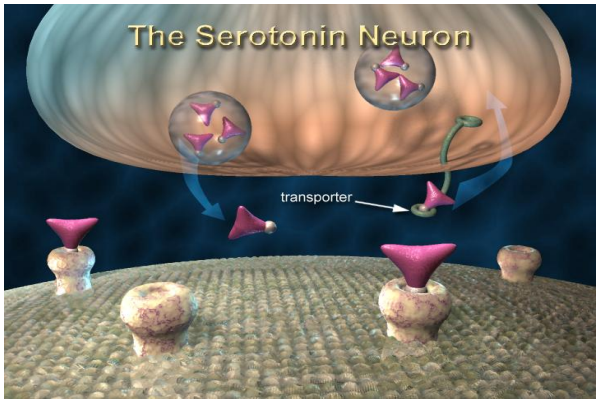
Example:
Impact on judgment and decision making

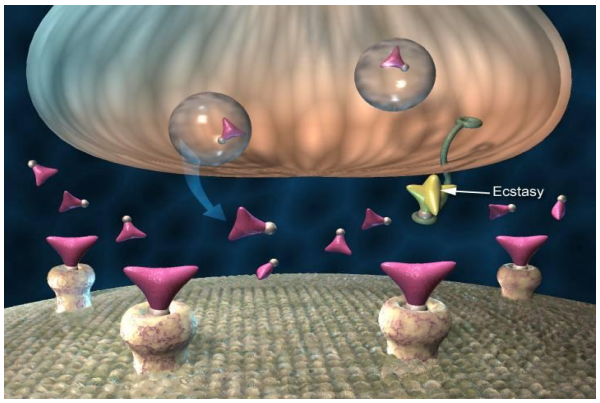
Alcohol Myopia

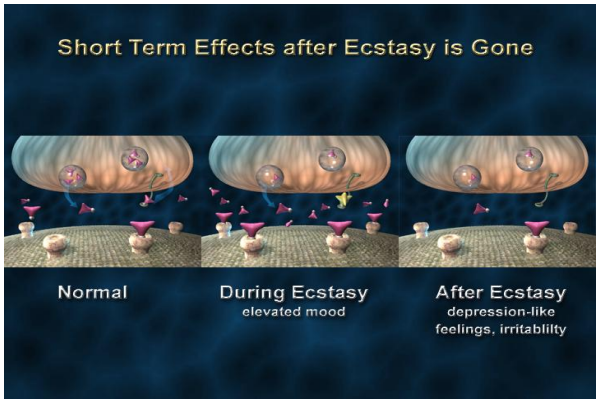


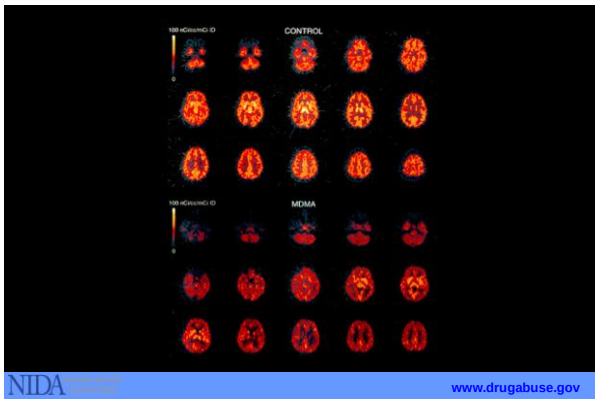
Example:
Impact on mood and memory

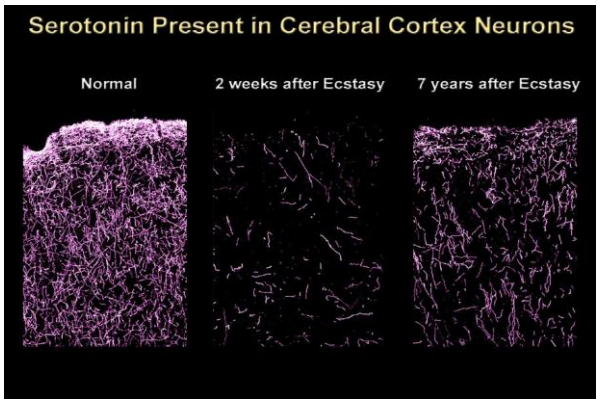





Ecstasy


Short Term Effects after Ecstasy is Gone
Normal
During Ecstasy
elevated mood
After Ecstasy
depression-like
feelings, irritablilty


CONTROL
MDMA
NIDA
www.drugabuse.gov

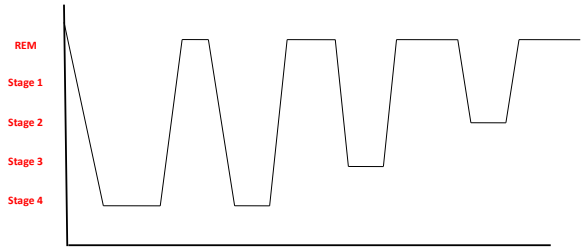


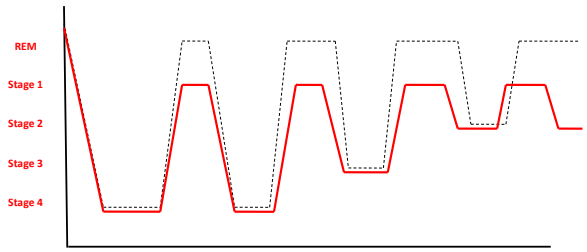
Example:

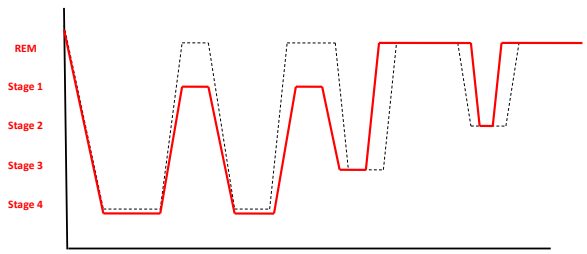
Impact on sleep

Time to get back to .000%

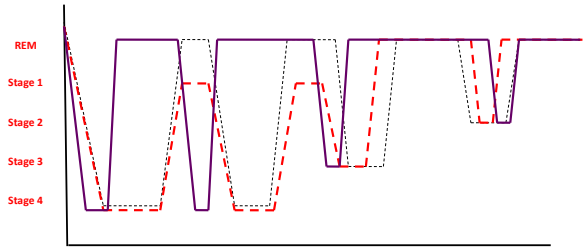
- .08%?
  - 5 hours
    (.080%....064%....048%....032%....016%....000%)
- .16%?
  - 10 hours
    (.160%....144%....128%....112%....096%....080%...
    .064%....048%....032%....016%....000%)
- .24%?
  - 15 hours
    (.240%....224%....208%....192%....176%....160%...
    .144%....128%....112%....096%....080%....064%...
    .048%....032%....016%....000%)





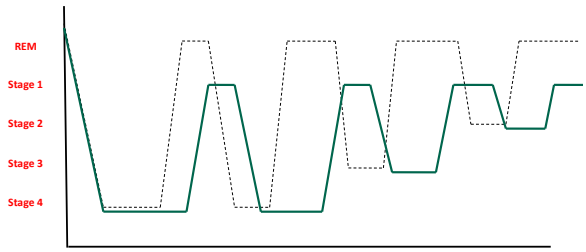


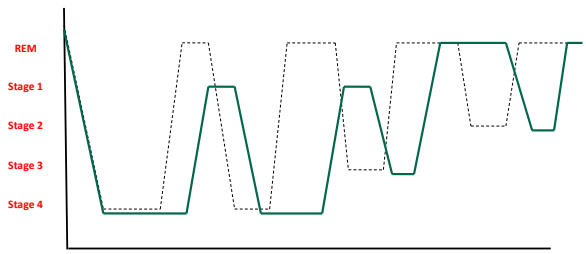
Next day, increase in:
- Anxiety
- Irritability
- Jumpiness



Next day, increase in:
- Anxiety
- Irritability
- Jumpiness

Next day, feel:
- Fatigue





Example:
Impact on feelings associated with anxiety and/or attention

Marijuana's impact on the body…

- **Effects on heart rate and blood pressure**
  - **Increases heart rate**
  - **Raises blood pressure**
- **Effects on the brain**
  - **Throws off sleep**
  - **Impaired learning, attention, memory**

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- **Substance use and mental health on campus**
- **Interplay of substance use and mental health issues**
- ***Accessing services***
- **Prevention/intervention approaches**
- **Brief interventions: Alcohol**
- **Extensions to mental health: An example**
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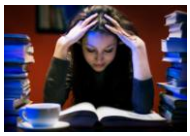
Depression

- 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



Source: Eisenberg, et al., (2007)

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 those identifying as Asian or Pacific Islander

Source: Eisenberg, et al., (2007)

Depression

- Factors related to access:
  - Reasons identified by students:
    - Lack of perceived need
    - Belief that stress is normal
    - Lack of time

Source: Eisenberg, et al., (2007)

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%

Wu, et al., (2007)

Alcohol and Drug Use Disorders

- 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

Wu, et al., (2007)

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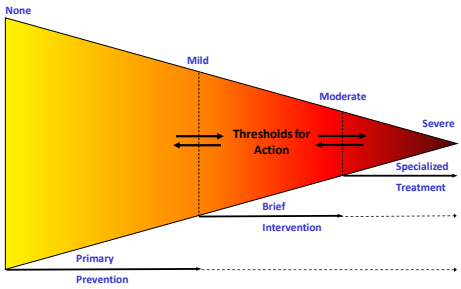
Spectrum of Intervention Response



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What is Harm Reduction?

- The optimal outcome after a harm reduction intervention *is* abstinence.
- However, harm reduction approaches acknowledge that *any steps toward reduced risk are steps in the right direction*

How are these principles implemented in an intervention with college students?

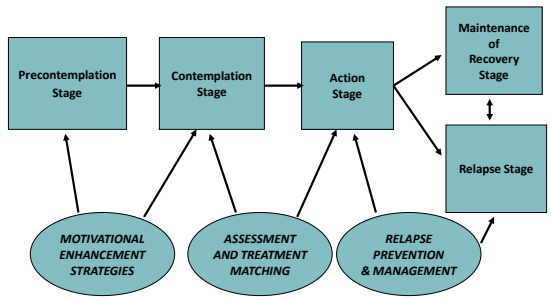
- Legal issues are acknowledged.
- Skills and strategies for abstinence are offered.
- However, if one makes the choice to drink, skills are described on ways to do so in a less dangerous and less risky way.
- A clinician or program provider must elicit personally relevant reasons for changing.
  - This is done using the Stages of Change model and Motivational Interviewing.

The Stages of Change Model

(Prochaska & DiClemente, 1982, 1984, 1985, 1986)

- **Precontemplation**
- **Contemplation**
- **Preparation/Determination**
- **Action**
- **Maintenance**

Stages of Change in Substance Abuse and Dependence: Intervention Strategies



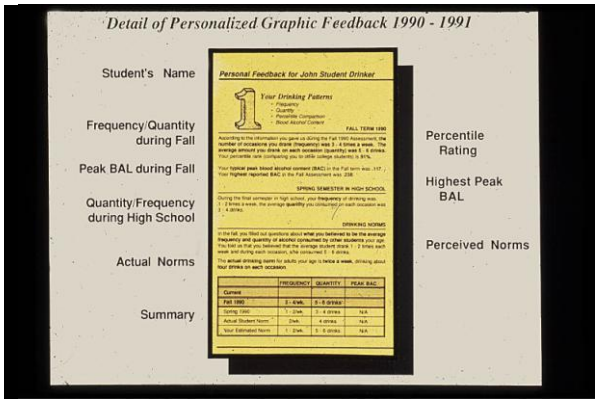
Motivational Interviewing
Basic Principles
(Miller and Rollnick, 1991, 2002)

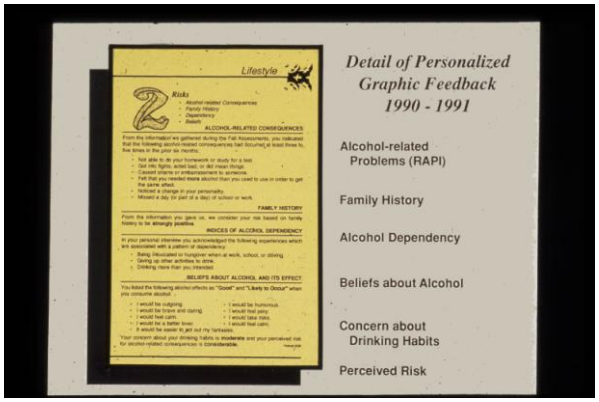
1. **Express Empathy**
2. **Develop Discrepancy**
3. **Roll with Resistance**
4. **Support Self-Efficacy**

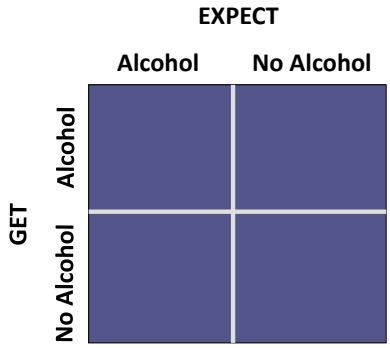
The Basics on BASICS
Brief Alcohol Screening and Intervention For College Students

- **Assessment**
- **Self-Monitoring**
- **Feedback Sheet**
- **Review of Information and Skills Training Content**

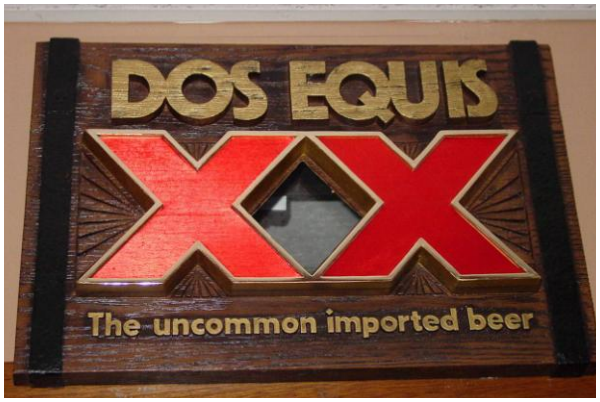
(Dimeff, Baer, Kivlahan, & Marlatt, 1999)

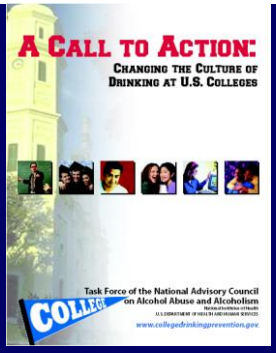



Lifestyle
Risks
ALCOHOL-RELATED CONSEQUENCES
FAMILY HISTORY
INDICES OF ALCOHOL DEPENDENCY
BELIEFS ABOUT ALCOHOL AND ITS EFFECT
Detail of Personalized Graphic Feedback 1990 - 1991
Alcohol-related Problems (RAPI)
Family History
Alcohol Dependency
Beliefs about Alcohol
Concern about Drinking Habits
Perceived Risk


EXPECT
Alcohol
No Alcohol
GET
Alcohol
No Alcohol


DOS EQUIS
XX





www.collegedrinkingprevention.gov

The 3-in-1 Framework

- Individuals, Including At-Risk or Alcohol-Dependent Drinkers
- Student Body as a Whole
- College and the Surrounding Community

From: "A Call to Action: Changing the Culture of Drinking at U.S. Colleges," NIAAA Task Force

1) Evidence of effectiveness among college students

From: "A Call to Action: Changing the Culture of Drinking at U.S. Colleges," NIAAA Task Force

2) Evidence of success with general populations that could be applied to college environments

From: "A Call to Action: Changing the Culture of Drinking at U.S. Colleges," NIAAA Task Force

3) Evidence of logical and theoretical promise, but require more comprehensive evaluation

From: "A Call to Action: Changing the Culture of Drinking at U.S. Colleges," NIAAA Task Force

4) Evidence of ineffectiveness

From: "A Call to Action: Changing the Culture of Drinking at U.S. Colleges," NIAAA Task Force

Tier 1: Evidence of Effectiveness Among College Students

- Combining cognitive-behavioral skills with norms clarification and motivational enhancement interventions.
- Offering brief motivational enhancement interventions.
- Challenging alcohol expectancies.

From: "A Call to Action: Changing the Culture of Drinking at U.S. Colleges," NIAAA Task Force

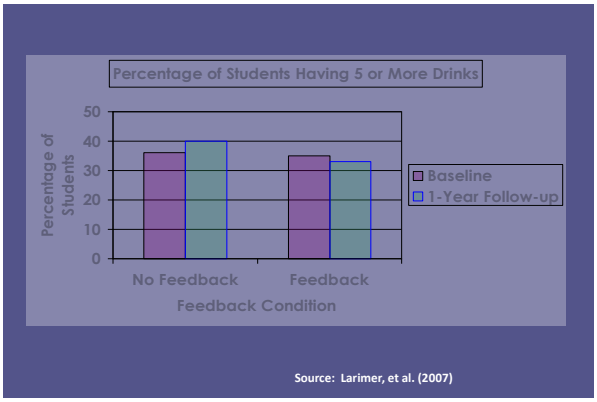
Mailed feedback…

Larimer, M.E., Lee, C.M., Kilmer, J.R., et al. (2007). Personalized mailed feedback for college drinking prevention: A randomized clinical trial. *Journal of Consulting and Clinical Psychology, 75,* 285-293.

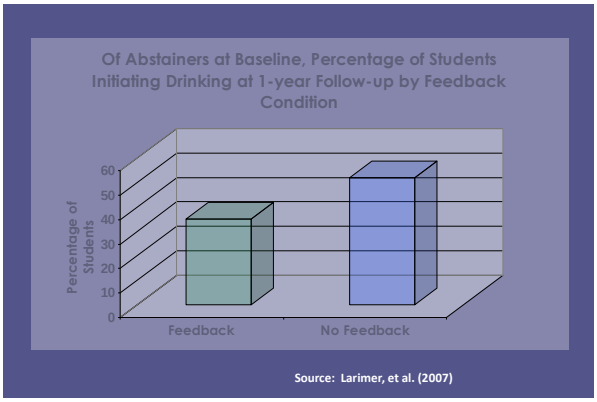
Motivating Campus Change (MC^2)

- **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)



Source: Larimer, et al. (2007)



Source: Larimer, et al. (2007)

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Depression

- Several efficacious treatments for depression
- However, 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 session, with 34% attending 1 or 2

Source: Geisner, Neighbors, and Larimer (2006)

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**

Change Thoughts/ Problem Solve

- Break large tasks into small ones, set priorities, do what you can as you can
- Set realistic goals in light of the depression and don't try to do too much too fast
- Expect your mood to improve gradually; feeling better takes time
- Replace negative thinking with positive thinking--try to look at situations in a more positive light
- Postpone important decisions until depressed mood has lifted
- Write in a journal about your thoughts, feelings, and what you feel good about

Psychotherapy

- Consider seeking an evaluation and/or one-on-one therapy/counseling
- Several types of "talk therapy" shown to improve depressed mood: Cognitive Behavioral, Interpersonal, Rational-Emotive Therapy, Psychodynamic
- Many are low cost or sliding fee based on income (see Resources section)

Treatment Resources

On Campus-low fee treatment /assessment

- UW Student Counseling Center, 401 Schmitz Hall, (206) 543-1240
- Mental Health Clinic, Hall Health, (206) 543-5050, Crisis: (206) 583-1551
- Psychological Services and Training Center, Guthrie Annex 1, (206) 543-6511

Off Campus (with sliding scale)

- Crisis Clinic Hotline, (206) 461-3222; referrals and 24 hour hotline
- Seattle Mental Health, (206) 324-0206; 1600 E Olive St, Seattle, WA 98122

Additional Resources

www.ci.seattle.wa.us/crisisclinic/ (on-line search and access to all area resources)

www.nimh.nih.gov/publicat/depression.cfm#pidep2 (information on depression)

http://mentalhelp.net/psyhelp/ (an entire book on-line on self-help)

Check the Yellow Pages under "mental health," "health," "social services," "suicide prevention," "crisis intervention services," "hotlines," "hospitals," or "physicians". In a crisis, the emergency room doctor may be able to provide temporary help and tell you where and how to get further help.

Inside are some strategies that YOU can choose from to see what works for YOU

Social Support

- Be with and confide in others; it is usually better than being alone and isolated, even if you don't feel like doing anything
- Let your family and friends help you
- Call or email people you used to talk to but have not spoken to in a while

Pleasant Activities

- Participate in activities that may make you feel better
- Go to a movie, a ballgame, a museum, a concert, or any other social activity
- Resume any hobbies abandoned, or learn a new one (painting, cooking, etc.)

Exercise

- Do mild exercise such as walking (in-doors or out), swimming, or weights
- Join an intramural team or league
- Attend yoga class or rent a yoga video

Self-help Literature

The following books have been found to be useful in helping with depressed mood and are available at most book stores and libraries.

Mind Over Mood (1995) by Dennis Greenberger & Christine Padesky

Feeling Good: The New Mood Therapy. (1999) by David D. Burns

The Relaxation & Stress Reduction Workbook (5th Edition). (2000) by Martha Davis, Matthew McKay, Ph.D., Elizabeth Robbins Eshelman

Meditation/ Spirituality

- Participate in religious services if you used to; talk to a clergy person
- Pray on your own, read the Bible, or other inspirational literature
- Meditate, do deep focused breathing or progressive relaxation

Medication

NOTE: You must consult a health care provider before taking medication!

- Consider a medication evaluation as many antidepressants have been shown to be helpful, including: selective serotonin reuptake inhibitors (SSRIs), the tricyclics (TCAs), and the monoamine oxidase inhibitors (MAOIs)
- Antidepressants may cause mild and usually temporary side effects
- Avoid alcohol/street drugs as they may reduce effectiveness of antidepressants
- Herbal supplements may be helpful. Consult with a health care provider **BEFORE** taking any prescription or non-prescription (over the counter) medication.

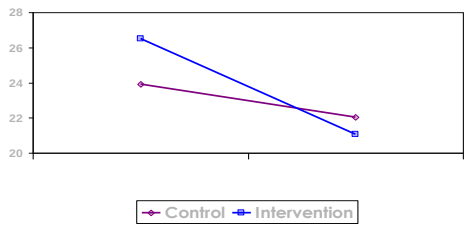
Brief, Mailed Personalized Feedback Intervention (Geisner, Neighbors, & Larimer, 2006)

- 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)

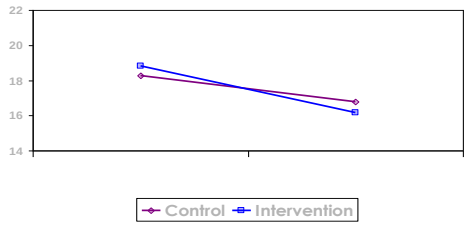
- "Strong Control Group"
  - Simple letters mailed to patients after discharge reduced suicidal behavior in treatment sample (Motto & Bostrom, 2001)
  - Design could test additional benefits of the intervention materials

DSM-IV-Based Depression Scale (DDS)



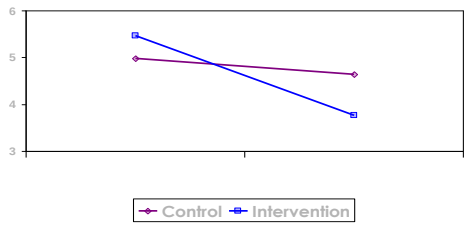
Sign. Time x Group Interaction, $p < .05$

Beck Depression Inventory



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 ($p<.001$)

Brief, Mailed Personalized Feedback Intervention (Geisner, Neighbors, & Larimer, 2006)

- **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

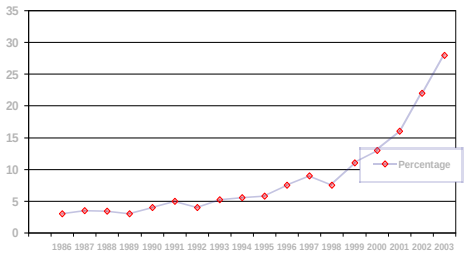
Points for Consideration

- Substance use and mental health on campus
- Interplay of substance use and mental health issues
- Accessing services
- Prevention/intervention approaches
- Brief interventions: Alcohol
- Extensions to mental health: An example
- *Issues/challenges to consider*
- Implications for the college campus

Are problems with college students becoming more severe?

- 94% of counseling center directors perceive growing concern and/or increase in students with more severe psychological problems (Gallagher, 2009; Barr, 2010)
- 67.3% stayed the same size or lost staff positions (Barr, 2010)
- Over the past 5 years, percentage of directors noting increases in the following problems (Gallagher, 2009):
  - 75.9% Psychiatric medication issues
  - 70.6% Crisis issues requiring immediate response
  - 57.7% Learning disabilities
  - 55.7% Self-injury issues
  - 46.5% Illicit drug use (other than alcohol)
  - 45.0% Alcohol abuse

Percentage of all clients prescribed medication
(Schwartz, 2006)



** Data for slide estimated from table appearing in Schwartz, 2006 **

Self-injury data from ACHA-NCHA II

- Past year…
  - 6.1% have seriously considered suicide
  - 5.2% have intentionally cut, burned, bruised, or otherwise injured themselves
  - 1.3% have attempted suicide
- Past month…
  - 2.3% have seriously considered suicide
  - 2.2% have intentionally cut, burned, bruised, or otherwise injured themselves
  - 0.5% have attempted suicide

American College Health Association, 2010

Factors related to self-injury

- Students were asked (n=5689, 69.6% undergraduate): *"about ways you may have hurt yourself on purpose, without intending to kill yourself. In the past year, have you ever done any of the following intentionally?"*
  - Cut myself
  - Burned myself
  - Banged my head or other body part
  - Scratched myself
  - Punched myself
  - Pulled my hair
  - Bit myself
  - Interfered with wound healing
  - Carved words or symbols into skin
  - Rubbed sharp objects into skin
  - Punched or banged an object to hurt myself
  - Other

Source: Serras, et al. (2010)

Factors related to self-injury

- Past year, 14.3% of students (n=5689, 69.6% undergraduate) reported they hurt themselves without the intent of killing themselves
- Among undergrads only, 15.8% reported past year SIB (with 19.1% of these reporting cutting)
- Drug use associated with higher rates of all forms of self-injury
- Highest rate of SIB were grad students who smoked and used illicit drugs (62%)

Source: Serras, et al. (2010)

Factors related to self-injury

- Factors associated with increased odds of SIB:
  - Drug use
  - Cigarette smoking
  - Gambling
  - Depression
  - Sexual orientation
  - Undergraduate student status
- Past two-week binge drinking was not a significant predictor on its own, but frequent binge drinking was
- Authors suggested schools target frequent binge drinking and those using other drugs

Source: Serras, et al. (2010)

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

- Greater availability of meds could allow students to attend college who otherwise might not have done so (CASA, 2003)
  - Hunt and Eisenberg (2010) suggest youth access of effective treatments during adolescence may help function at a level that allows college attendance.
- Lesser stigma attached to mental illness may have led to an increase is seeking psychological services (CASA, 2003)

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**
  - **Of 103 suicides reported by Counseling Center directors, 19% were current or former center clients** (Gallagher, 2009)
  - **Example: College Depression Partnership** (Klein & Chung, 2008)
    - **Screened over 58,000 students in Health Centers at 8 schools**
    - **Identified 801 students**
    - **Over 35% self-identified as racial/ethnic minority students**
    - **Improved clinical outcomes for at-risk, underserved college students by early detection, coordinated proactive follow up, and better adherence to outcomes-based treatment**

National College Depression Partnership NCDP

Early identification of students and coordination of care


Alcohol Use Disorders Identification Test (AUDIT)

Please circle the answer that is correct for you.

1. How often do you have a drink containing alcohol?
Never | monthly or Less | Two to four times a month | Two to three times per week | Four or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?
1 or 2 | 3 or 4 | 5 or 6 | 7 to 9 | 10 or more

3. How often do you have six or more drinks on one occasion?
Never | Less than monthly | Monthly | Two to three times per week | Four or more times a week

4. How often during the last year have you found that you were not able to stop drinking once you had started?
Never | Less than monthly | Monthly | Two to three times per week | Four or more times a week

5. How often during the last year have you failed to do what was normally expected from you because of drinking?
Never | Less than monthly | Monthly | Two to three times per week | Four or more times a week

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
Never | Less than monthly | Monthly | Two to three times per week | Four or more times a week

7. How often during the last year have you had a feeling of guilt or remorse after drinking?
Never | Less than monthly | Monthly | Two to three times per week | Four or more times a week

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
Never | Less than monthly | Monthly | Two to three times per week | Four or more times a week

9. Have you or someone else been injured as a result of your drinking?
No | Yes, but not in the last year | Yes, during the last year

10. Has a relative or friend, or a doctor or other health worker, been concerned about your drinking or suggested you cut down?
No | Yes, but not in the last year | Yes, during the last year

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

Source: Eisenberg, et al. (2007)

Case Example:
Health & Wellness at the University of Washington

- Housed within Office of Vice Provost and Vice President for Student Life
- Reaches out to students who are on our radar due to:
  - Police report
  - Report from R.A. or R.D.
  - Faculty
  - Health care providers
- Offer meeting with students to check in

Case Example:
Health & Wellness at the University of Washington

- Once students meet with us, can determine how things are going, what's going well, what's going less well, and what services could be available to them
- Different from judicial
- Can provide outreach in ways Counseling Center may not be able to
- Can be used to facilitate referrals to Counseling

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
- 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

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- *Implications for the college campus*

Implications for college campuses

- Utilize each other across the state for consultation, professional development, and support
- Utilize community partners
- If not already doing so, implement "Tier 1" strategies
- Consider strategies to address overlap of mental health issues and substance use
- Early identification through screening
- Outreach as a part of prevention efforts
- Consider approaches as part of overall strategic plan
- Reduce barriers to implementation and access

Implications for the college campus

- Meet student interests (possible "foot in the door")

Student access to information

- 61.4% (n=34,208) reported that they had received information on alcohol and other drug use from their college or university
  - 27.9% say they are interested in receiving information about alcohol and other drug use
    - So…consider the "hook":
      - 62.9% want interest in stress reduction
      - 59.6% want information on nutrition
      - 52.1% want information in sleep difficulties
      - 52.1% want information on how to help others in distress

American College Health Association, 2010

Implications for the college campus

- Meet student interests (possible "foot in the door")
- Consider where students get (or could get) health information

Believability of health information and where students get information

- 68.1% of college students see faculty/ coursework as believable source of health information
  - This was 3rd of 14 categories, behind…
    - Health Center Medical Staff (89.9%)
    - Health Educators (89.8%)
- Only 40.2% 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

- 78.2% of college students get their health information from the Internet/World Wide Web
  - 1st of 14 categories
- 24.9% of college students see Internet/World Wide Web as a believable source of health information
  - 9th 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

- 75.5% of students get their information from parents
  - This was 2nd of 14 categories
- 65.2% of college students see parents as believable source of health information
  - This was 4th of 14 categories

American College Health Association, 2008

Implications for the college campus

- Meet student interests (possible "foot in the door")
- Consider where students get (or could get) health information
- Consider the role of other delivery options (e.g., peers, computer-delivered, etc.)
- Continue to evaluate strategies targeting other health issues (including drugs)
- Consider and evaluate environmental, campus-wide prevention approaches
- Build bridges between research and practice on campus

Thank you!

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