#### Evidence-Based Approaches to Support Student Mental Health

Presented by Samantha Rosenthal, PhD, MPH



# **A Brief** Introduction

#### **Training**

- B.S. Chemical and Biomedical Engineering, Carnegie Mellon University
- MPH, Brown University
- PhD in Epidemiology, Brown University

#### **Primary Areas of Research:**

- Young Adults
- Social Media
- Mental Health

#### **Current Roles:**

- Johnson & Wales University

  - 0
- Brown University

• Associate Professor - College of Health & Wellness Director - Center for Student Research & Interdisciplinary Collaboration

Adjunct Associate Professor - School of Public Health

# The Outline

- The Landscape of Student Mental Health
- Epidemiology of Student Mental Health
- Needs Assessment
- Mental Health Services & Barriers to Care
- Evidence-Based Interventions
- Activity

# The Landscape of Student Mental Health

# **Vulnerability of Young Adulthood**

- Independence
- Financial responsibility
- Academic pressure
- Intimate relationships
- Changes in social relationships
- Finding employment

# Vulnerability of Young Adulthood

- Complex developmental changes in neural and hormonal stress-processing systems
- Accelerate stress-related psychopathology
- 3 in 4 mental health disorders established by the mid-20s
- Highest rates of anxiety and depressive symptoms
- Similar vulnerability to addictive behaviors

#### **Vulnerability of Non-Traditional Students**

- Financial obligations
- Employment
- Academic pressure
- Family responsibility
- Caretaking
- Disability or Illness

## **COVID-19** Pandemic

Young adult depression/suicide ideation doubled past 10 years

#### New pandemic stressors

- Social isolation
- Disruption to schooling and education
- Limited access to health and social services
- Increased food and housing insecurity
- Sickness, disability and loss of loved ones

## **COVID-19 Pandemic**

- During 2020-2021 school year
  - 60% had at least one mental health disorder
  - 3 in 4 experienced psychological distress
  - More than 1 in 4 were suicidal

#### sorder ess

# **Discrimination and Mental Health**

- Racial discrimination, traumatic stress and psychopathology
  - Increases in anti-Asian, anti-Arab, anti-Semitic sentiment
  - High profile cases of police brutality against Black Americans

#### Sexual and gender discrimination linked to poor mental health

- Increased anti-LGBTQ sentiment
- High rates of new anti-LGBTQ policy
- 1 in 5 young adults identify as LGBTQ

## **Other Collective Trauma**

- Drug overdose epidemic
- Gun violence
- Climate change

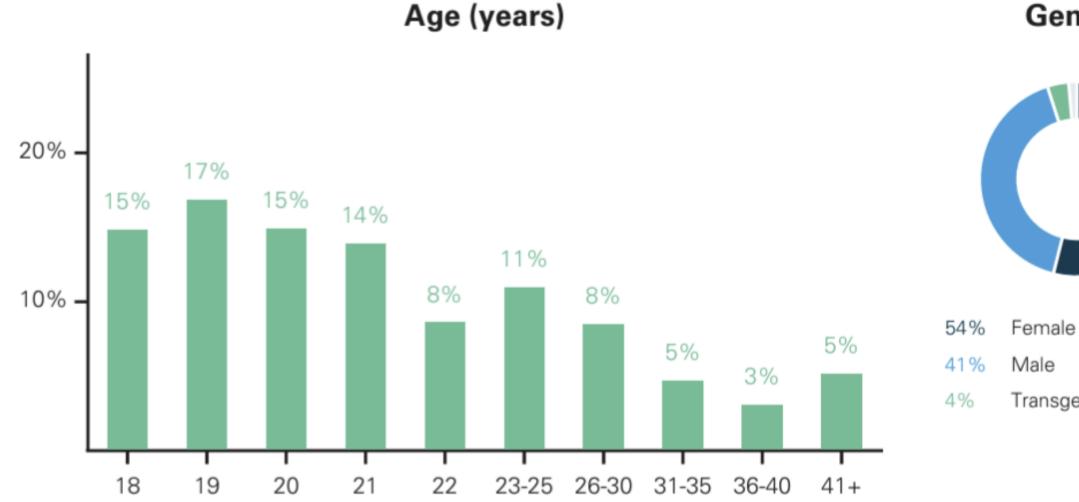


# Technology

- 98% regularly use social media
  - Unfavorable social comparisons
  - Increased exposure to social harm
  - Social isolation
- Excessive smartphone use
- Addictive variable reward system

# Epidemiology of Student Mental Health

- More than 76,000 students
- Almost 400 campuses
- Degrees ranging from Associates to Graduate
- Online survey



#### Gender

#### Living Arrangement

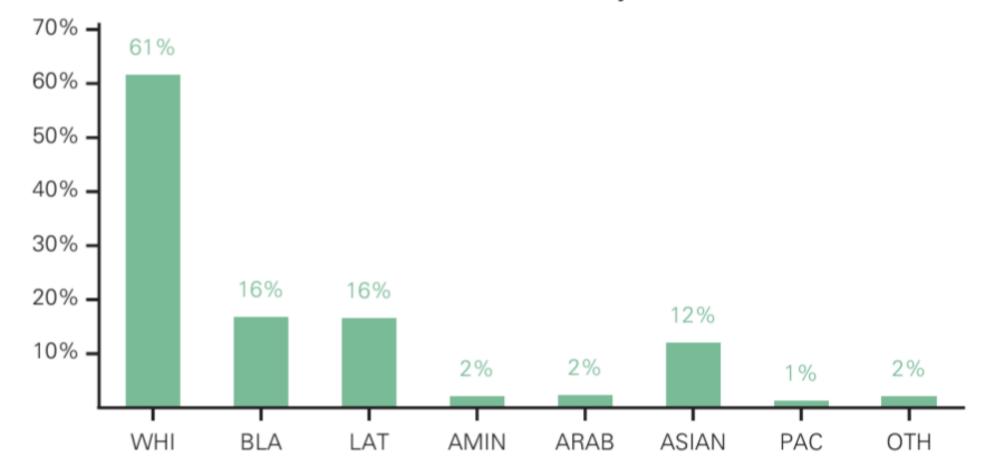




- Transgender and non-binary

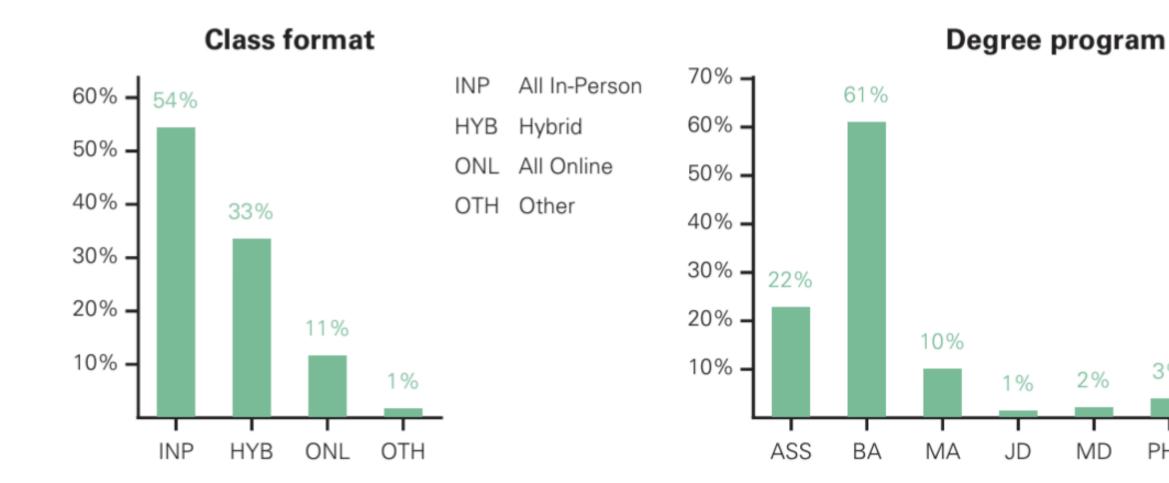
30%	Campu	s residence	) h	nall	
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- Fraternity or sorority house 1%
- 8% Other university housing
- 32% Off-campus, non-university housing
- 26% Parent or guardian's home
- Other 4%

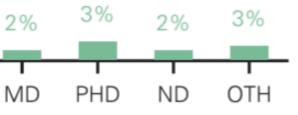


**Race/ethnicity** 

- WHI White or Caucasian
- BLA African American/Black
- LAT Hispanic/Latino
- AMIN American Indian/Alaskan Native
- ARAB Arab/Middle Eastern or Arab American
- ASIAN Asian/Asian American
- PAC Pacific Islander
- OTH Other



- ASS Associate's degree
- ΒA Bachelor's degree
- Master's degree MA
- JD JD
- MD MD
- PhD or equivalent PHD
- Non-degree student ND
- OTH Other



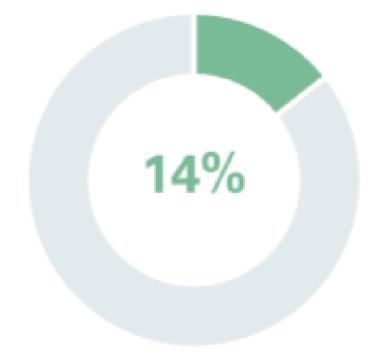
### 2022-2023 Mental Illness

Any depression

Any anxiety

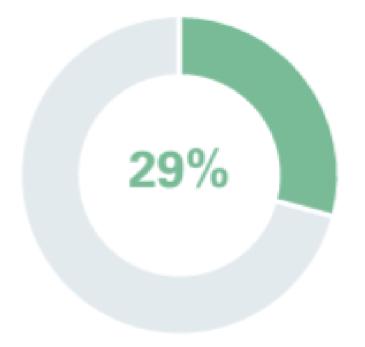


#### Suicidal ideation (past year)

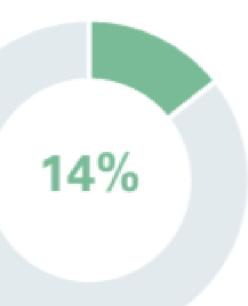


### 2022-2023 Mental Illness

Non-suicidal self-injury (past year) Eatir



#### Eating disorders



## 2022-2023 Mental Illness

#### **ACADEMIC IMPAIRMENT**

In the past 4 weeks, how many days have you felt that emotional or mental difficulties have hurt your academic performance?

isolated from others



19% None 29% 1 - 2 days 23% 3 - 5 days







29% Hardly ever

- Some of the time 36%
- 25% Often

# **High Risk Populations**

• Sexua	
• Se	
• Bi	

 Financial • Financially disadvantaged

#### Disability Status • Having a disability

#### al Orientation exual minority sexual

#### Gender Identity

• Gender minority • Female

Needs Assessment

### **Needs Assessment**

- First step in planning a program
- A systematic process
  - Collecting and analyzing data
  - Identifying areas of need, setting priorities
  - Identifying solutions
- Important aspects
  - Engage stakeholders
  - Use multiple methods to collect data
  - Set priorities

Case Study Report

# **Case Study Report**

- Data for this report come from the Mobile Screen Time Project Study, an R15 study funded by the National Institutes of Health (NIH).
- A total of 586 students from small urban non-profit university in the Northeast were recruited via email in October 2022 to complete this self-report, web-based survey.
- Each survey respondent was compensated with a \$10 electronic gift card.
- All effects or disparities included in this report are statistically significant at p<0.05

# Demographics

#### **Measures:**

- Age
- Race
- Ethnicity
- Sex Assigned at Birth
- Gender Identity
- Sexual Orientation

- Disability Status
- Year in School

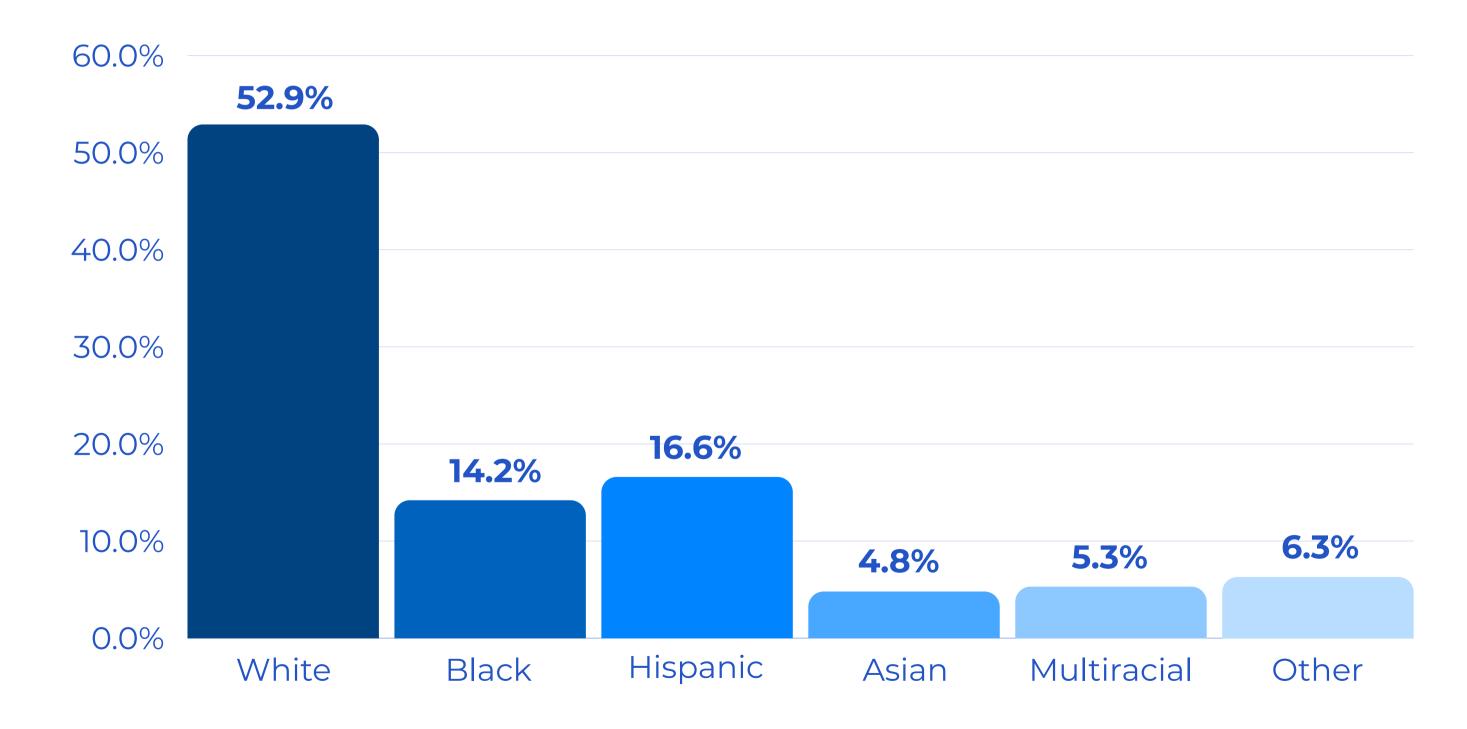
 Employment Status Living Arrangement • First-generation Student Status • Full or Part Time Student Status

## **Mental Health Measures**

- Depression
- Anxiety
- Insomnia
- Social Support

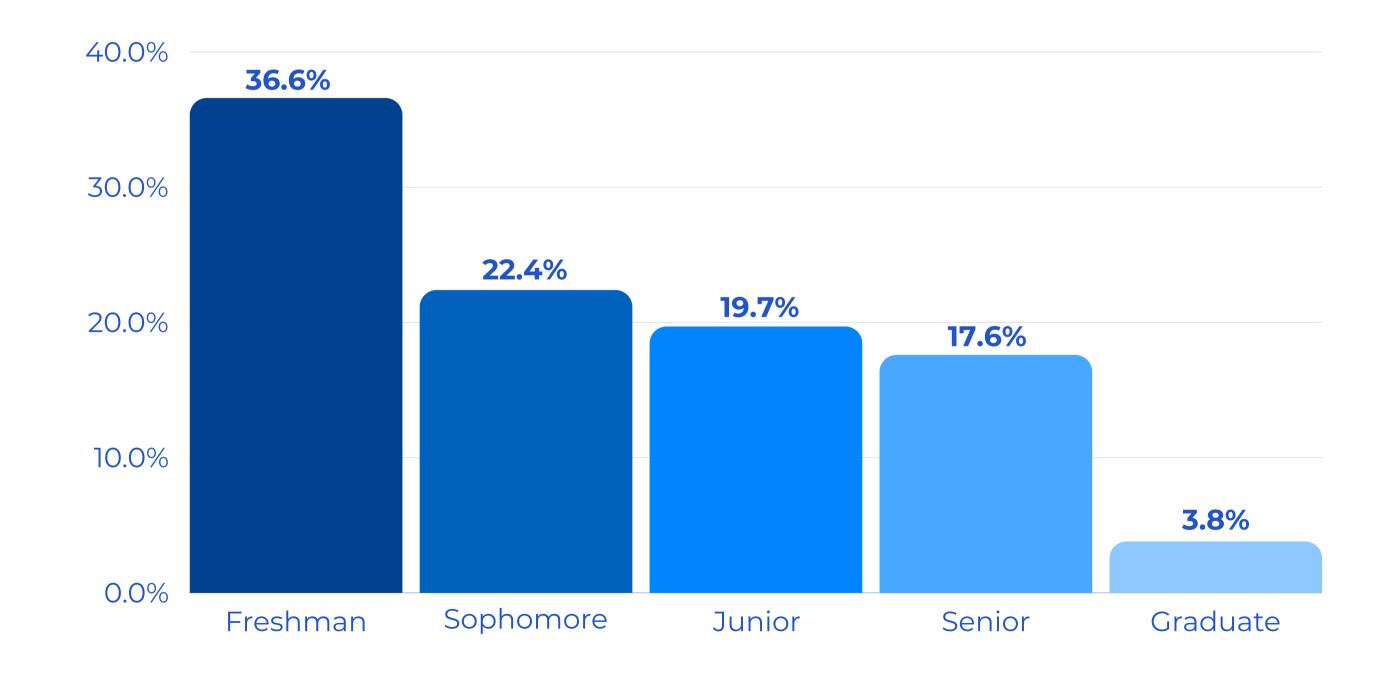


#### **Race & Ethnicity**



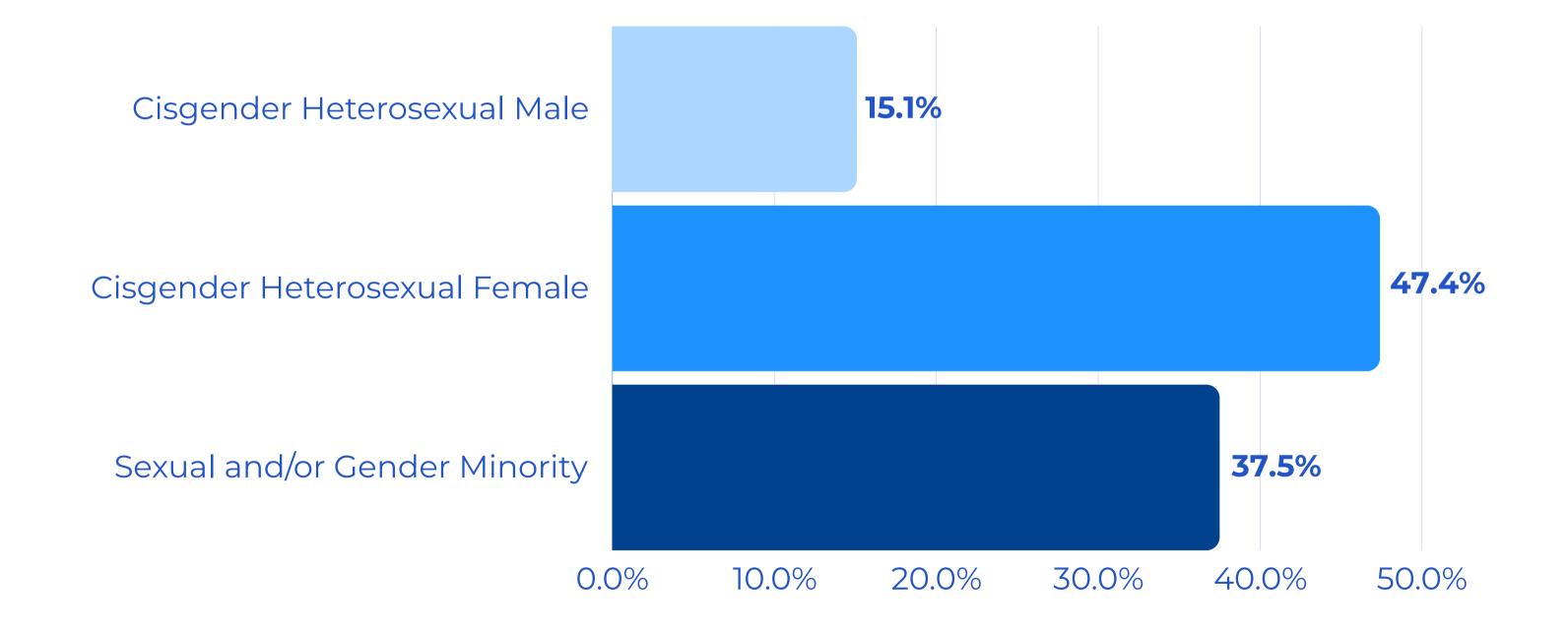


#### Year in School



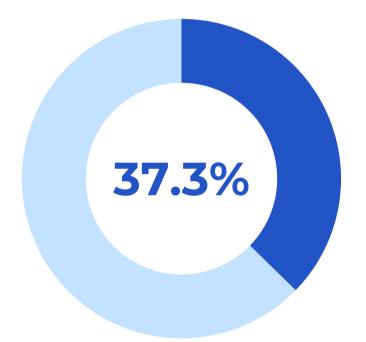


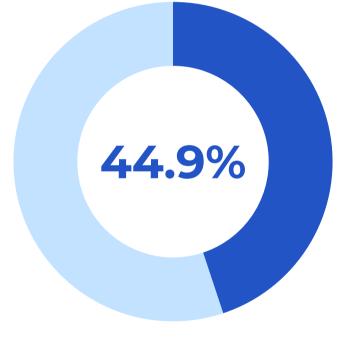
#### **Sexual and Gender Identity**





### **Student Attributes**

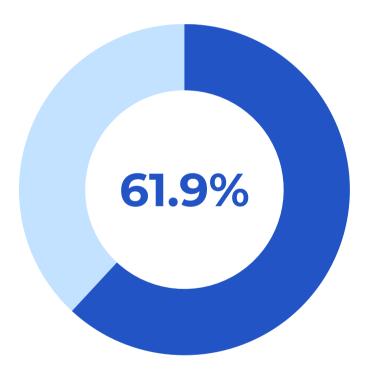




#### **First Generation**

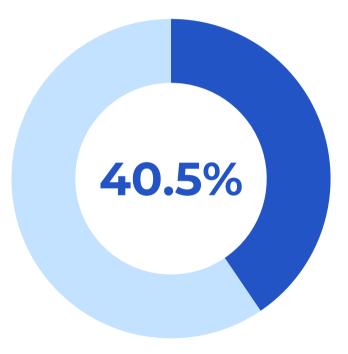
**Off-Campus** 



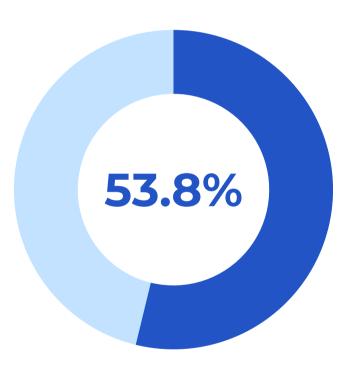


#### **Employed**

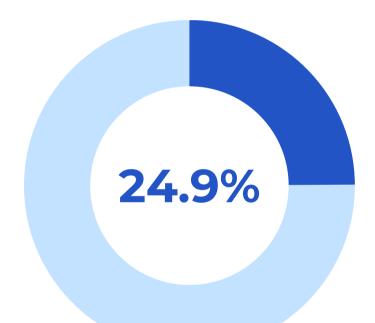
### Mental Health



Anxiety

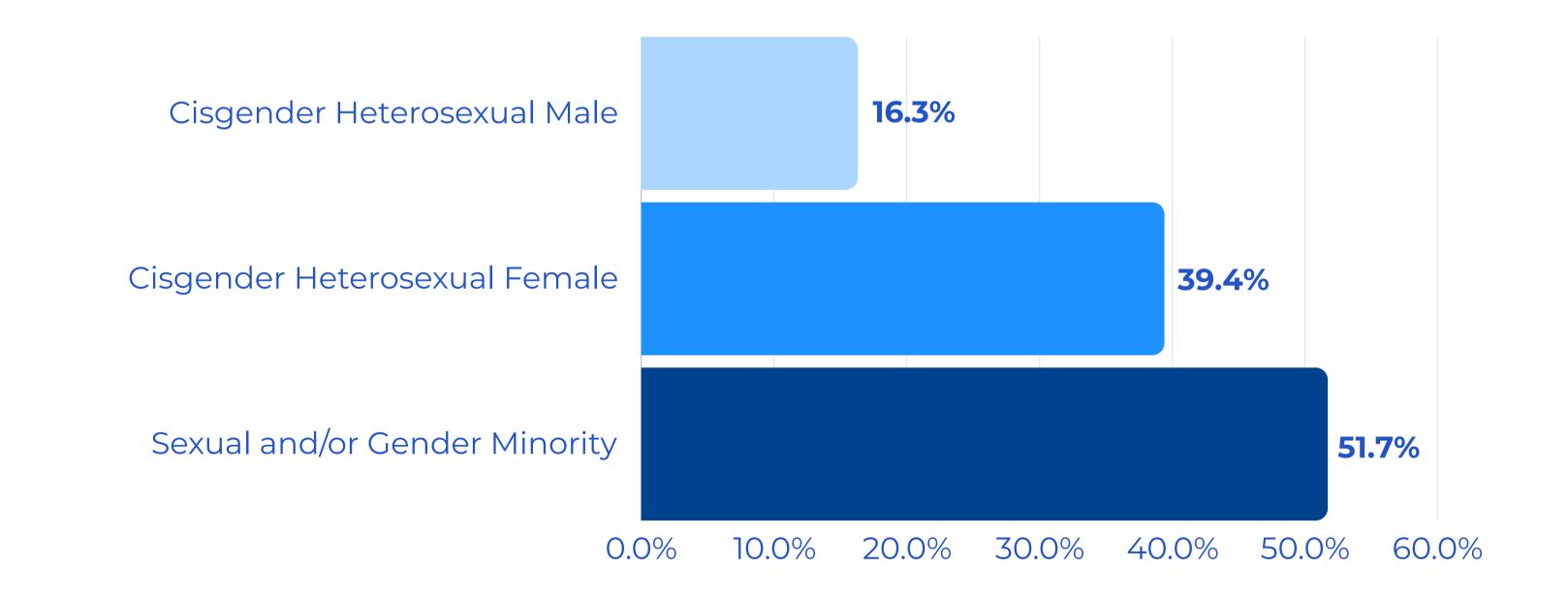


#### Depression

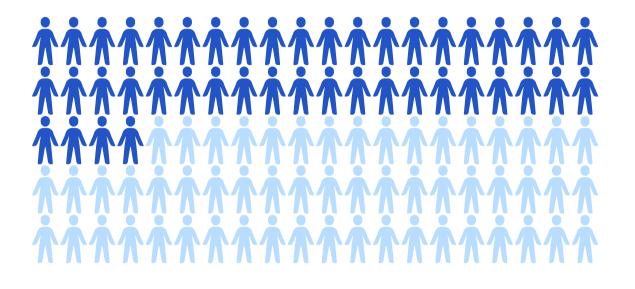


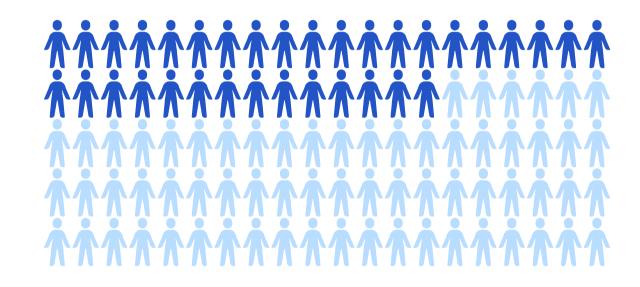
#### Insomnia

#### **Anxiety** by Sexual and Gender Identity



#### **Anxiety** by Employment Status



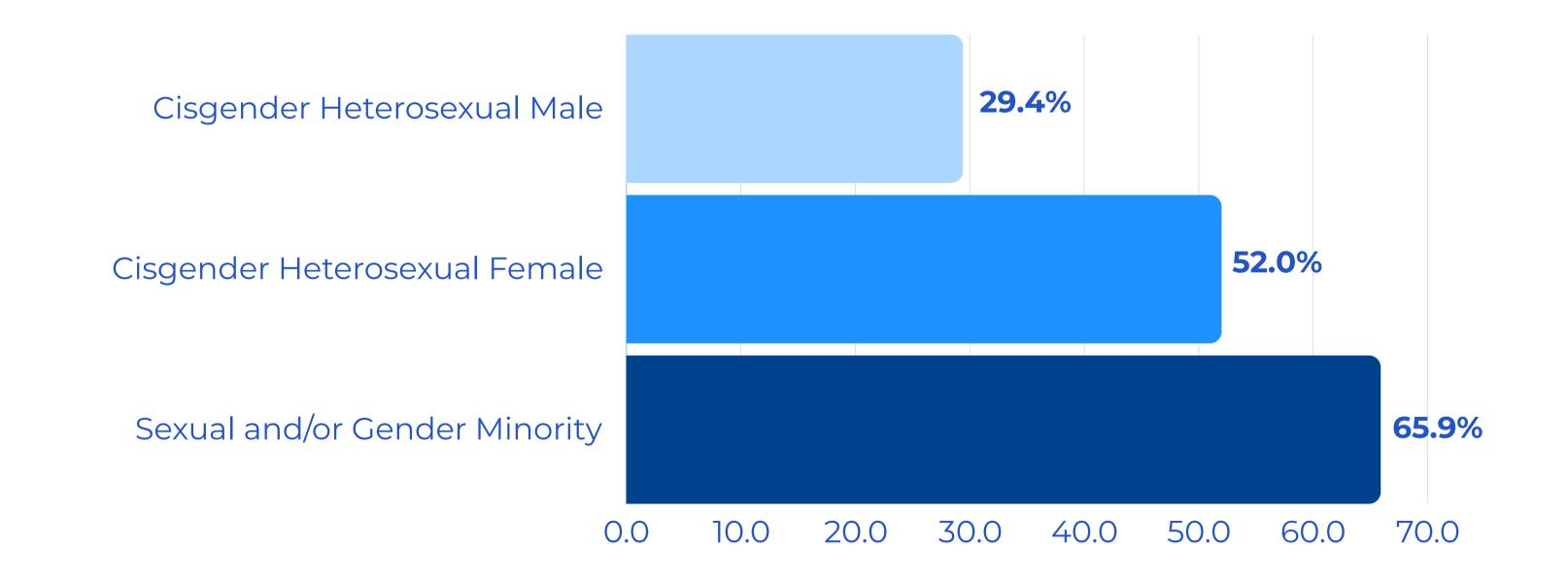




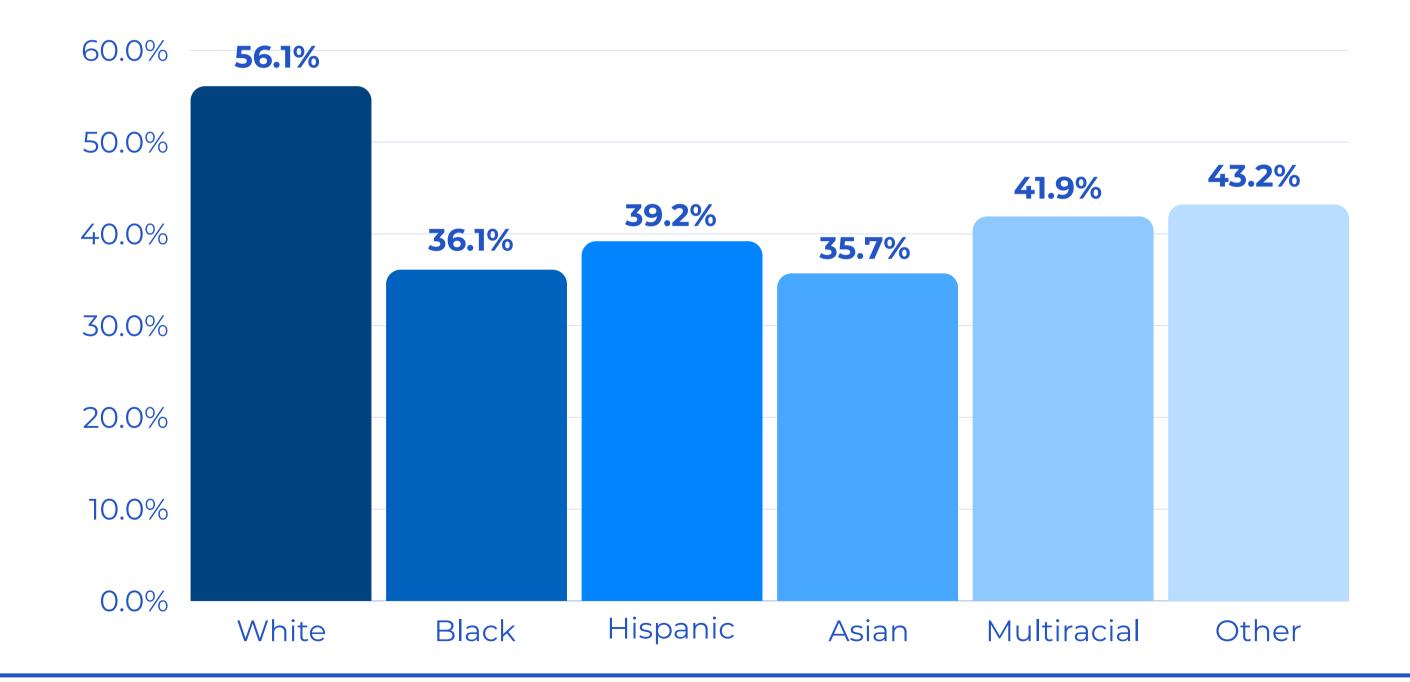
of students with a job experience anxiety of students without a job experience anxiety



#### **Depression** by Sexual and Gender Identity



#### Social Support: Usually/Always by Race & Ethnicity



# **Benefits of Social Support**

# Risk of **insomnia** is reduced by

Risk of **anxiety** is reduced by

47%



## Risk of **depression** is reduced by



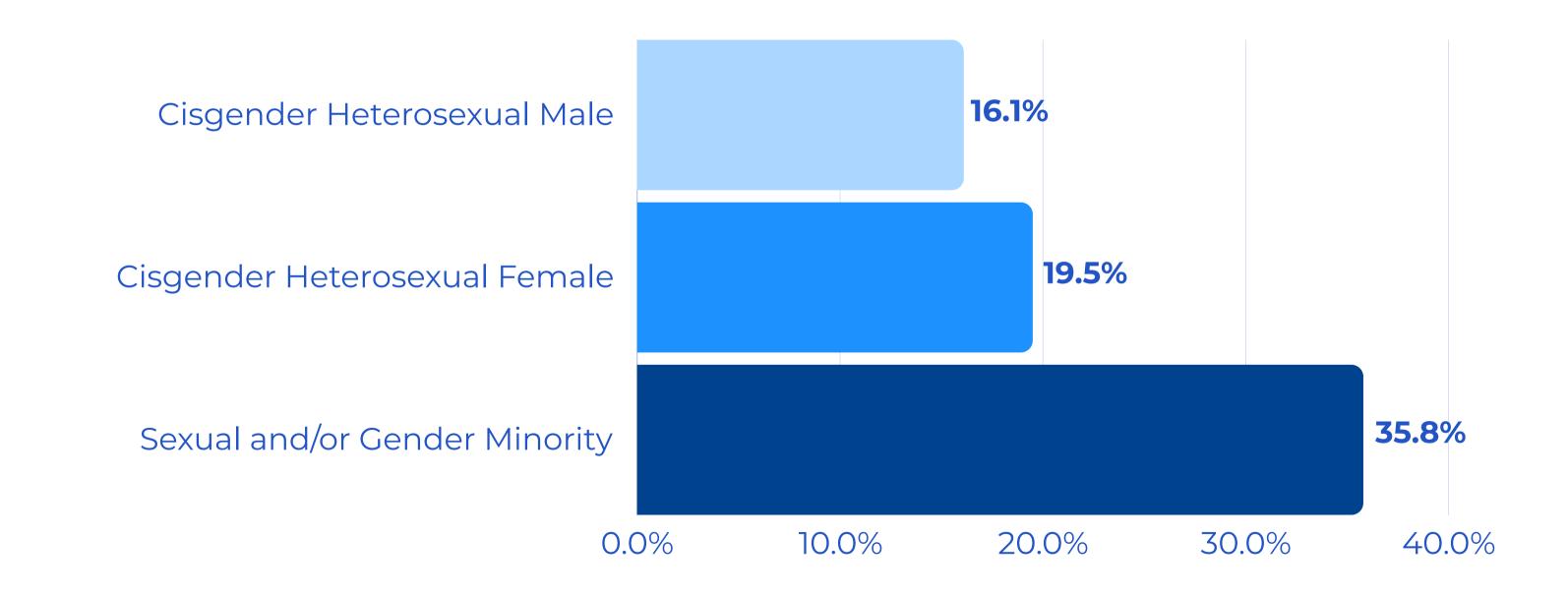
## **Functional Disability**



of students had serious difficulty concentrating, remembering, or making decisions due to a health condition



## Cognitive Effects of Health Condition by Sexual and Gender Identity



# Main Findings

- The majority of students are depressed
- Sexual and gender minority students and cisgender-heterosexual women are at higher risk of depression, anxiety, and insomnia
- 1 in 4 students have cognitive deficits due to a health condition
- Social support for students is critical for improving mental health
- Students of color are significantly lacking in social support

## How does this help us?

- Describes the population in greater detail
- Provides insight on overall mental health of student body
- Allows for identification of disparities in mental health
- Supplies data for tailoring supports to the community needs



# Mental Health Services & Barriers to Care

## Mental health counseling/therapy among students with positive depression or anxiety screens (past year)

In the past 12 months have you received counseling or therapy for your mental or emotional health from a health professional (such as psychiatrist, psychologist, social worker, or primary care doctor)?

## Mental health counseling/therapy, all students (past year)

In the past 12 months have you received counseling or therapy for your mental or emotional health from a health professional (such as psychiatrist, psychologist, social worker, or primary care doctor)?





## **Perceived need (current)**

I currently need help for emotional or mental health problems such as feeling sad, blue, anxious or nervous.



- 15% Strongly agree
  14% Agree
  17% Somewhat agree
  6% Somewhat disagree
  5% Disagree
- 2% Strongly disagree

## Perceived need (past year)

In the past 12 months, I needed help for emotional or mental health problems such as feeling sad, blue, anxious or nervous.



- 25% Strongly agree
- 17% Agree
- 15% Somewhat agree
- 5% Somewhat disagree
- 12% Disagree
- 13% Strongly disagree

## Knowledge of campus mental health resources

If I needed to seek professional help for my mental or emotional health, I would know where to go to access resources from my school.



21%	Strongly agree
25%	Agree
18%	Somewhat agree
6%	Somewhat disagree
8%	Disagree
5%	Strongly disagree

## **Structural Barriers to Care**

- Location of physical counseling centers
- Scheduling conflicts, waitlists, lack of available providers
- Time commitment
- Knowledge of available resources



# **Psychological Barriers to Care**

- Stigma
- Loss of motivation when navigating structural barriers
- Viewed as crisis resource ("last resort")
- Health literacy and knowing when to seek help
- Potential consequences for academic commitments

11%

## **Barriers to help-seeking**

In the past 12 months, which of the following factors have caused you to receive fewer services (counseling, therapy, or medications) for your mental or emotional health than you would have otherwise received? (Select all that apply)

5%	I haven't had the chance to go but I plan to	21%	Pref fami
35%	No need for services	4%	Priva
21%	Financial reasons (too expensive, not covered by insurance)	7%	Peop
24%	Not enough time	4%	Othe
15%	Not sure where to go	13%	No k

Difficulty finding an available appointment

efer to deal with issues on my own or with support from nily/friends

vacy concerns

ople providing services don't understand me

her

barriers

# **Evidence-Based Interventions**

# Interventions



- Psychological
- Psychoeducational
- Recreation Programs
- Relaxation
- Setting-Based
- Stress Management

## Mindfulness-Based

# Mindfulness-Based

Inclusive of exercises that focus on actively attending to the present moment without judgement

- Depression
- Anxiety
- Stress
- Distress
- Negative Mood



# **Psychological Interventions**

Inclusive of therapy-based strategies such as cognitive-behavioral therapy (CBT)

- Depression
- Anxiety
- Stress
- Distress
- Wellbeing



# **Psychoeducational Interventions**

Inclusive of interventions that aim to educate students on mental health topics

- Anxiety
- Stress
- Distress



# **Recreation Programs**

Inclusive of programs such as art, exercise, and animal therapy

- Depression
- Anxiety
- Stress
- Negative Mood



# **Relaxation Interventions**

Inclusive of interventions that focus on relaxing the body, such as progressive muscle relaxation

## Improvement in:

- Depression
- Anxiety
- Stress
- Distress
- Negative Mood

## ons a the body. such as



# Setting-Based Interventions

Interventions employed by institutions that address the environmental, economical, social, and cultural concerns to improve mental health, such as policy changes, addressing the built environment, and curriculum redesign

Improvement in:

Mental Wellbeing



## Stress Management

Inclusive of interventions that are employed by the individual to reduce stress without the assistance of a care provider

- Stress
- Distress
- Anxiety
- Depression



# Additional Recommendations

## Create an environment and sense of community on college campuses

- Develop inclusive programming & outreach
- Minimize barriers to mental health services
- Support community interventions
- Increase mental health literacy
- Reduce stigma

# Integrate sleep health interventions into campus health services and health education campaigns.

- Consider:
  - Minimizing 8:00am classes
  - Decreasing late-night assignment deadlines
  - Creating safe areas for students to nap
  - Enforcing dormitory quiet hours
  - Requiring all staff to be educated on importance of sleep

# Create programs to support mental health of off-campus students.

- Create more social and community connectedness.
- Include off-campus students in mental health conversations
- Ensure mental health campaigns reach off-campus students
- Create system of support for off-campus students

ersations students



We will take some time to reflect on your own institutions and discuss amongst your table (or breakout room), then come back together to share.

## **Guiding Questions**

- How would you describe your student population?
- What do you think are their major needs?

## Time

5 Minutes

We will take some time to reflect on your own institutions and discuss amongst your table (or breakout room), then come back together to share.

## **Guiding Question**

• What high risk or disproportionately impacted populations are most prevalent on campus?

## Time

5 Minutes

We will take some time to reflect on your own institutions and discuss amongst your table (or breakout room), then come back together to share.

## **Guiding Question**

 What are the major barriers to mental health services for your student population?

## Time

• 5 Minutes

We will take some time to reflect on your own institutions and discuss amongst your table (or breakout room), then come back together to share.

## **Guiding Question**

• What evidence-based interventions and environmental approaches would work best for your student population?

## Time

5 Minutes

We will take some time to reflect on your own institutions and discuss amongst your table (or breakout room), then come back together to share.

## **Guiding Questions**

- What needs to be done?
- Who are the key stakeholders to implement these changes?

## Time

• 5 Minutes

# Final Thoughts



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Special thanks to Kelsey Gately, OTD, OTR/L and Rebecca Simon, EdD, OTR/L, FAOTA

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