

Student Behavioral Health: Crisis & Opportunity



National Landscape

The College Student Mental Health Crisis

**'I Didn't Know How to Ask for Help':
Stories of Students With Anxiety**

**The Kids are Not Alright: The Mental
Health Crisis on College Campuses**

**Record Numbers of College
Students Are Seeking Treatment
for Depression and Anxiety — But
Schools Can't Keep Up**



Key Takeaways



Students are reporting **increased behavioral health issues** and seeking help in record numbers



Anxiety and **depression** are the most common student behavioral health concerns, and are increasing; **suicide** is also on the rise



Behavioral Health issues significantly **impact the academic success and retention** of our students

Behavioral Health

A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community



Source: World Health Organization (WHO), College Stats, 2018

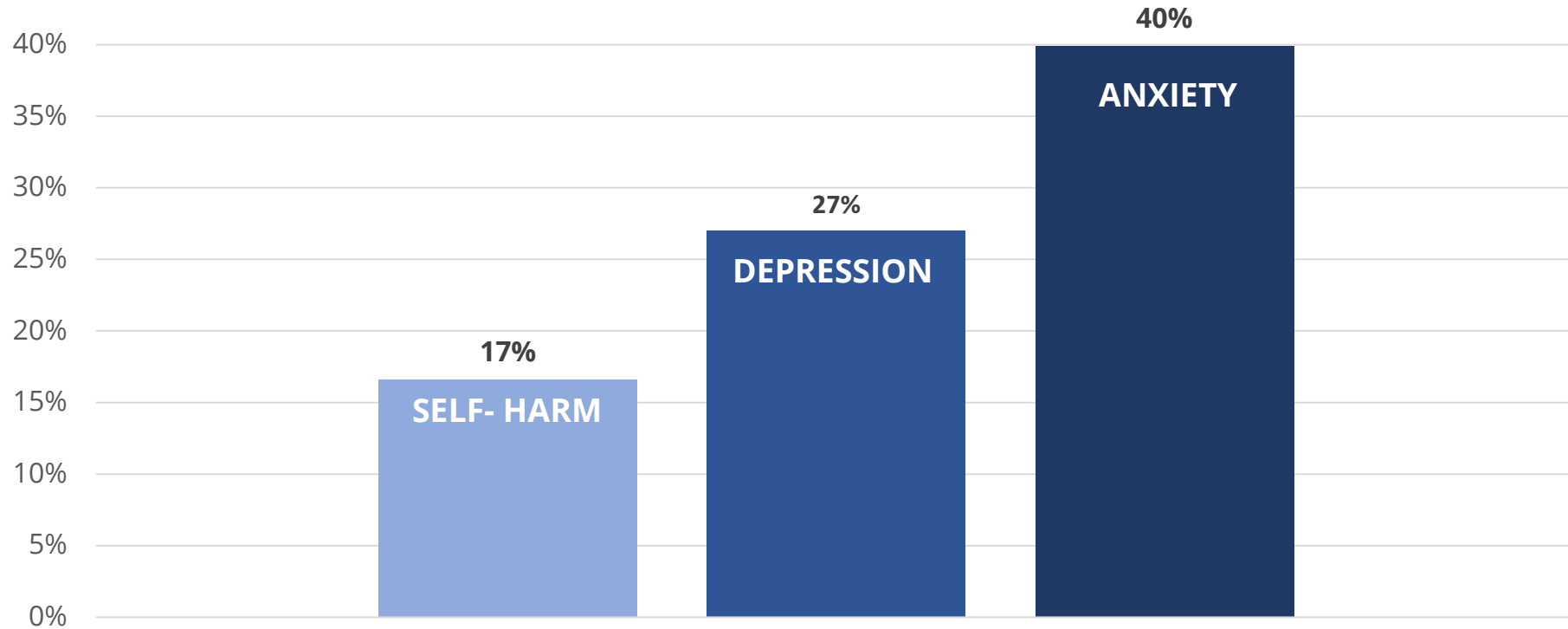
A Framework For Student Wellbeing

| | Scope | Focus | UW Institutional Examples |
|--|---|--|--|
| Tier 1 Critical Behavioral Health & Crisis Response Services | <ul style="list-style-type: none">Select students; most at-risk for self-harm or suicidal | <ul style="list-style-type: none">Provision of timely services and support for students who are in grave psychiatric distress | <ul style="list-style-type: none">UW-Whitewater: Behavioral Intervention Team |
| Tier 2 Targeted Interventions | <ul style="list-style-type: none">Students identified as part of a “vulnerable” population | <ul style="list-style-type: none">Programs and services aimed at helping students experiencing high rates of stress or behavioral issues | <ul style="list-style-type: none">UW-Stout: Behavioral health screening for student athletes |
| Tier 3 Creating Healthy Learning Environments | <ul style="list-style-type: none">Majority of students; experience some stress but do not require counseling or an intervention | <ul style="list-style-type: none">Preventative efforts to teach students how to create and maintain healthy, balanced lifestyles | <ul style="list-style-type: none">UW-Superior: Pruitt Center for Mindfulness & Wellbeing |

Source: Adapted from the University of California Student Mental Health Resources & Promising Practices Report, 2006

Wisconsin High School Students

Self-Reported Rates of Anxiety, Depression, and Self-Harm



Source: Department of Public Instruction (DPI) – Wisconsin Youth Risk Behavior Survey (YRBS), 2017

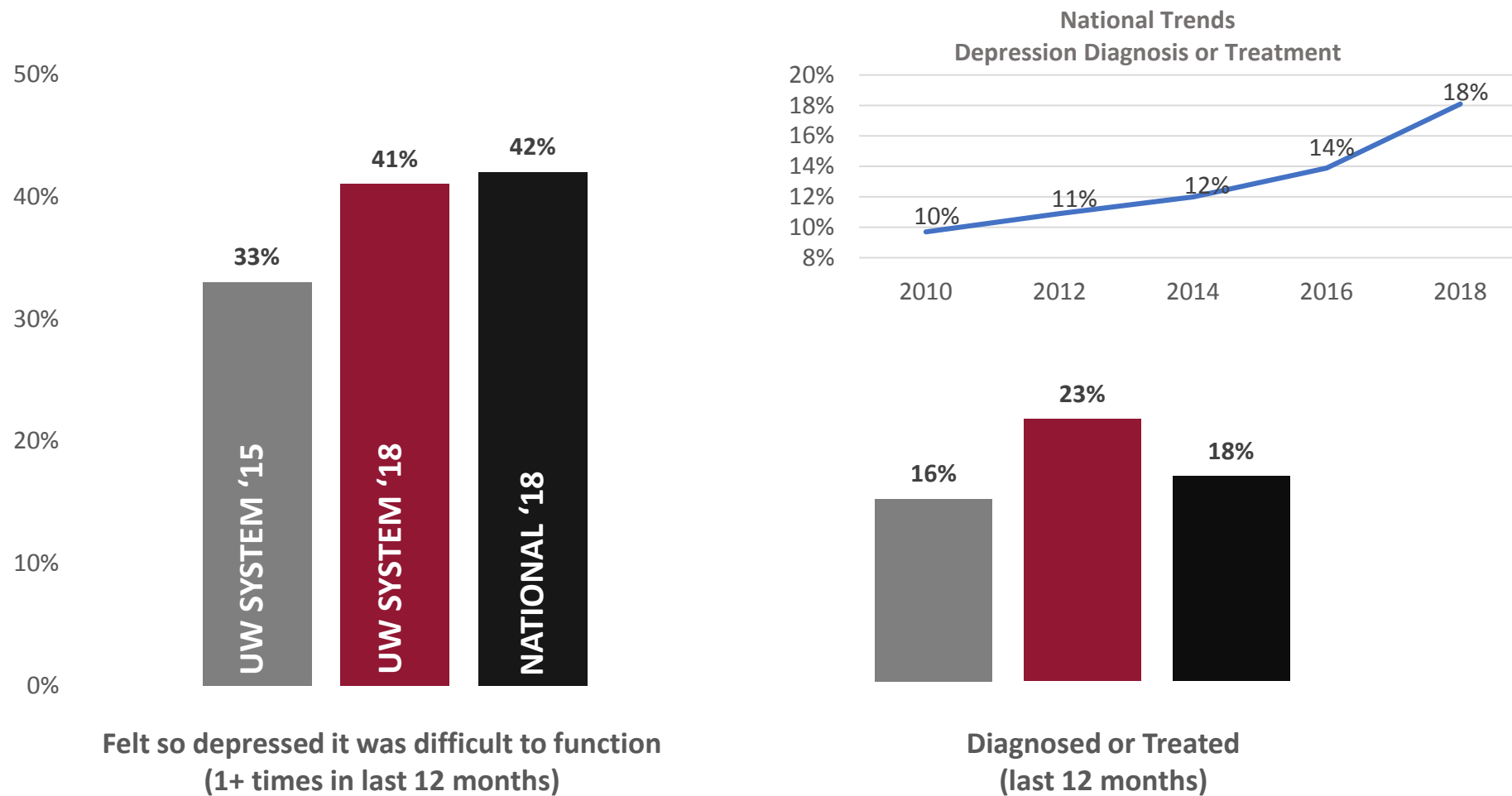
Depression

A behavioral health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in daily life



Source: World Health Organization (WHO), National College Health Assessment (NCHA), Spring 2015

Depression: UW System vs. Nationwide



Source: National College Health Assessment (NCHA), Spring 2015, Spring 2010- 2018

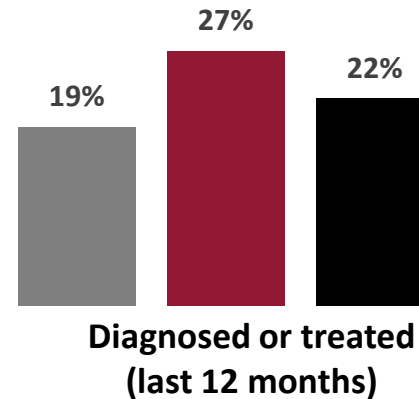
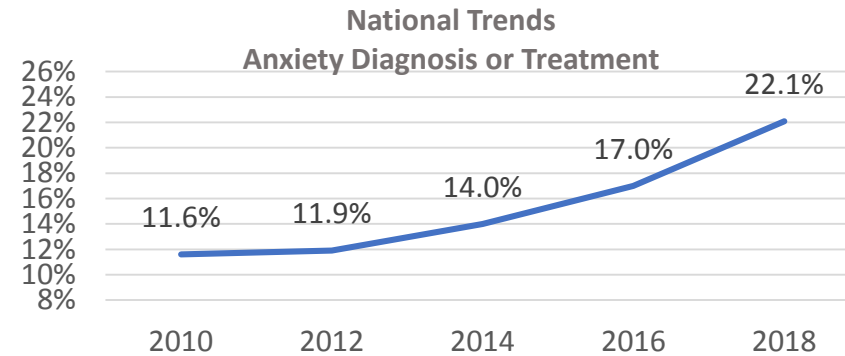
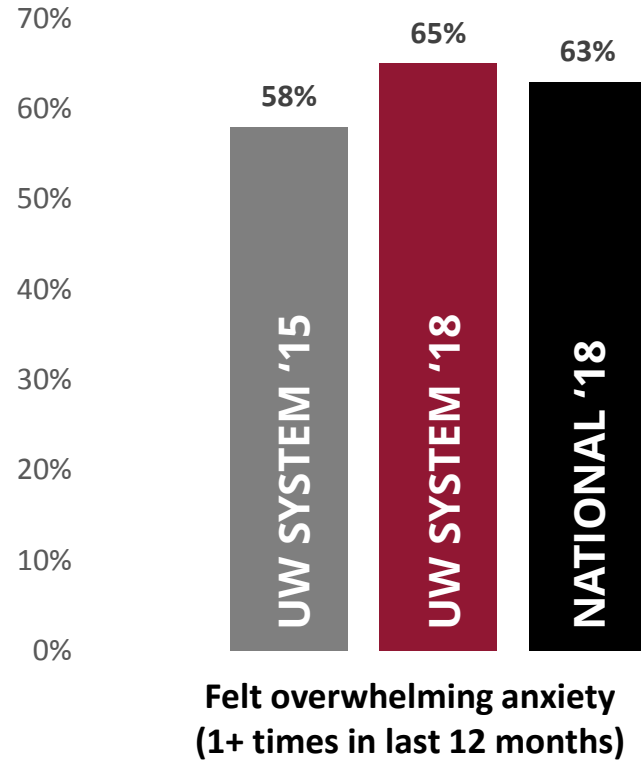
Anxiety

A category of behavioral health disorders characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities



Source: World Health Organization (WHO), National College Health Assessment (NCHA), Spring 2015

Anxiety: UW System vs. Nationwide



Source: National College Health Assessment (NCHA), Spring 2015, Spring 2010- 2018

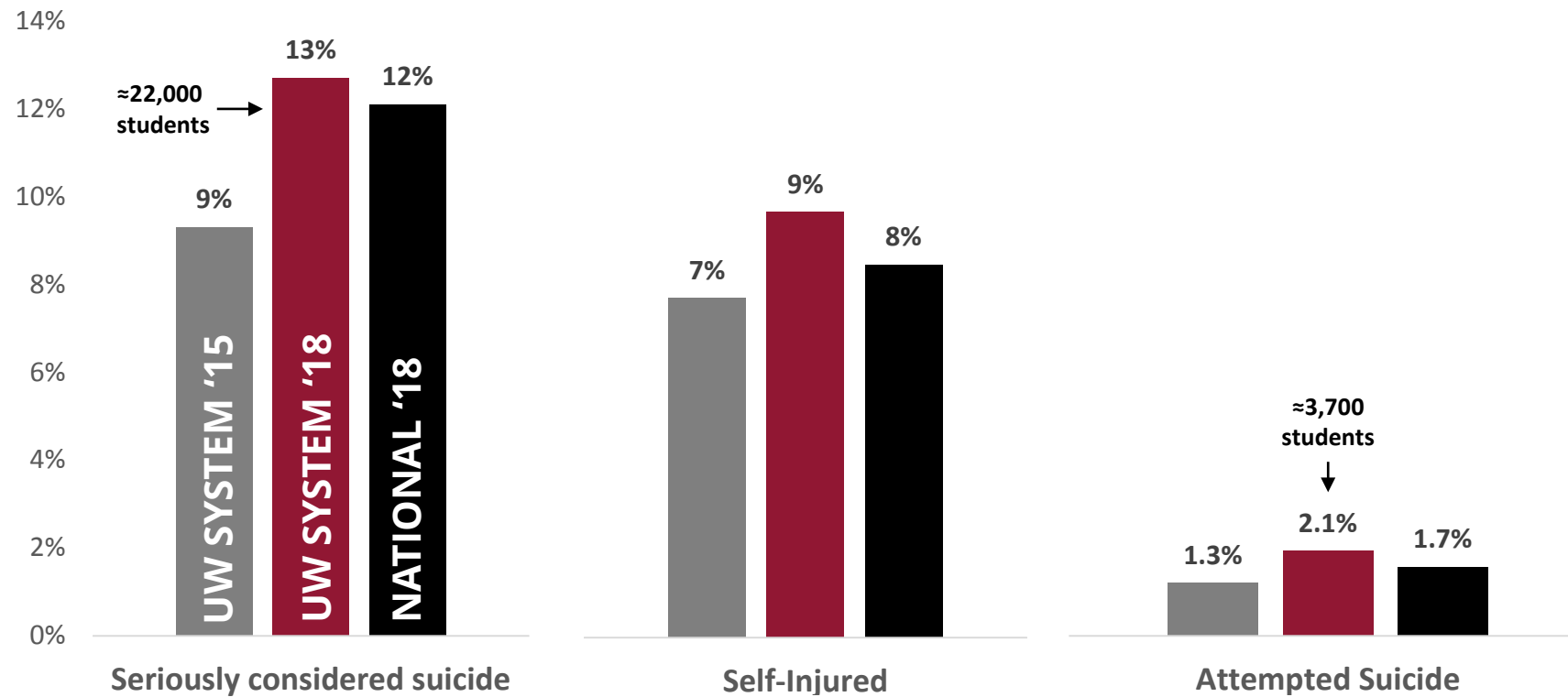
Suicide and Self-Harm

- Suicide is the act of ending one's life, most often as a result of depression or other mental illness.
- Self-Harm is characterized by deliberate acts to wound one's self.



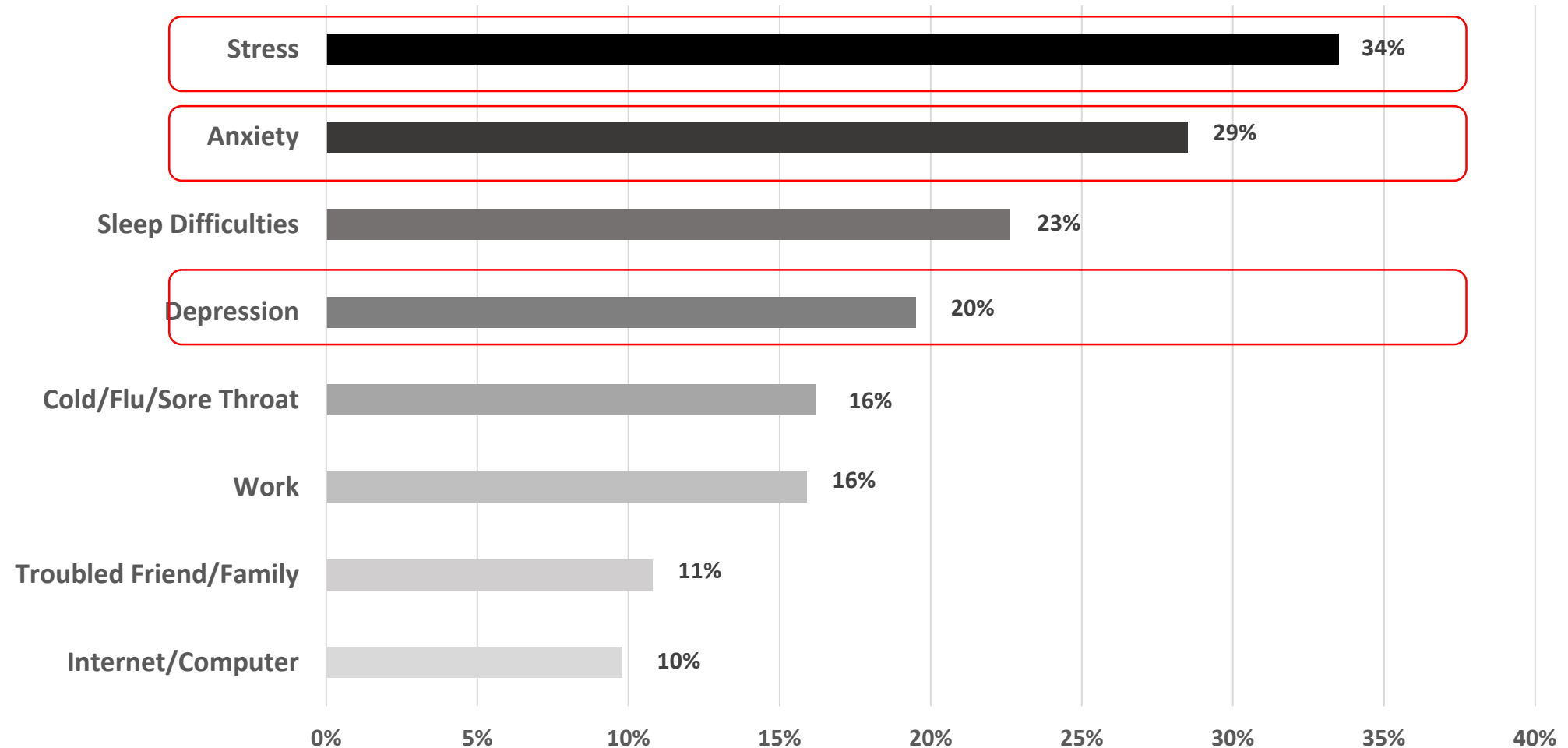
Source: American Psychological Association (APA), 2015, College Stats, 2018

Suicide and Self Harm (last 12 months)



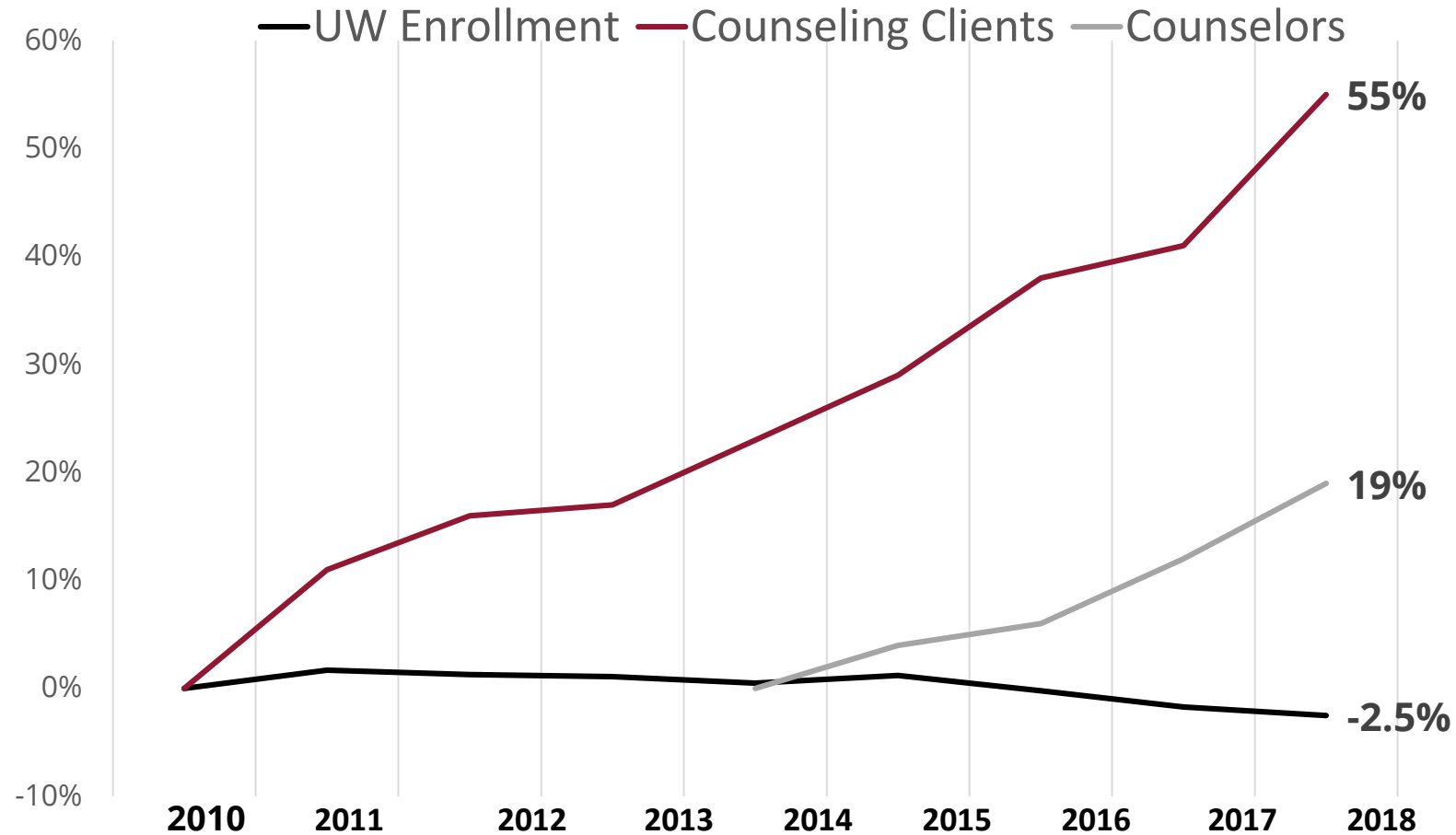
Source: NCHA-Spring 2015 and NCHA-Spring 2010- 2018

Impact on Academics



Source: National College Health Assessment (NCHA), Spring 2018

Counseling Center Utilization & Enrollment Trends



Sources: UW System Fact Book; UW System Counseling Directors

Counseling Services Standards



International Association of Counseling Services (IACS):
"Every effort should be made to maintain minimum staffing ratios in the **range of one F.T.E. professional staff member (excluding trainees) to every 1,000 to 1,500 students.**"



The UW System Mental Health Task Force reported in their 2009-10 report that the staffing ratios at UW Counseling Centers were on average between **1:2,000** to **1:2,500**.

Source: International Association of Counseling Services (IACS), 2019

Impact on Health Services



- Student behavioral health issues accounts for up to **one third** of student visits to UW health services centers;
- Almost **one half** of visits to a UW health services center also involve a behavioral health issue



- Because of **limited access** to psychiatric services, students are increasingly relying on health services for support



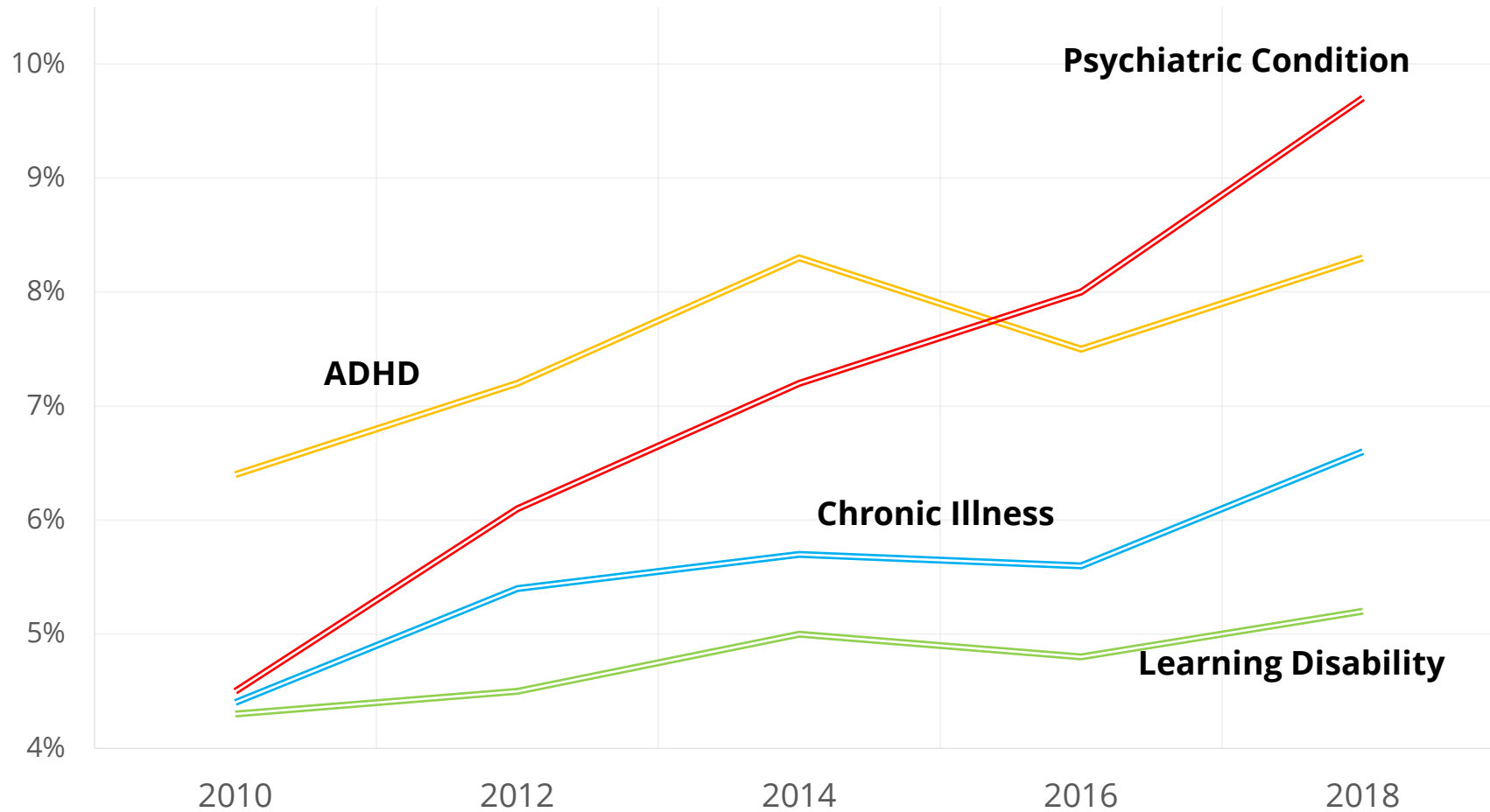
- **Access to psychotropic medication assessment** and management is a struggle



- Students request **documentation** from Health Services to be used for disability accommodations

Source: UW System Health Directors, 2018

Impact on Disability Services



Source: National College Health Assessment (NCHA), Spring 2010-2018

UW-Green Bay: Behavioral Health Staffing

UW-Green Bay

3.15 FTE Licensed Professional Counselors
(4 part-time counselors)

Marinette Campus

1 Contracted Licensed
Professional Counselor
(1 day/week)



Manitowoc Campus

1 Contracted Counselor
(1 day/biweekly)

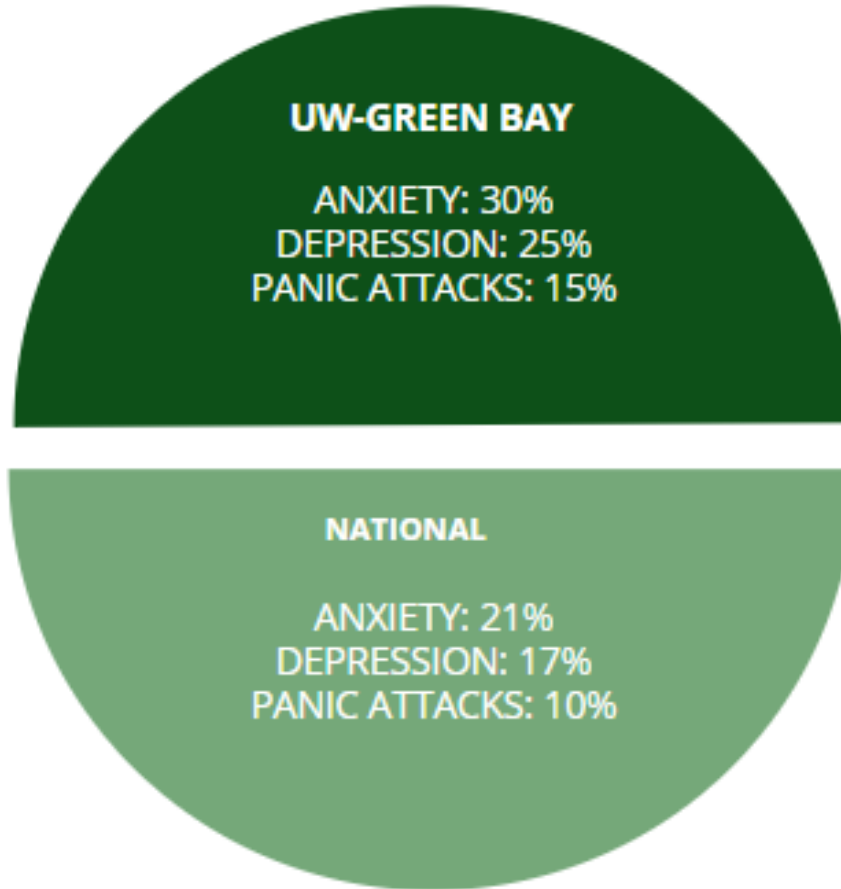
One counselor serves
both branch campuses

Sheboygan Campus

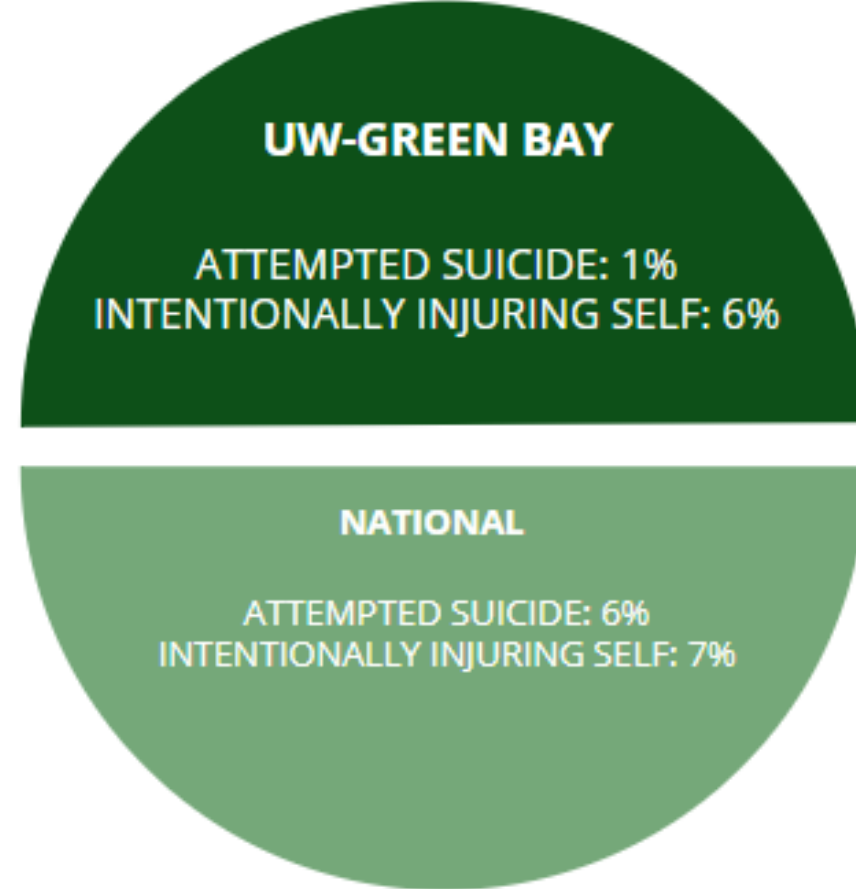
1 Contracted Counselor
(1 day/biweekly)

UW-Green Bay: Student Needs

In the last 12 months, students reported being diagnosed or treated for:



In the last 12 months, students reported:



Source: National College Health Assessment (NCHA), 2017-18

UW-Parkside: Staffing



Heath & Counseling Center

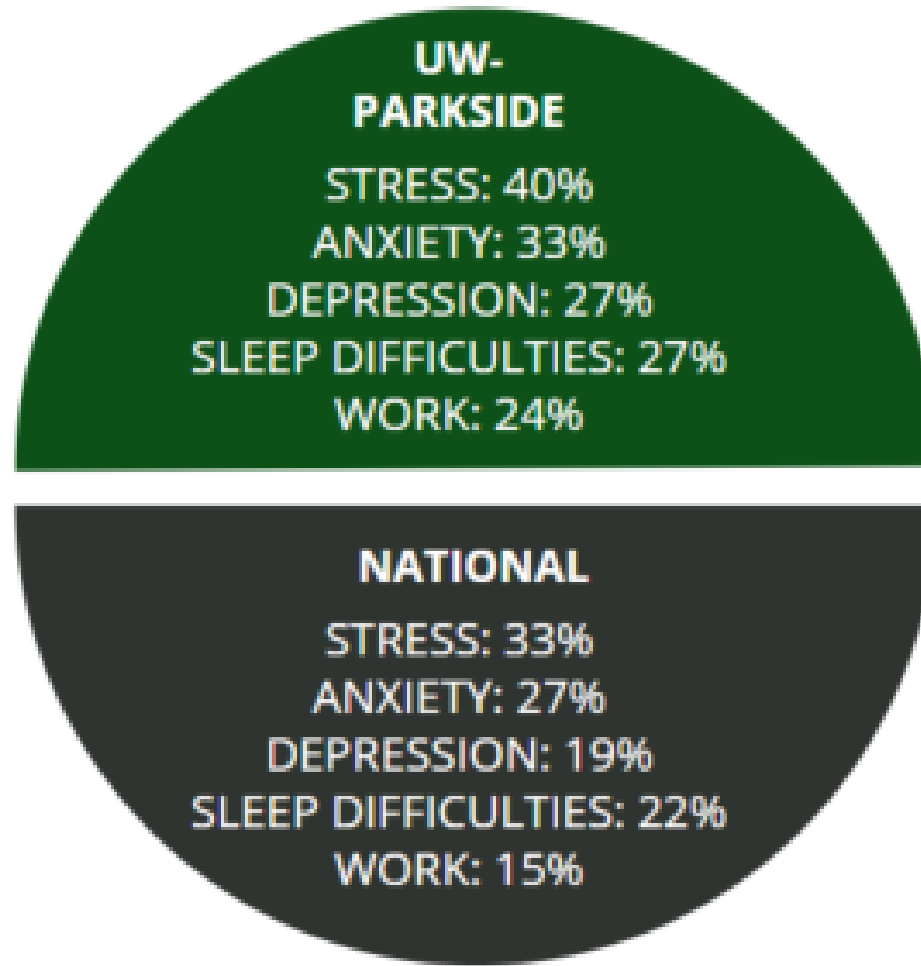
- 1.5 FTE nurse practitioners
- 2.0 FTE licensed counselors
- 0.5 FTE AODA coordinator
- Contracted psychiatrist 8-10 hours per month

Disability Services Office

- 1.0 FTE administrative director & disability coordinator
- 0.5 FTE disability specialist
- 1.0 FTE administrative assistant

**33% of all health center visits in 2017-18
were behavioral health-related**

UW-Parkside: Student Needs



The number of students having academic difficulty due to medical or psychological issues resulting in a medical withdrawal has more than doubled

- 43 in 2014-2015
- 103 in 2017-2018

Source: National College Health Assessment (NCHA), 2017-18

Behavioral Health in the Classroom

Increased faculty concerns for:

- Student success
- Demands on faculty time
- Fear of rare but present threats
- Not being prepared/qualified to respond to many of the needs

Increased need for:

- Timely service and follow-up with faculty
- Ability to refer and direct students to qualified professionals

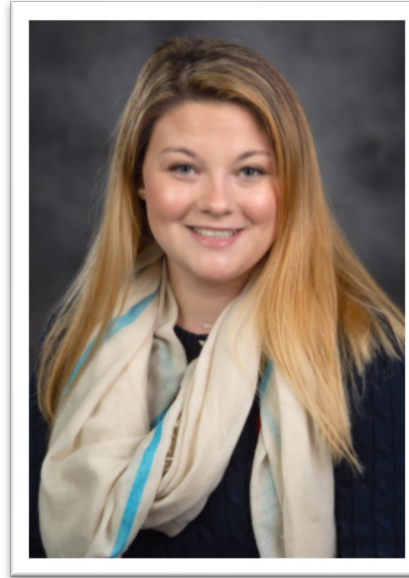


Student Perspectives



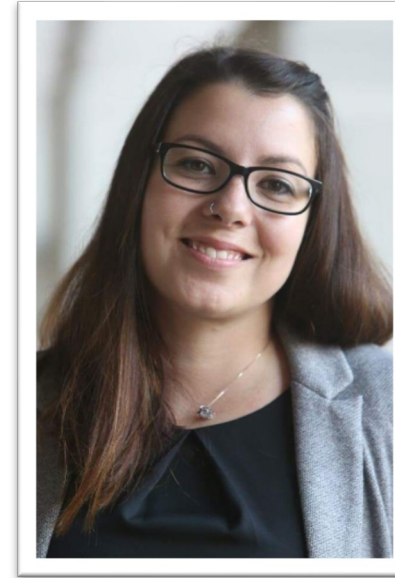
Manasi Mohan
UW-Madison

Major: Molecular Biology,
Minor in Global Health and
Gender & Women's
Studies



Sage Lefebvre
UW-Stevens Point

Major: Philosophy,
Minor in Biology,
Chemistry, and
Sociology



Anjuli Holmes
UW-Parkside

Major: Psychology,
Certificate in Mental
Health Skills

Impact on Student Academics and Retention



22% thought about leaving school prior to counseling



77% of those who considered leaving school said counseling helped them persist



83% said their primary issues improved due to counseling services



93% would recommend counseling services to a friend



95% believe it is important to have counseling services located on campus



55% suggested increased hours and counselors as improvements

Source: UWS Counseling Impact Assessment Project, 2017-18

Opportunities to Serve Students Better

| | Scope | Focus | Potential Avenues to Explore |
|--|---|--|--|
| Tier 1 Critical Behavioral Health & Crisis Response Services | <ul style="list-style-type: none">Select students; most at-risk for self-harm or suicidal | <ul style="list-style-type: none">Provision of timely services and support for students who are in grave psychiatric distress | <ul style="list-style-type: none">Regional sharing of psychiatric servicesExploration of how to align all UW institutions with IACS Standards |
| Tier 2 Targeted Interventions | <ul style="list-style-type: none">Students identified as part of a “vulnerable” population | <ul style="list-style-type: none">Programs and services aimed at helping students experiencing high rates of stress or behavioral issues | <ul style="list-style-type: none">Training programs aimed at enhancing the capacity of faculty and staff to better understand students who may be at-risk |
| Tier 3 Creating Healthy Learning Environments | <ul style="list-style-type: none">Majority of students; experience some stress but do not require counseling or an intervention | <ul style="list-style-type: none">Preventative efforts to teach students how to create and maintain healthy, balanced lifestyles | <ul style="list-style-type: none">Adoption of on-line tools that can be used by all UW students |

Source: Adapted from the University of California Student Mental Health Resources & Promising Practices Report, 2006

Key Takeaways



Students are reporting **increased behavioral health issues** and seeking help in record numbers



Anxiety and **depression** are the most common student behavioral health concerns, and are increasing; **suicide** is also on the rise



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