

Mental Health Issues and Residence Hall Population in UMR-ACUHO Survey Results 2008

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Introduction

Mental health issues have historically been present on college campuses. As far back as 1918, Harvard's Dean of Students reported that mental health issues were the biggest health challenge faced by student affairs professionals (Williamson, 1961). Today, there is an elevated concern as the problem increasingly propagates through student bodies. In a recent survey of college counseling center directors, it was found that 85% of directors saw a definite increase in serious mental health problems over a five-year period (Gallagher, 2000). This increasing prevalence of mental health issues was echoed in a study performed at Kansas State University where it was found that the proportions of students seen for anxiety disorders doubled, depression tripled, and serious suicidal ideation and intent tripled over a 13-year period (Benton, Tobertson, Tseng, Newton, & Benton, 2003).

Purpose

In 2008, the Assessment and Information Management (AIM) Committee initiated a formal assessment of mental health issues and the residence hall population of institutions within the Upper Midwest Region of the Association of College and University Officers (UMR-ACUHO). The study's questionnaire yielded an overview of regional information. First, it addressed student mental health issues as observed by student affairs professionals. The committee especially wanted to take note of the differences in male and female student's behavior. Second, it explored campus policies, procedures, trainings, and initiatives that pertained to mental health. The committee took special interest in the level of comfort student affairs professionals had with their staffs' competencies in their area.

Method

Three members of the AIM committee distributed an internet based questionnaire via e-mail to the chief or senior housing officers of all 116 UMR-ACUHO member institutions. The chief or senior housing officer was asked to delegate questionnaire completion to the individual in their department who could best answer the questions. As a follow up to the initial email, another email was sent reminding member schools to participate. Finally, at the UMR-ACUHO Summer Meeting, the AIM Committee went to all the individual committee meetings to give written reminders to representatives from institutions that had not been received or completed the questionnaire. While 65 participants began filling out the questionnaire, only 56 participants completed the questionnaire, resulting in a return rate of 48.3%.

Results

Demographic Information

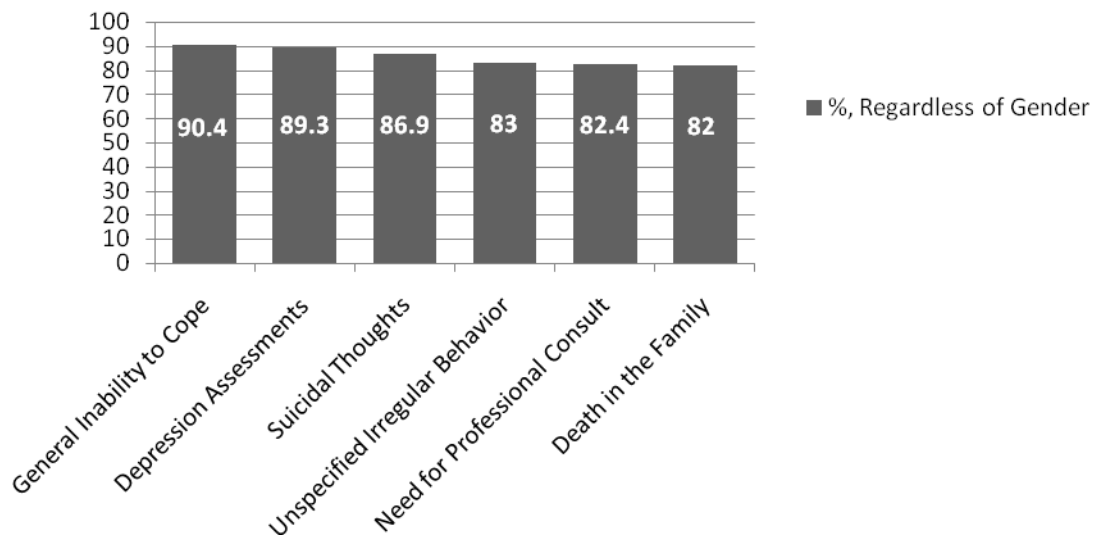
Of the institutions that participated, 63.1% were public while 36.9% were private. Of the institutions that participated, 98.5% were four year institutions while 1.5% were two year institutions. The institutions were almost evenly split with 53.9% having a residence hall population under 2,000 students and 46.2% having a residence hall population over 2,000 students. The greatest percentage of institutions had a residence hall population of 1,001 to 2,000 students (30.8%). All institutions were located in the eight state region including Minnesota, Iowa, Wisconsin, North Dakota, South Dakota, Kansas, Nebraska, and Missouri.

Mental Health in the Residence Halls as Observed by Institution Employees

In exploring the frequency with which Residential Life professional staff members were needed to immediately respond to a mental health crisis, half (50.6%) of the institutions claimed they dealt with ten or more incidents in the last year. The next largest sector reported that they responded to between six and ten incidents (23.1%).

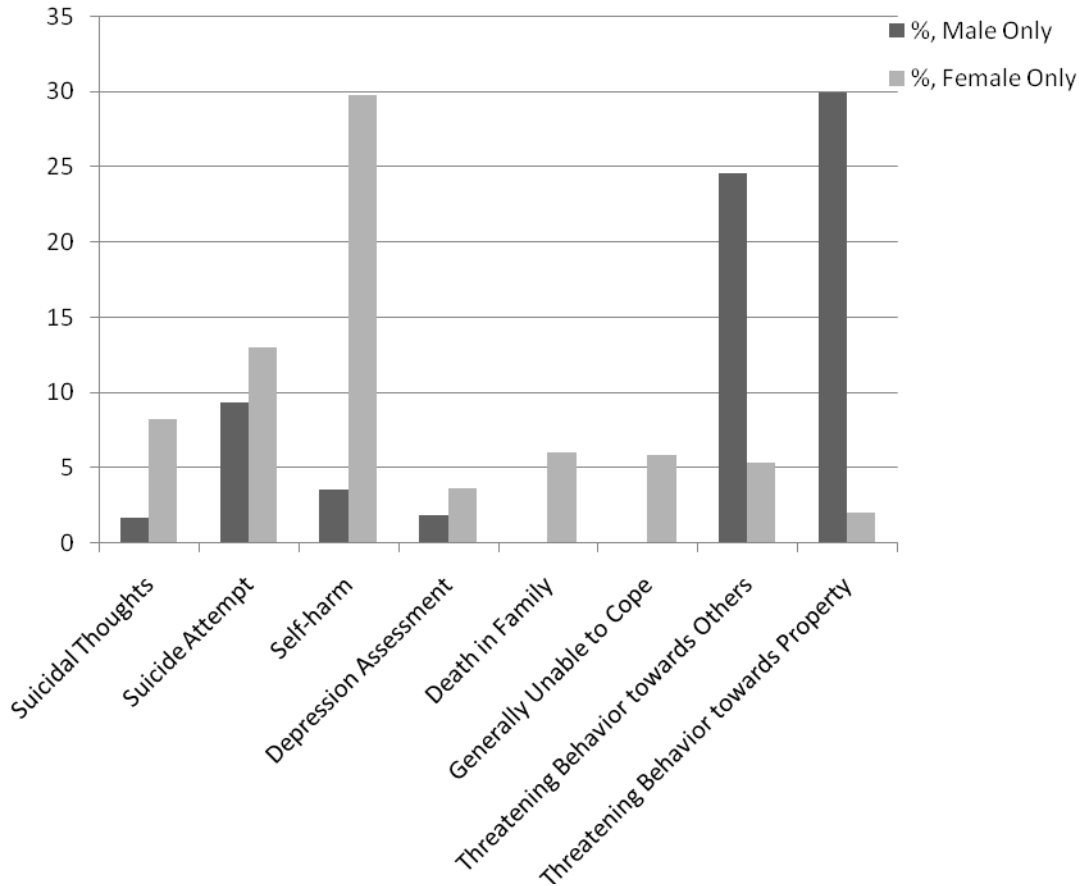
The most commonly reported mental health crises that occurred at the institutions surveyed, regardless of gender, included general inability to cope (90.4%), student depression assessments (89.3%), suicidal thoughts (86.9%), unspecified irregular behavior (83%), need to consult with regular mental health provider (82.4%), and a death in the family (82.0%).

Most commonly reported mental health crises: regardless of gender



A difference was discovered in the most commonly reported mental health crises across genders. It was found that in incidents occurring with only female students, the student was *inwardly* destructive, taking part in self harm (29.8%) or suicide attempt or completion (13.0%). In incidents occurring with only male students, the student was *outwardly* destructive, taking part in destructive behavior toward property (30,0%) or other individuals (24.6%).

Most commonly reported mental health crises: By gender



When asked about the number of times non-Residential Life professional staff (i.e. Campus Security/Police) responded to a mental health crisis, the largest sector (43.1%) reported more than ten incidents. The most common types of incidents included students having suicidal thoughts (84.5%), students with threatening behavior toward others (82.8%), and student suicidal attempt or completion (70.7%).

Mental Health Policies

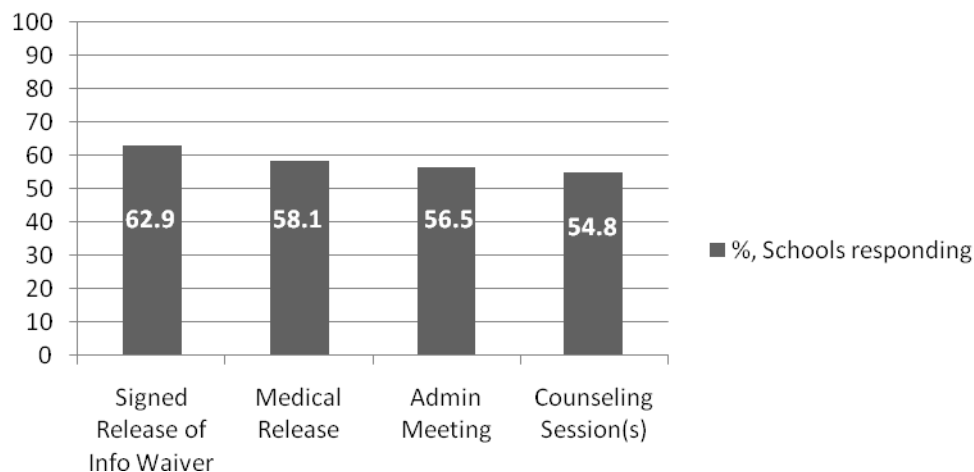
The majority of the institutions surveyed have some sort of written policy and procedures that describe the chain of contact in a mental health crisis (88.7%). Of those that have a written policy, about half (45.5%) review their policy regularly outside of fall training on more than an as needed basis. About half (45.8%) also have their policies available on-line.

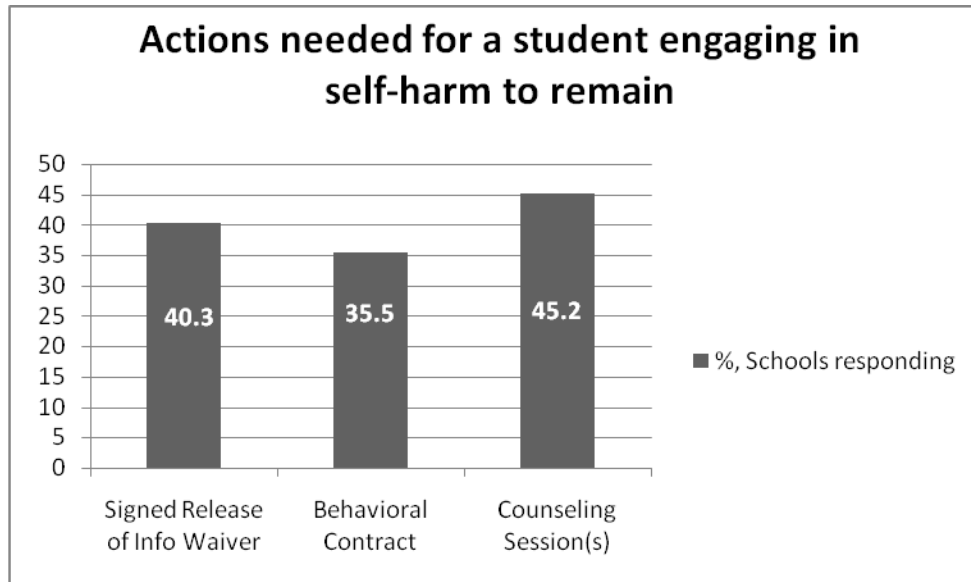
In regards to the publication of mental health crises response procedure, 24.6% only print their policies in the Residential Life Handbook, 21.3% only print their policies in the Student Handbook, 18.0% print their policies in both publications, and 14.8% print their policies in some other publication including staff manuals and emergency plans.

When a mental health crisis occurs in a particular hall, 46.8% of the surveyed institutions reported that they notify other Residential Life staff members. The commonly notified staff members included all Senior Housing staff members (80.7%), all live-in professional staff members (50.9%), and live-in professional staff only of the building involved (45.6%). It was less common for student staff to be a part of the notification system as 24.6% of institutions reported notifying the student staff of the building involved and 1.8% reported notifying the entire student staff.

Of the institutions surveyed, several majorities were revealed with regards to the systematic handling of residential students after a mental health crisis. In the event that a residential student has involuntarily left campus for in-patient purposes (psychiatric stay/commitment), 54.8% of the institutions reported the department has a written protocol for their return to campus. In the event that a residential student is engaging in self-harm, the following are required to remain a student: counseling session on campus (45.2%), and/or signed release of information/information sharing waiver (40.3%), and/or behavior contract (35.5%). In the event that a residential student is having suicidal ideation, the following are required to remain a student: counseling session on campus (45.2%), and/or signed release of information/information sharing waiver (37.1%), and/or meeting with designated residence life staff (Hall Director/Area Coordinator) (32.3%). In the event that a residential student attempts suicide on campus, the following are required to remain a student: signed release of information/information sharing waiver (62.9%), medical release (58.1%), a meeting with the Dean, VP of Student Affairs, or equivalent (56.5%), and/or counseling session on campus (54.8%). Of the institutions that participated, 61.3% reported that institutional policies allow the school to medically withdraw someone without their consent.

Actions needed for a student to return: after a suicide attempt





Interdepartmental Relations

More than three quarters of the institutions surveyed reported having a “students of concern” or “crisis group” that meets on a regular basis to discuss students with issues. Of the institutions that do not have such a group, 57.1% are considering creating one. About half (50.9%) of the institutions that have such a group meet weekly and 28.3% meet bi-weekly or monthly. All institutions surveyed with such a group have Residential Life represented in their membership. Other departments that are represented include Counseling Service (98.1%), Dean of Students (81.1%), Health and Medical Services (73.6%), Security/Police (69.8%), and Academic Advising/Success Center (41.5%). About three quarters (73.1%) of institutions with such a group reported that they are intended to consider both personal and academic issues.

Of the institutions surveyed, 96.7% have a counseling center/office that offers mental health services to students. Of those institutions with a counseling center, 61% of them meet with them at least twice a semester for consultation. Exactly half (50%) of these meetings focus both on consultations about specific students as well as training on a specific topic. About a third (36.1%) focus solely on consultation while 5.6% focus solely on education/training. About half (52.2%) of the institutions have an “on duty” person they can contact at the counseling center.

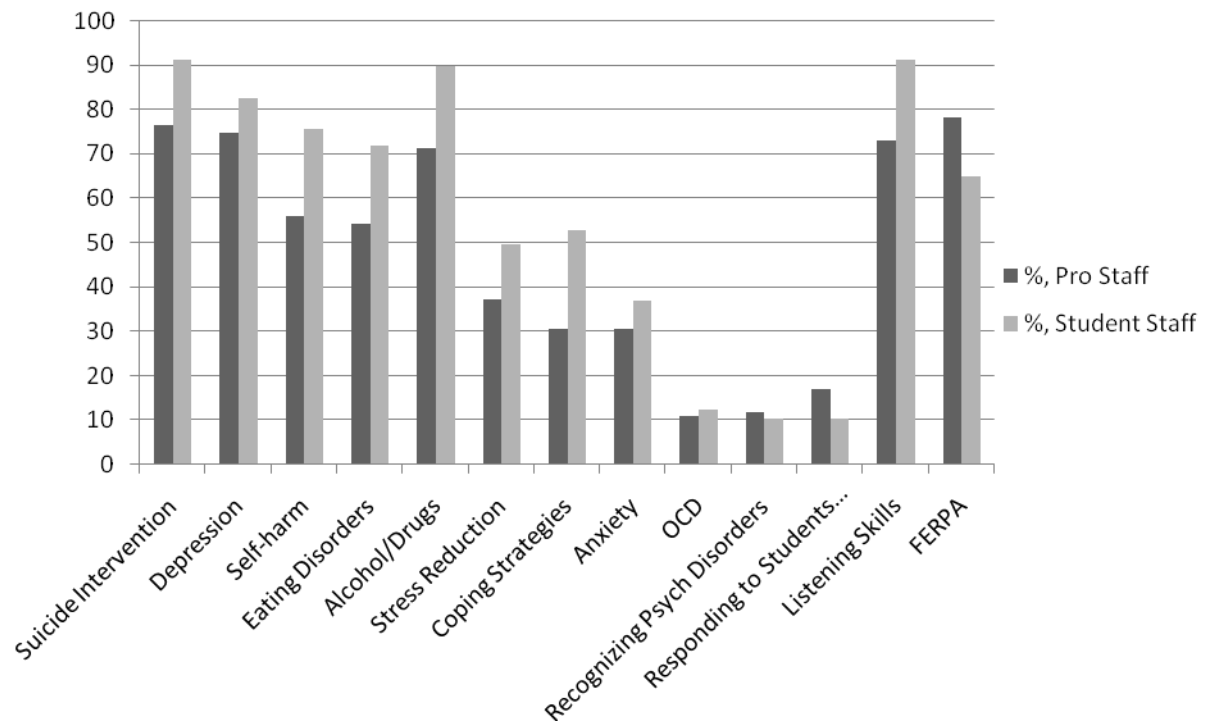
Staff Training

91.5% of the institutions surveyed reported that their Residential Life professional staff members are trained to call their supervisor in a mental health crisis, 83.1% are trained to call security or the local police station, 66.1% are trained to call 911, 54.2% call the counseling services team, 52.5% are trained to assess for a suicide, and 13.6% transport the student to an emergency room.

Over three quarters (76.3%) of the institutions surveyed devoted less than five hours of professional staff fall training to covering mental health issues. Similarly, over three quarters (78.9%) of the institutions surveyed devoted less than five hours of student staff fall training to covering mental health issues. Of the institutions surveyed, 74.6% took part in at least one event/topic of in-service/training on mental health issues after fall training. The rate at which these specific mental health topics are covered in professional staff training are as follows:

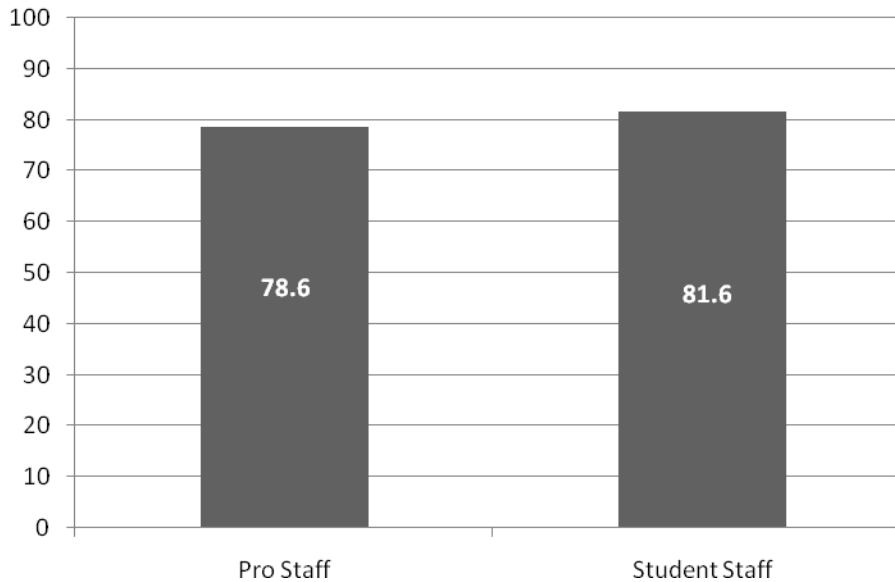
FERPA/HIPPA/Confidentiality issues (78.0%), Suicide Intervention (76.3%), Depression (74.6%), Counseling and Listening Skills (72.9%), Alcohol and Drugs (71.2%), Self Harm (55.9%), Eating Disorders(54.2%), Stress Reduction (37.3%), Coping Strategies (30.5%), Anxiety (30.5), Responding to Students with Specific Psychiatric Disorders (bipolar, schizophrenia, borderline personality) (16.9%), Recognizing Specific Psychiatric Disorders (bipolar, schizophrenia, borderline personality) (11.9%), and Obsessive Compulsive Disorder (10.2%). The rate with which the same topics were covered during students staff training differed somewhat: Suicide prevention (91.2%), Counseling and Listening Skills (91.2%), Alcohol and Drugs (89.5%), Depression (82.5%), Self harm (75.4%), Eating Disorders (71.9), FERPA/HIPPA/Confidentiality issues (64.9%), Coping Strategies (52.6%), Stress Reduction (49.6%), and Anxiety (36.8%).

Mental Health Training Topics: Pro Staff & Student Staff



Of the Senior Housing Officers completing the survey, 78.6% felt comfortable with the level of competency of their professional staff regarding mental health issues. A somewhat higher percentage felt comfortable with the level of competency of their student staff regarding mental health issues (81.6%).

% SHO that are comfortable with competency level: regarding mental health knowledge



Mental Health Initiatives

When the participating institutions were asked to comment freely on mental health programming requirements, no one reported having a direct structured requirement. However, the institutions mentioned supporting other departments in their initiatives as well as encouraging programs that directly and indirectly address mental health topics. Nearly three quarters (71%) of the participating institutions have initiatives pertaining to stress and finals. Around half (48.4%) use passive means such as bathroom poster topics to communicate mental health information to students. About a third (35.5%) take part in National Screening Days. About half (45.3%) require their student staff to meet with each resident individually.

Discussion

It is important that Residential Life professionals strive to best meet the growing and changing needs of their student populations. In order to best help students achieve mental health, it is important to look at the current scope, direction and effects of mental issues. This study provides an overview of the mental health observations and practices of several institutions across the UMR-ACUHO region. Though it is not all encompassing, it provides student affairs professionals with a general foundation of their colleagues' experiences with mental health as well as what policies and procedures have been implemented.

The national trends were reflected in the institutions' responses to the number of mental health crises. Over 50% of schools ranked themselves in the highest bracket of mental health crisis (10 or more incidents that require immediate response). In future studies, it would be beneficial to allow institutions to report the exact number of mental health crises that have occurred in the past year or at least increase the ranges they are allowed to select.

It was found that regional Senior Housing Officials feel slightly more comfortable with their student staff competencies with mental health issues than their professional staff's competencies. This could be because professional staff members have greater responsibilities in mental health crises than student staff members. While it is important for Residential Life staff members to respond to crises, call for help, and remain present until the situation comes to a point of resolution, there is a point where their knowledge and skills are exhausted. Senior Housing Officials need to recognize where their staffs responsibilities and abilities begin and end.

In the current study, participating institutions mentioned Post-Traumatic-Stress disorder, a mental health issue the research did not measure. With President Bush's recent expansion of the GI bill, war veterans have been granted supplemental financial support making a college education easier to attain for returning war veterans. Will this development correlate with a spike in PTSD among UMR-ACUHO institutions? Further research will be needed to address this issue.

Additional research could also effectively solicit more detailed information regarding how a student is handled if he or she threatens the life of a community member. Participating institutions offered information about the location of these policies as well as portions of their protocols. However, the length of the current study's questionnaire may have inhibited participating institutions from providing the detailed information the researchers were looking for.

Finally, while the current study offers a wealth of information about the way things are at multiple institutions across the UMR-ACUHO region; quantitative information tends to lead to more questions. Longitudinally, how will things compare in a few years? Are there significant correlations between institutional demographics and frequency of mental health crisis? Do abundant policies, procedures, trainings, or initiatives decrease the number of mental health crises? These are all questions for further research.

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