

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

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While mental health issues have been historically present on the college campus, studies show a rapid increase in their prevalence. 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. It addressed student mental health issues as observed by student affairs professionals, campus policies, procedures, trainings, and initiatives that pertained to mental health.

116 questionnaires were distributed to UMR member institutions. Of the 65 institutions that started the questionnaire, 56 were completed. This resulted in a return rate of 48.3%. Of the institutions that participated, 63.1% were public while 36.9% were private. 98.5% were 4 year institutions while 1.5% were 2 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. All institutions were located in the Upper Midwest region of the United States.

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 10 or more incidents in the last year. 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%).

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. 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. Over three quarters (76.3%) of the institutions surveyed devoted less than 5 hours of professional staff fall training to covering mental health issues. Similarly, over three quarters (78.9%) of the institutions surveyed devoted less than 5 hours of student staff fall training to covering mental health issues. 74.6% took part in at least one event/topic of in-service/training on mental health issues after fall training. When the participating institutions were asked to comment freely on mental health programming requirements, no one reported having a direct structured requirement. However, they 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.

In order to 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.