



COLLEGE STUDENT MENTAL HEALTH SURVEY PHASE II

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HIGHLIGHTS OF SURVEY:

- Ability to analyze trends over time
- Survey looks at general student body
- Increased diversity of sample allows for in depth analyses

RESEARCH & PREVENTION FOCUS AREAS:

- Increase in international students utilizing mental health services
- Detected higher rates of distress in many areas for LGB and Latino/a population
- Phase II illustrated the impact of trauma, internet use & self-injury behavior for this cohort of students

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INTRODUCTION

College student mental health research continues to move beyond assumptions and anecdotes toward a sophisticated understanding of the complexity and severity of issues faced by today's students. Practitioners benefit from the use of data to identify current issues, combat myths, determine needs, and inform responses. In the last 5 years, there has been a movement toward more fully understanding the current landscape of college student mental health from a data perspective including trend analyses and understanding cohorts of college students. For example, we at the University of Michigan Counseling & Psychological Services have undertaken the College Student Mental Health Survey (Soet & Sevig, 2006), Penn State University has developed the Center for the Study of College Student Mental Health (http://www.sa.psu.edu/caps/research_center.shtml), the University of Texas Counseling Center continues to maintain the Research Consortium and there continues to be an increase

in specific issues (e.g., from Whitlock, Eckenrode & Silverman, 2006).

One of the main benefits of the accumulation of data is the possibility to identify trends. This newsletter provides a summary of results from Phase II of the College Student Mental Health Survey (CSMHSII), which was undertaken two years after our first survey. We have identified some of the similarities and differences in these two phases in this newsletter as well as discuss potential trends emerging out of this two-year period.

We also added to the CSMHSII new questions about student mental health areas that are currently receiving attention from both researchers and practitioners. These areas include: internet use, non-suicidal self-injury, and trauma. This survey is joining the still limited, but growing information about these critical issues affecting college student mental health.

METHODS

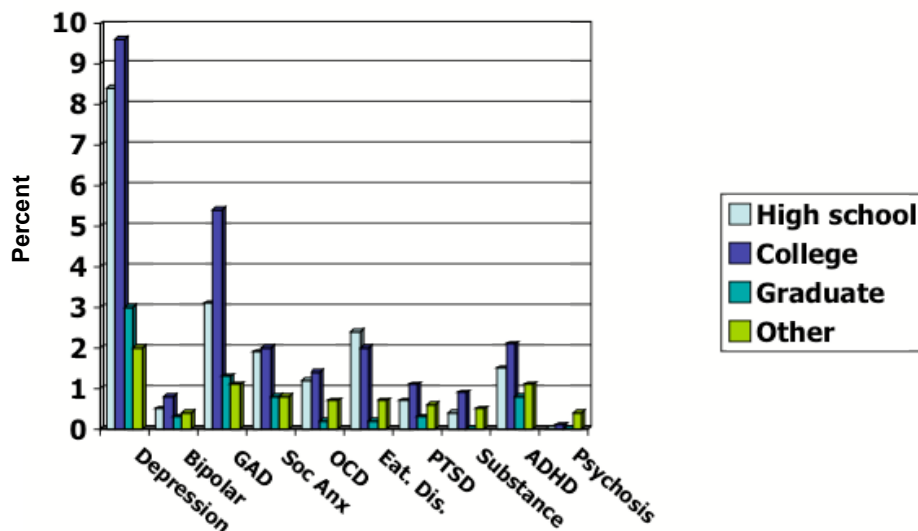
This study represents the second phase of a multi-year study of college student mental health. For a full reporting of the results from the first phase see volume 43 of the NASPA journal (Soet & Sevig, 2006). Methods for the second data collection in 2006 were similar to the first phase in 2004 with email invitations and web-based data collection being used. However, for Phase II we doubled the number of students contacted (10,000), over-

sampled some social identity groups that were under-represented or too small to analyze in the first phase, and added new topic areas on interference with academics (including internet use), trauma, and non-suicidal self-injury behaviors. These methods resulted in a sample of 2,358 usable responses that resembled the UM population with the exception of some of the groups that were over-sampled.

TRENDS ACROSS PHASES I & II

MENTAL HEALTH HISTORY

Overall there were few changes from Phase I to Phase II in the percentage of students who reported ever seeking counseling services (around 30%) or rates of diagnoses. However for phase II, we analyzed the data further to explore the notion of students arriving on campus already diagnosed with a mental illness or having experience with mental health service. We found that 22.6% of first year students in their first term at college reported having ever been in counseling, suggesting some students come to college experienced with mental health services. We also collected data on the timing of diagnoses, which provides a fuller picture of how many students are coming to campus with a mental illness diagnosis.



CURRENT DISTRESS AND COPING

Reports for current distress and coping remained fairly consistent from Phase I to Phase II (students responding with a 1 to 4 on a 0 to 4 scale). For example:

- 66% of students in Phase I versus 63% in Phase II reported mild to severe difficulties with sleep
- 33% v 29% stated they drink more than they should
- 75% v 74% reported concern about their ability to succeed academically
- 76% v 73% reported some dissatisfaction with their weight
- 22% v 20% reported some history of abuse in their family

However, we found some differences in relationship to suicidal thought. In Phase I, we reported that 23% of the sample reported some degree of suicidal thoughts in the past 2 weeks. In Phase II, we found a lower rate of 17.5% with those students who were considered clinical reporting suicidal ideation at significantly higher rates (28.4%) than those who were non-clinical (14.4%).

(Note: “clinical” was defined as in counseling currently or in the past 3 years)

SOCIAL IDENTITY GROUPS

There was considerable consistency by identity group across measures of mental health history and distress and coping from Phase I to Phase II. However, there are a few notable differences. First, there were some significant changes in the reports made by international students. In Phase I, 7.8% of domestic students compared to .8% of international students reported currently using psychiatric medication. In Phase II, we found 7.1% of domestic students and 4.1% of international students reporting current medication use. In addition the number of international students reporting ever seeking counseling went from 9.4% to 19.4%. So while international students still report less help seeking than domestic students, it appears the gap is closing on the rates of usage.

In addition, because of the larger sample we were able to analyze two groups more closely – the LGB and Latino/a populations showed some significantly different patterns of responding than other students. Latinos reported seeking services more than any other groups, and reported more substance abuse issues than African American students. The LGB population reported significant differences both in history & current issues – greater utilization of services, more diagnoses and greater distress.

As always these results should be interpreted with caution and followed by more intensive research. These differences may be due to a variety of factors (e.g., cultural expression of distress, normal developmental changes, stress of being part of oppressed group). However, it is important to understand how group differences may impact our work in student affairs and how students may interact with the system.

NEW AREAS OF INQUIRY

ACADEMIC INTERFERENCE

Phase II explored some new areas that have become increasingly salient on college campuses. First, we looked at the interference of internet use with academics, comparing it to other issues such as mental health issues and alcohol/substance use. We asked the students: “The following issues have caused problems in my academics (e.g., caused me to get a low grade; caused me to drop a class, etc...).” The chart below shows responses for males and females in the sample. Interestingly, internet use was rated as the most disruptive influence for males and for females it was a very close second to mental health issues.

Comparing Internet Use, Substance Use, and Mental Health Issues

	Females	Males	Total
Internet Use	30.8	40.1	35.6
Mental Health Issues	31.7	21.1	26.2
Alcohol/Substance Use	5.1	8.9	7.1

Note: differences at $p < .000$

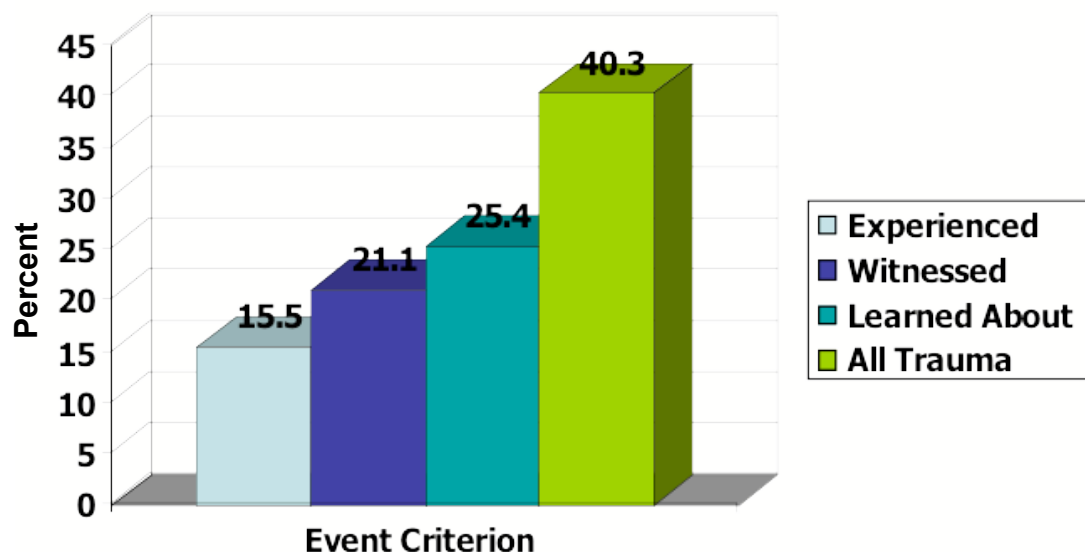
ACADEMIC INTERFERENCE

	Females	Males	Undergrad	Grad	Total
Surfing	10.7	34.8	20.7	27.5	23.1
Shopping	1.8	.6	1.4	.7	1.1
Games	1.8	7.4	5.5	3.3	4.7
Gambling	0	.4	.3	0	.2
Pornography	0	1.9	.8	1.3	1.0
Chat rooms	7	1.2	.7	1.3	1.0
Facebook/Myspace	23.3	10.2	24.1	3.3	16.5
Email/IM	54.4	35.6	42.9	47.9	44.7
Research	7.3	8.0	3.6	14.7	7.6

Note: Differences at $p < .000$

TRAUMA

There has been little work done on looking at rates of trauma for college students despite the fact that we know that by age range this is a population at high risk for certain types of traumatic events – for example sexual assault, accidental injuries and death. There are different types of trauma, which include directly experiencing an event (e.g., being in an auto accident), witnessing an event (e.g., seeing someone shot) and learning about an event (e.g., hearing a family member was killed in a fire). Below are the rates of types of traumatic experience for the entire sample.



TRAUMA

In our sample of 373 students who had directly experienced a traumatic event, the four most prevalent experiences were: violent physical attack (32.6%), auto accident (30.8%), near drowning (19.1%) and sexual assault (15.5%). Also we found some interesting differences by social identity group and trauma.

Experienced trauma

- Female and graduate students more likely to have experienced a direct trauma
- Latino/a reported highest rates (21.8) and Asians (7.4) lowest rates of trauma

All types of trauma

- Females and LGB more likely to report any trauma than all groups
- Latino/a, African American and Multiracial highest, white and Asian students lowest rates of all trauma

NON-SUICIDAL SELF-INJURY BEHAVIOR

Overall we found slightly lower rates of non-suicidal self-injury behavior compared to those reported by Whitlock, Eckenrode, and Silverman (2006). They identified a rate of 17%, while we have found about 13% of our students reporting ever having engaged in intentionally injuring themselves without the intent of killing themselves. We also found some interesting differences by social identity groups. Below we have highlighted the significant differences found in the percentage of students in the total sample who have engaged in self-injury behaviors:

Females	16.1%	Males	10.5%
LGB	28.2%	Heterosexual	12.1%
Undergraduates	14.4%	Graduates	11.0%

PHASE II CONCLUSIONS

EFFECTIVE USES OF THIS INFORMATION

During the course of sharing results on campus from Phase I, we learned of multiple ways student affairs professionals and the university community were using the data. For example, this information has been discussed at staff meetings. Residence Education (in University Housing), used the data in an email during finals to send the message to students saying 'you are not alone.' Faculty and academic units have found the information useful to understand their students and the issues they may face. And currently, SHARE, a student group focused on raising mental health awareness, is using the information to educate their peers. Counseling and Psychological Services also used the data to inform mental health initiatives. For example, we used the finding that international students used mental health services quite a bit less than domestic students to inform our liaison relationships with various offices, our outreaches to groups of students, and our clinical work. We fully support all these campus efforts, and invite new and creative ways to inform our work with students.

CONCLUSIONS

The data from Phase I and Phase II suggest a couple of interesting trends. First, many of the findings in the first survey remained constant: overall rates of counseling, medication use, and diagnoses are similar across the 2 years. However, Phase II allowed us to begin to estimate how many students are arriving on campus already diagnosed with a mental illness.

Some interesting changes were detected over the two years when examining the data by identity group. International students appear to be increasing their use of mental health services including counseling and medication. This may be a positive reaction to the steps taken following the initial findings. In addition the over-sampling of some groups in Phase II, allowed us to do more in-depth analyses. The LGB population appeared to be experiencing significantly more psychological distress than their straight peers. The Latino/a population also showed significantly more distress in some areas than peers from other identity groups.

In terms of new areas of inquiry, data from Phase II suggest a substantial number of students having experienced trauma – whether witnessed, learned about, or experienced directly – the total of these types (about 40%) suggest that about 16,000 students on our campus fall into these categories. There are also differences by identity group as to who has experienced trauma – with women, LGB and Latino/a students having more traumatic experience.

Data also suggest a relatively high rate of ‘interference with academics’ for internet use and mental health issues (35% and 26% respectively) compared to 7% for substance use. This takes further investigation to understand the meaning of these data.

Finally, data about self-injury behavior suggest that overall UM students are slightly lower than students at other schools (Whitlock, Eckenrode, and Silverman, 2006). However we did find differences by identity group with females, LGB and undergraduates reporting higher rates of self-injury. This suggests further investigation is needed. In particular, self-injury behaviors was one of the few areas undergraduates reported more experience with mental health issues than graduate students.

References

- Center for the Study of College Student Mental Health. http://www.sa.psu.edu/caps/research_center.shtml
- Soet, J.E. & Sevig, T.D. Mental Health Issues Facing A Diverse Sample of College Students: Results from the College Student Mental Health Survey (CSMHS). *NASPA Journal* 43 (3); 410 - 431.
- Whitlock, Eckenrode, & Silverman. (2006). Self-injurious behaviors in a college population. *Pediatrics* 117(6); 939-1948.

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