

Trends in Mental Health

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Agenda

1. Mental Health Data Trends
2. Creating a Culture of Wellbeing
3. Resources at UM for Mental Health

slido



What challenges are you seeing in your students related to mental health?

① Start presenting to display the poll results on this slide.

Impediments to academic achievement

- Procrastination – 48.7%
- Stress – 44.5%
- Anxiety – 37%
- Depression – 28.2%

NCHA - 2021

Counseling

- Saw 10% of student body
- 5003 appointments
- Top concerns:
Anxiety,
Stress,
Academics,
Depression
- Past therapy – 55%

Stress

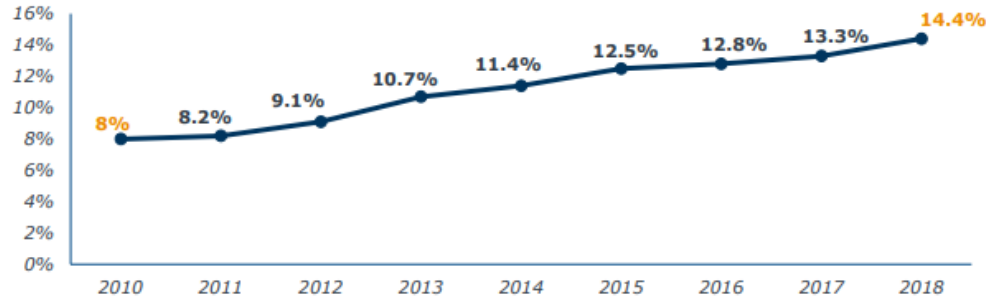
- Moderate to High Stress – 83% (>2.5%)
- Serious Stress – 47.3% (>8%)
- Feeling Hopeless (most of the time) – 38.2% (>15%)
- Feeling socially isolated – 62%

NCHA -2021

Rising Generation Brings Increase in Challenges

Percentage of US Adolescents Reporting a Major Depressive Episode¹ in the Past Year

Adolescents aged 12-17, 2010-2018



17%

Increase in **diagnosis of anxiety disorders** in young people² in the last 10 years



32%

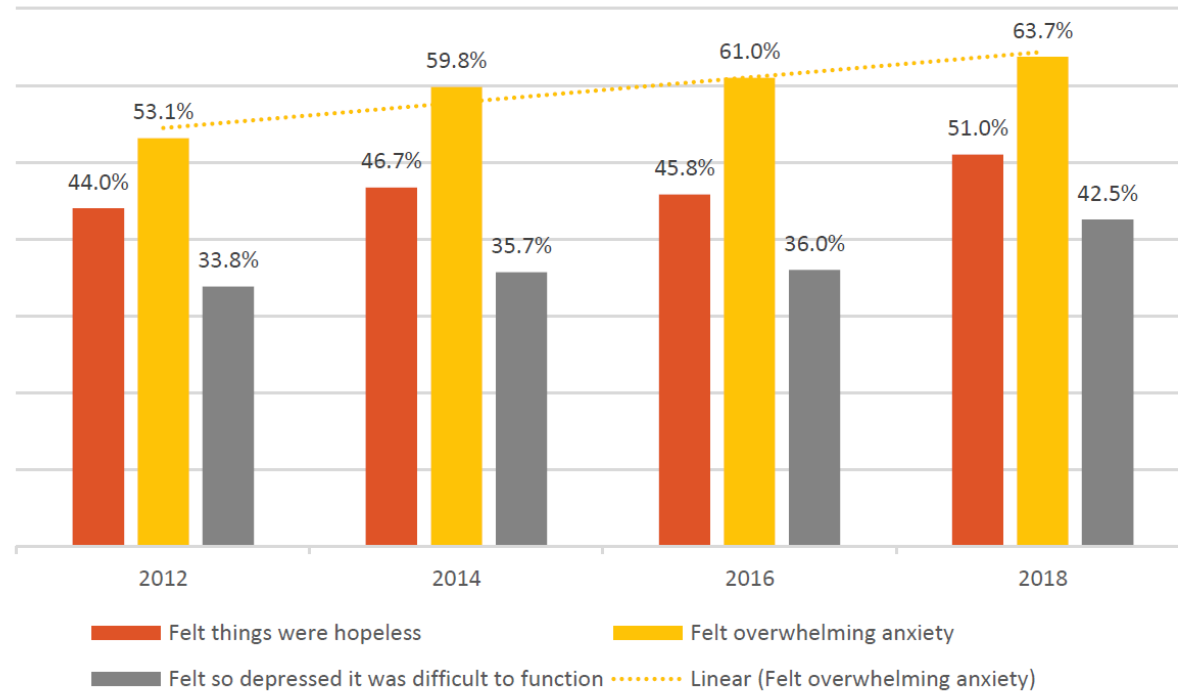
Of adolescents will meet criteria for an **anxiety disorder by the age of 18**

1) Characterized as suffering from depressed mood for two weeks or more, a loss of interest or pleasure in everyday activities, accompanied by other symptoms such as feelings of emptiness, hopelessness, anxiety, worthlessness.
2) Aged 6 to 17.

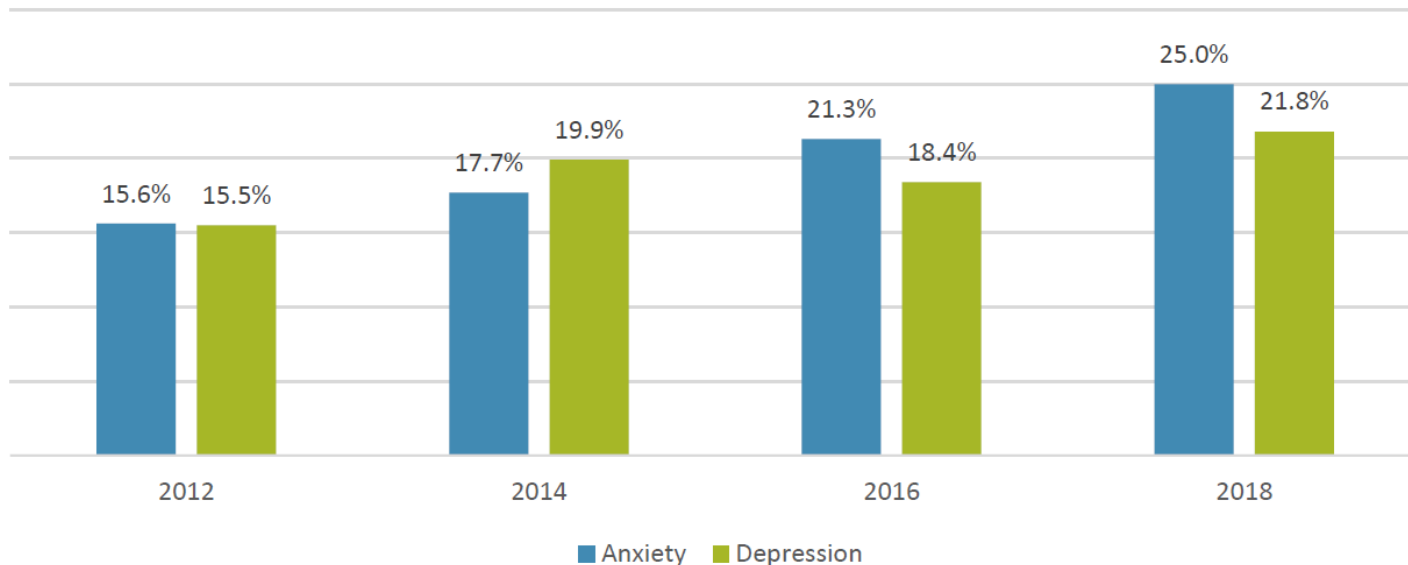
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Sources: Bahrapour, Tara, "Mental health problems rise significantly among young Americans," *The Washington Post*, March 2019; "2017 Children's Mental Health Report: Anxiety and Depression in Adolescence," *Child Mind Institute*, Accessed 25 Oct. 2019; "2018 Children's Mental Health Report: Understanding Anxiety in Children and Teens," *Child Mind Institute*, Accessed 25 Oct. 2019; EAB interviews and analysis.

% of UM students who report anxiety, hopelessness, or depression in the past 12 months



% of UM students who report being
diagnosed or treated by a professional for
anxiety and depression
in past 12 months



Evolution of UM Student Mental Health

- **Stress, Anxiety and Depression are the top barriers to academic achievement.**
- **Most UM students are feeling very sad, lonely, overwhelmed and exhausted.**
- **Most student report feeling overwhelming anxiety.**
- **Suicide ideation has increased but reported suicide attempts have not**

What is driving demand?

1. Increased Awareness
2. Structured Framework Response
3. Reduced Stigma in seeking care

Generational Differences in Perceptions of Therapy

Boomers: Therapy? *That's for crazy people*

Generation X: *I saw my first therapist when I was an adult.*

Millennials: *Embarrassed about therapy? No. My friends are all in therapy too.*

Gen 2020: *I have a whole team of coaches and therapist.*



7x

Rate at which demand for counseling center appointments **outpaced enrollment growth¹**

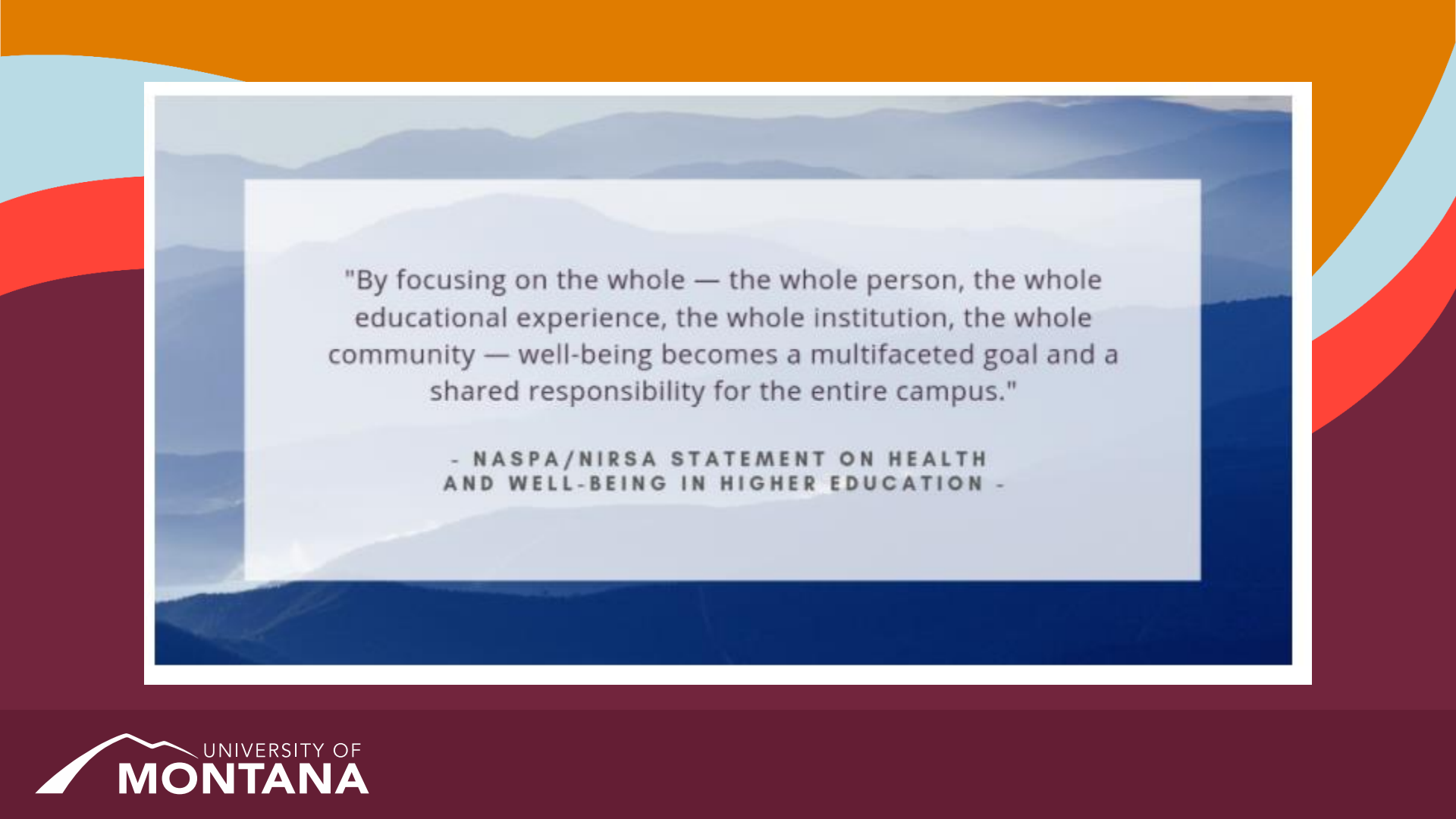
External Factors:

- **Substance Use:** *students look to drugs and alcohol to relax; use prescription drugs and caffeine to focus, work late into the night.*
- **Social Media:** *time spent online amplifies existing stressors and contributes to an overwhelming sense of social isolation on campus*
- **Political Climate:** *Stress from current events and politics exacerbates students' existing issues with stress, anxiety, and depression*
- **New parenting styles:** *highly involved parenting creates busy, overscheduled, failure-averse students who struggle to adapt to challenges as they arise in college*
- **Intensified Expectations:** *students face early and persistent pressure to academically excel, fit in socially, and be successful after graduation*

*Where do we go
from here?*



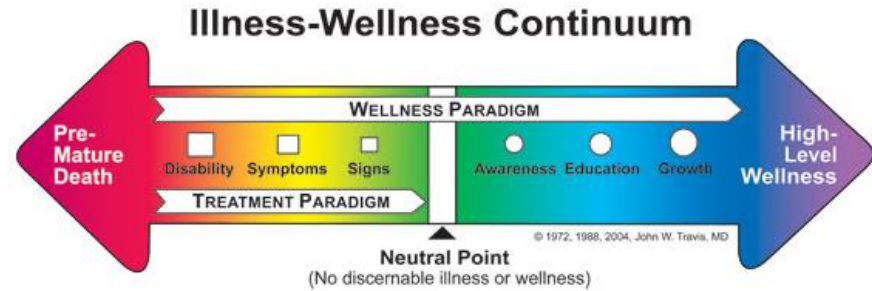
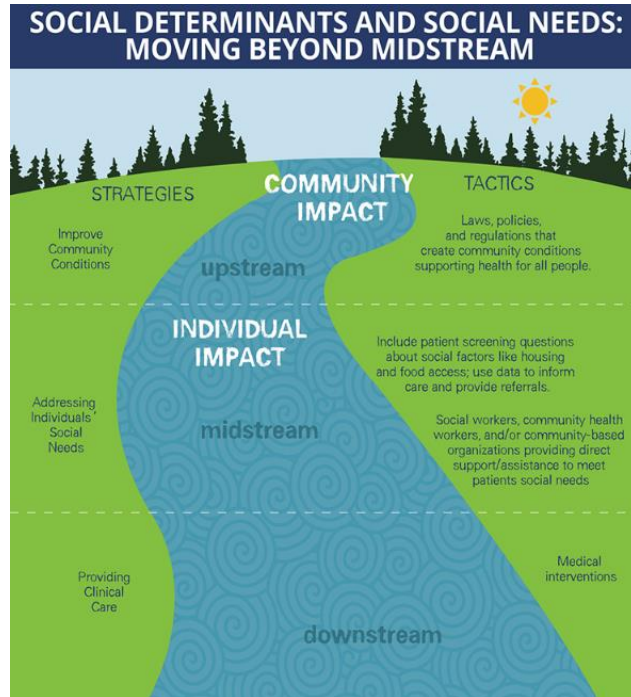
Creating a Campus Culture of Well-being

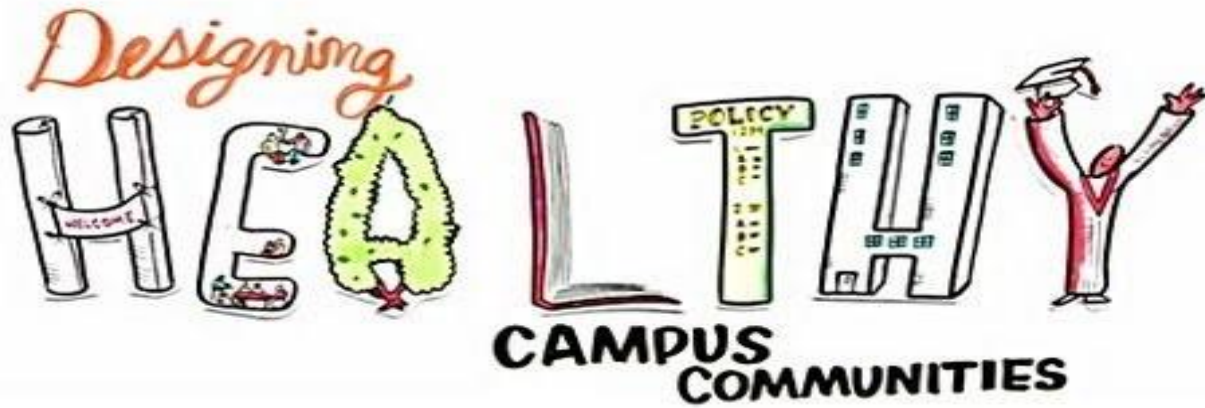


"By focusing on the whole — the whole person, the whole educational experience, the whole institution, the whole community — well-being becomes a multifaceted goal and a shared responsibility for the entire campus."

- NASPA/NIRSA STATEMENT ON HEALTH
AND WELL-BEING IN HIGHER EDUCATION -

Upstream Model of Prevention





*Mental Health Services &
Resources at UM*

Services and Support

- **Curry Health Center**
 - Medical, Counseling, Dental, Wellness, Pharmacy
- **Student Advocacy Resource Center-SARC**
- **Behavior Intervention Team-BIT**
- **Office of Disability Equity**
- **UM Police**

Resources and Prevention

HELPING A STUDENT IN DISTRESS A GUIDE *for* UM FACULTY AND STAFF

The college years can be very stressful. Faculty and Staff are often the first to see signs of distress and are in a unique position to offer resources and support. Included are some helpful ways to respond to students who may be struggling.

ACADEMIC

SIGNS OF DISTRESS

- Deterioration in quality of work
- Missed assignments or appointments
- Repeated absences
- Continual seeking of unusual accommodations (late papers, postponed exams)
- Written assignments expressing hopelessness, isolation, rage or despair
- Lack of engagement in classes or labs
- Inappropriate disruptions, monopolizing class time

OTHER SIGNS OF DISTRESS

- Direct statements indicating problems such as death of a family member or friend, break-up, academic failure
- Written or verbal statements of hopelessness or finality
- Friends or classmates expressing concern for a student

PHYSICAL OR PSYCHOLOGICAL

SIGNS OF DISTRESS

- Deterioration of physical appearance or hygiene
- Visible increase or decrease in weight
- Excessive fatigue or difficulty sleeping
- Exaggerated personality traits or behaviors (agitation, withdrawal)
- Excessive use of alcohol or other drugs
- Unprovoked anger or hostility
- Irritability, constant anxiety, tearfulness
- Marked changes in concentration and motivation
- Overtly suicidal thoughts, such as referring to suicide as a current options

WHAT YOU CAN DO

Listen By using active listening you will be able to help the student uncover next best steps. Practice active listening by truly listening to what the student is saying both verbally and non-verbally by:

- Give the student undivided attention by limiting distractions and creating a quiet space.
- Show your listening by making eye contact and be aware of you non-verbal cues.
- Establish trust by listening respectfully and with out judgement and ask permission before giving advice.

Reflect By repeating back what you've heard you will let the student know you understand what they have shared, ensuring effective communication.

- Restate or summarize in your own words what you heard the student say.
- "So you feel..."
- "It sounds like you..."

Refer to specific resources and mention that seeking help is a sign of strength.

- Be familiar with all support services available to UM students. Use the list on reverse to get started.
- Ask if the student has talked about their concern to anyone else. If appropriate encourage the student to talk to a professional.
- If you are very concerned or feel the student's behavior is beyond your ability to address, please consult with Curry Counseling and refer the student to the Behavioral Intervention Team.

Kognito

- **Kognito is a 45-minute, web-based training simulation module to train students, faculty, and staff in recognizing signs of mental health issues, distress, and suicide, as well as how to communicate with and refer at-risk students. The module can be accessed from home or office and completed at their convenience**



Conversations that change lives.

Q & A