

College Mental Health: Addressing the Crisis on Campus

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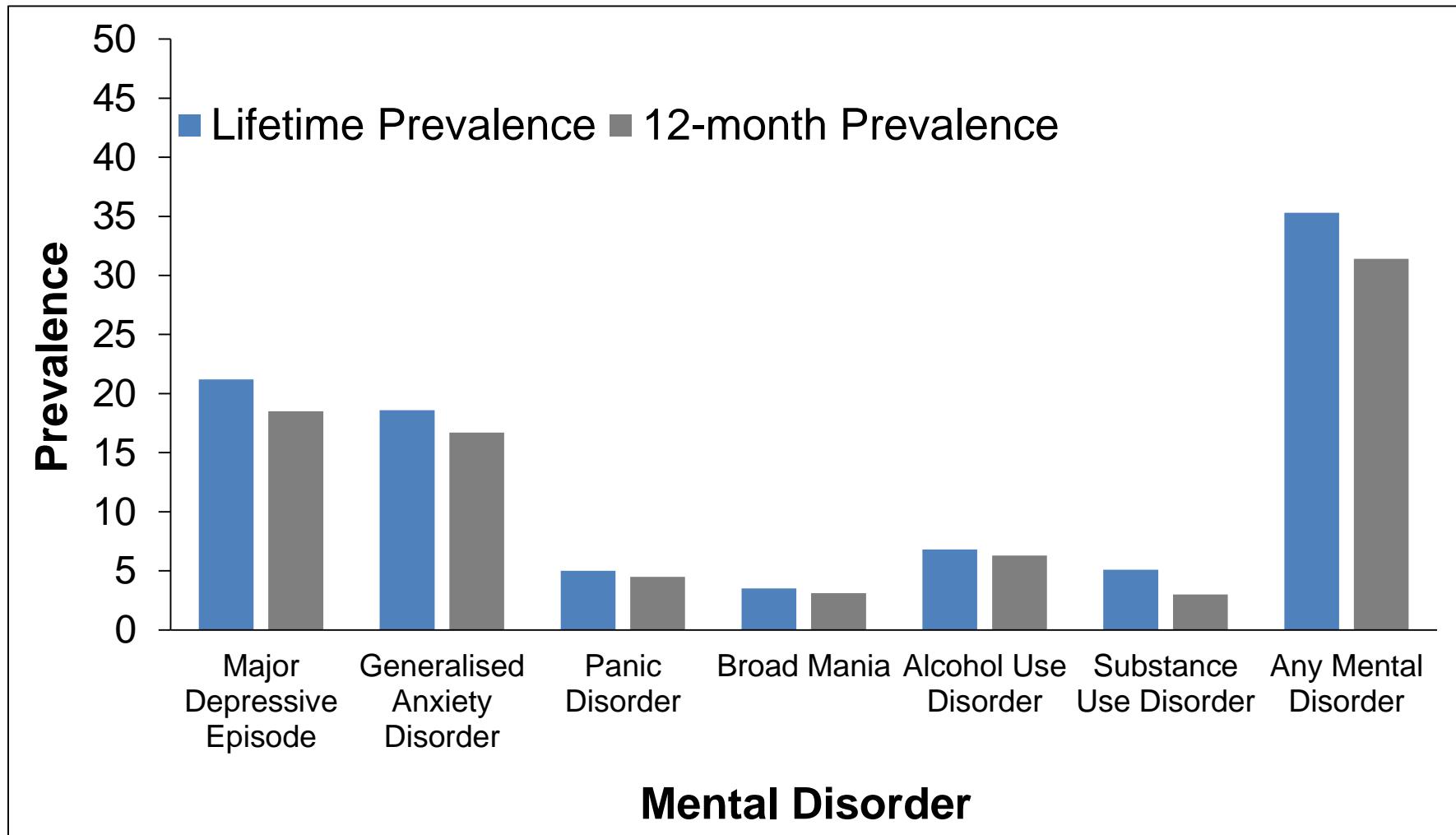
COLUMBIA UNIVERSITY
DEPARTMENT OF PSYCHIATRY
Vagelos College of Physicians and Surgeons

**Division of Child &
Adolescent Psychiatry**

College Mental Health

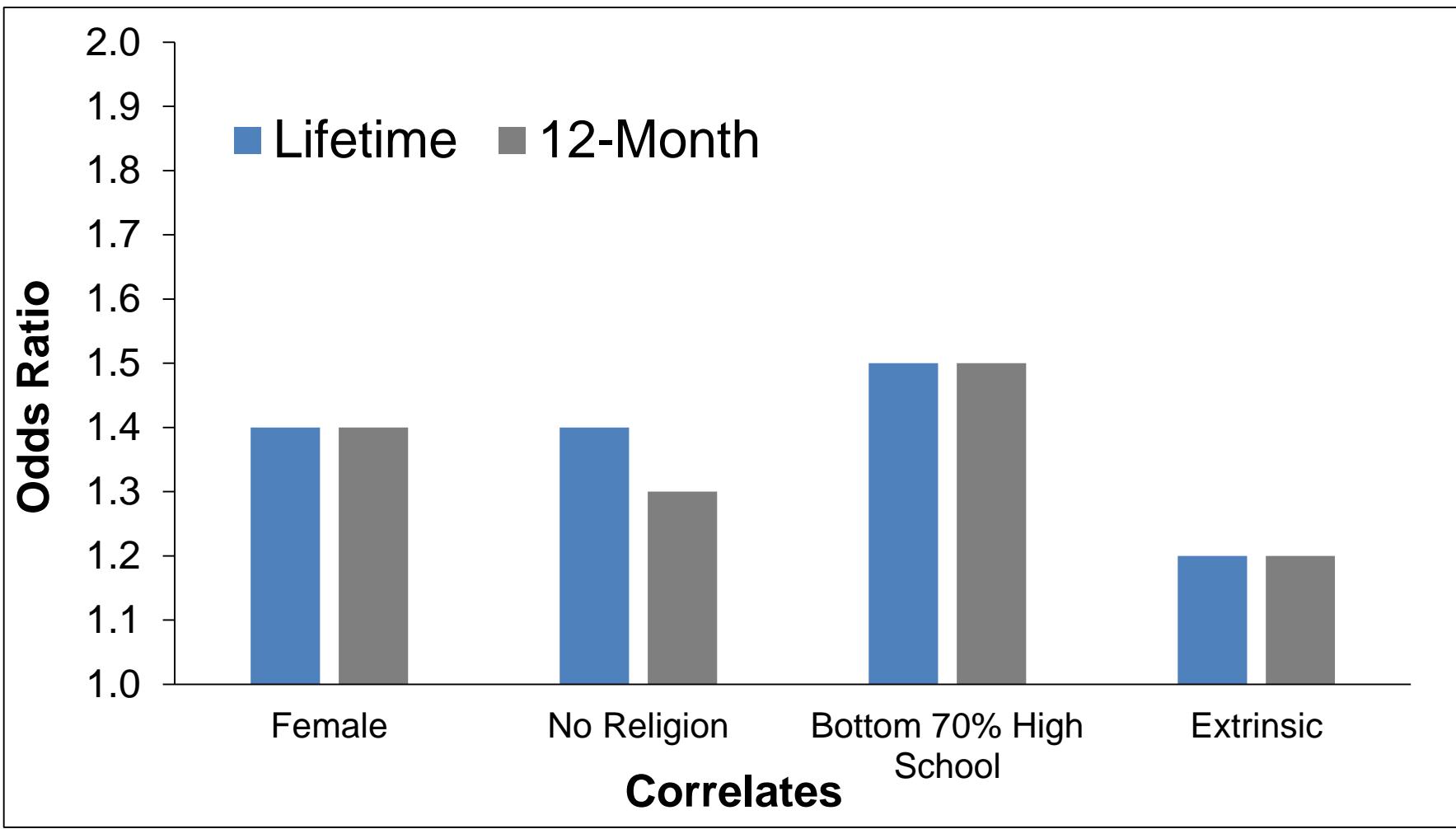
- **Alarming prevalence of mental disorders** (e.g., Auerbach et al., 2016, 2018; Mortier et al., 2018)
- **Early onset mental illness reduces educational attainment** (e.g., Auerbach et al., 2016; Kessler et al., 1995; Mojtabi et al., 2015)
- **Treatment shortfall impacts everyday life**
 - ~16% receive minimally adequate treatment (Auerbach et al., 2016)
 - Role impairment (Alonso et al., 2018)
 - Poor academic outcomes (Bruffaerts et al., 2018; Auerbach et al., 2016)

Mental Disorders in First Year Students



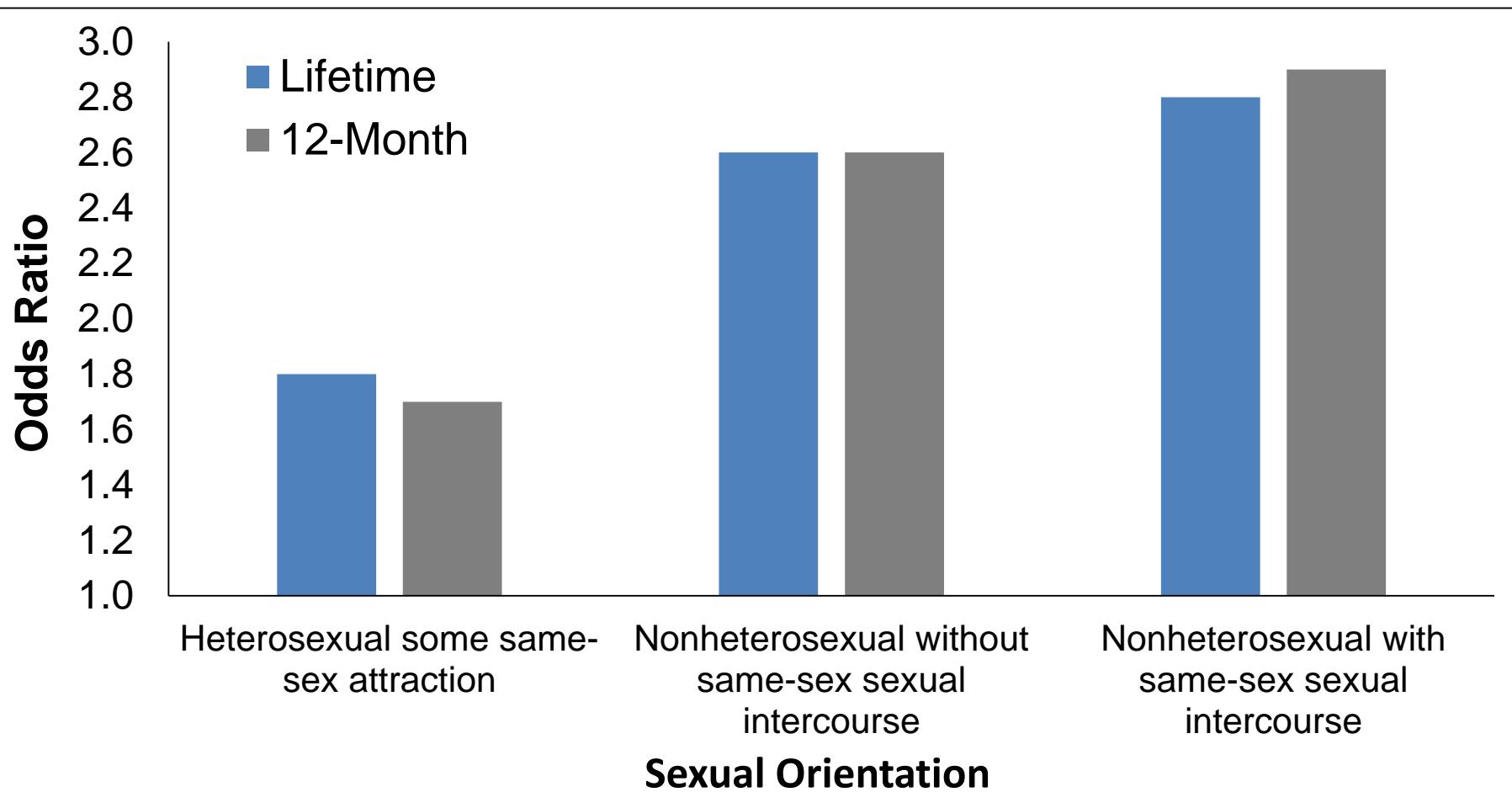
Note. Administered to 19 colleges/universities; Weighted mean RR = 45.5%; Final sample included 13,984 respondents; Auerbach et al., 2018, *Journal of Abnormal Psychology*.

Socio-Demographic Correlates



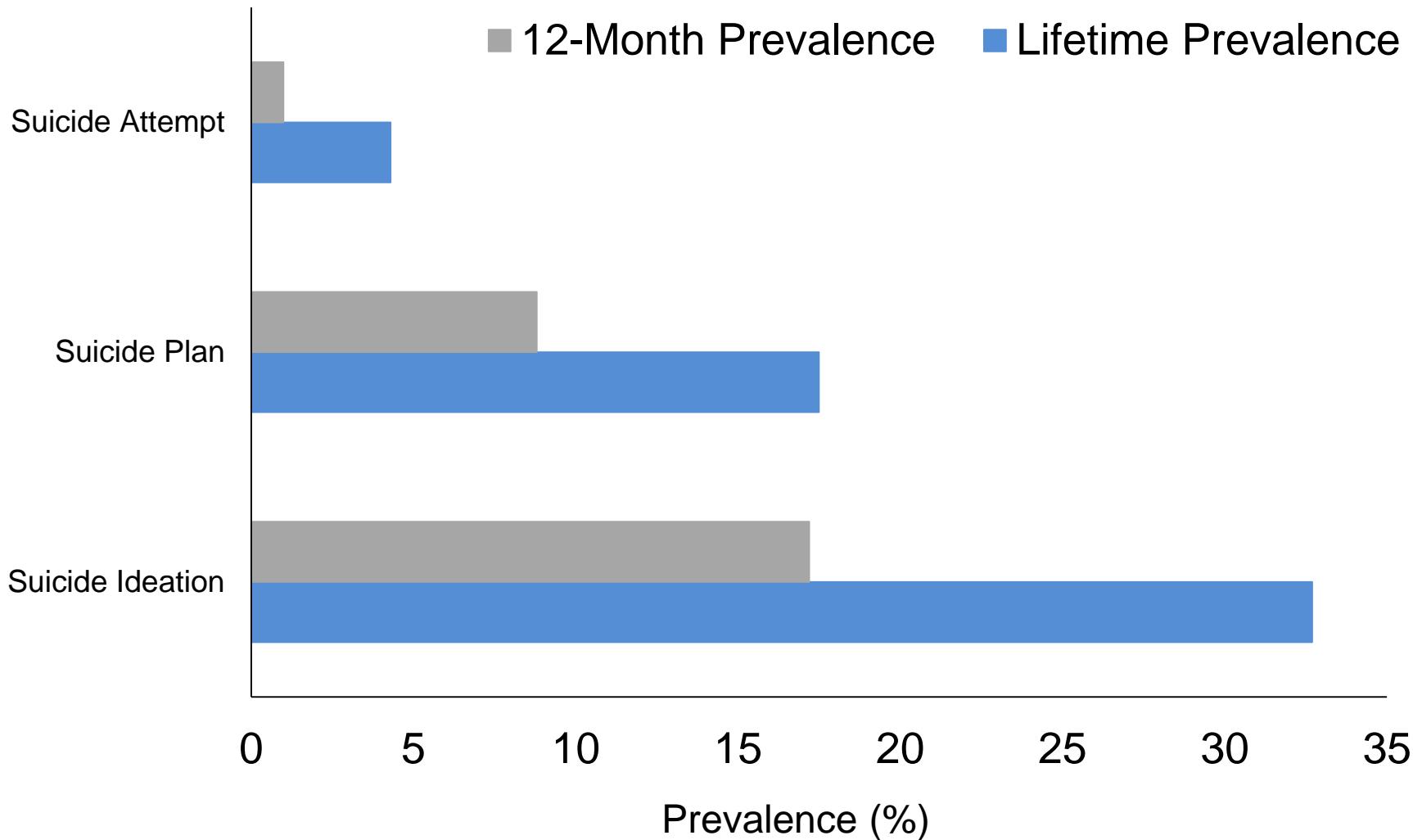
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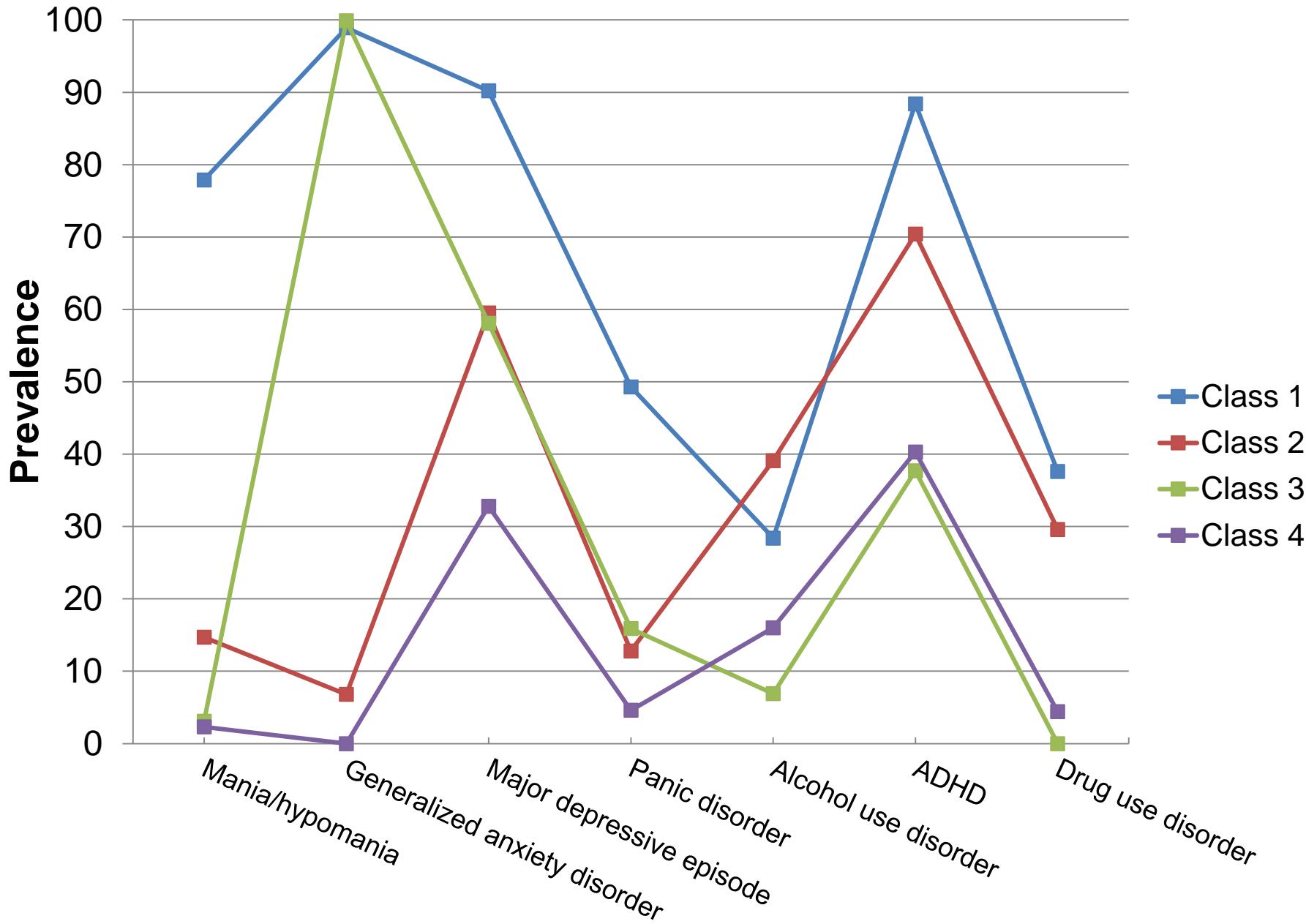


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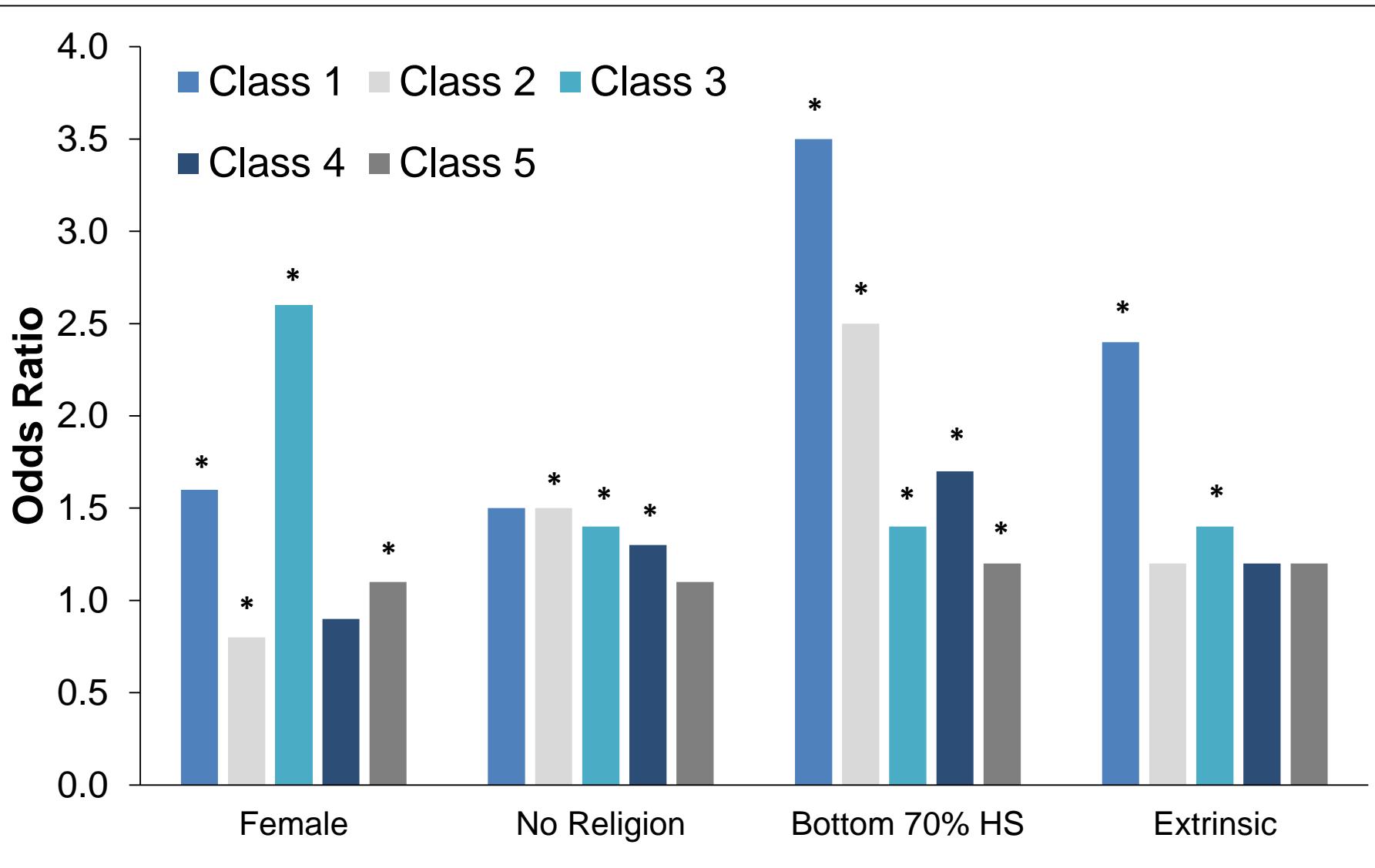
Suicidal Thoughts and Behaviors



Mental Disorder Risk Profiles

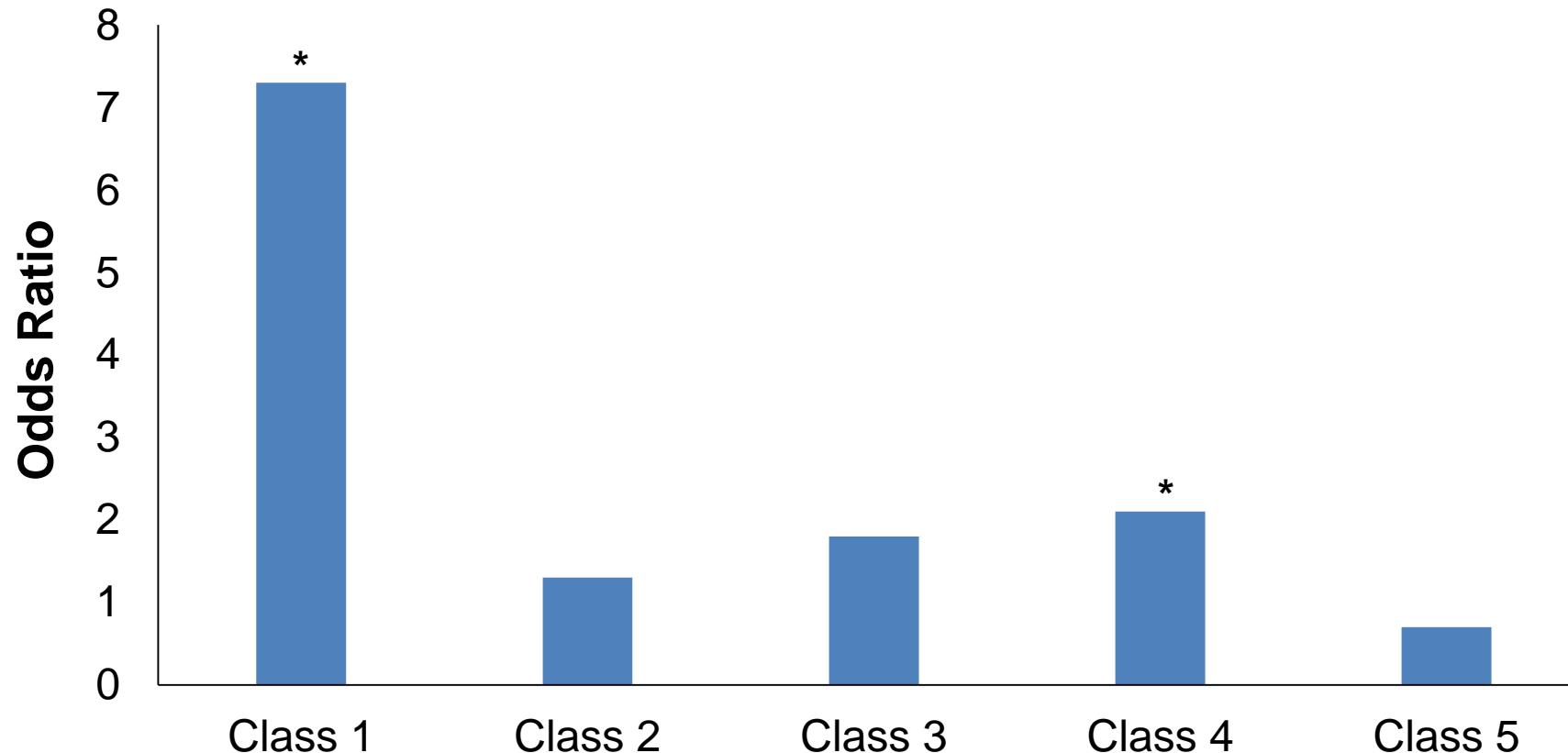


Correlates of Risk Profiles



Note. Class 1 = High Comorbidity; Class 2 = internalizing-externalizing; Class 3 = internalizing; Class 4 = Pure Disorders; Class 5 = Lifetime but no 12-Month Disorders.

Predicting Suicide Attempts in Ideators (Controlling for Plans)



Note. Class 1 = High Comorbidity; Class 2 = internalizing-externalizing; Class 3 = internalizing; Class 4 = Pure Disorders; Class 5 = Lifetime but no 12-Month Disorders.

What is the Lay of the Land?

- One-third of college students report mental disorders
 - Reduces college matriculation (Auerbach et al., 2016)
 - Increases college attrition (Auerbach et al., 2016)
 - Greater rates of disability (Alonso et al., 2018)
 - Higher rates of suicidal behaviors (Mortier et al., 2017)
- Comorbidity is common
 - Robust correlate of suicide (Auerbach et al., 2018)
 - Need to implement transdiagnostic treatments.
- Treatment
 - Significant barriers (e.g., stigma, cost, time, geography)
 - ~80% do not seek treatment (Bruffaerts et al. 2019)

Developing Campus Specific Solutions

1. Define the problem
 - *WHO WMH-ICS survey*
 - Healthy Minds
 - American College Health Association

Developing Campus Specific Solutions

- Collect and *use* the data

Executive Summary

This section presents the main findings from the survey.

Current student mental disorders:

This table presents the weighted estimate of current and past-year disorders:

Current Disorder	% Students
ADHD	22%
Generalized Anxiety Disorder	9%
Major Depressive Episode	8%
Panic Disorder	3%
Mania or Hypomania	2%

Substance abuse:

This table presents the weighted estimate of current substance use:

Substance	% Students
Drinking alcohol at least 1 day / week	28%
Cannabis use at least 1 day / week	6%

Developing Campus Specific Solutions

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2. Improve access to care
 - Increase counselor availability during peak season
 - Institutional support for peer support groups
 - Access to online treatments

Internet-Based Interventions

- Internet-based interventions
 - Convenient
 - Inexpensive
 - Anonymity
- Internet-based CBT
 - Suitable adaptation (Spek et al. 2006; Williams & Andrews, 2013)
 - High fidelity (Williams & Andrews, 2013)
 - Comparable to face-to-face CBT (Andrews et al., 2011)
- Targeting depression and anxiety
 - Medium to large effect sizes (e.g., Andersson & Cuijpers, 2009)

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2. Improve access to care
 - Increase counselor availability during peak season
 - Institutional support for peer support groups
 - Access to online treatments
3. Remove barriers
 - Proactively identify students who may need help

Addressing the Crisis on Campus

- Prevalence is alarming
- No panacea
- Targeted solutions for targeted problems
- Commitment to student needs

Thank You