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# Mental Health Issues and Outreach on College Campuses

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# **Mental Health Issues and Outreach on College Campuses**

HNR 499 Senior Project  
Grand Valley State University

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Meredith Pennell

## **Introduction**

In the spring of 2011, I submitted a proposal to undertake an extensive research project exploring the topic of depression as it applies to college students. The current levels and trends in the approach to mental health outreach across the nation would also be examined while paying special attention to Grand Valley State University and its neighboring universities. The rationale for this project stemmed from an experience with a peer's challenge in exploring the mental health resources at Grand Valley State University. My friend's search began by typing the term depression into the search bar on the University's homepage. The top link took her to the Counseling Center page. Already experiencing the symptoms of a depressive state, she did not have the desire to pursue numerous links, and gave up on her search for help before she gained access to the copious outreach resources this college has to offer.

Unfortunately, these feelings of depression are not unusual among college students. The National College Health Assessment from Spring 2010 reported that 30.7% of students felt depressed beyond functioning, and 56.4% felt "very lonely" within the last year (Cassels, 2011). My reasoning is that, since these students are struggling to make it through daily tasks, any online outreach should be as direct as possible.

Increased outreach could have many benefits. Depression and substance abuse are the most significant risk factors for suicide deaths and attempts among young people (Haas, 2008). So, the most important benefit would be fewer instances of students taking their own lives. Another benefit to increased mental health outreach would be decreased attrition rates, as research completed at the University of Michigan

in Ann Arbor showed that depressed students are twice as likely to drop out of school (University of Michigan, 2009).

### **Methods & Processes**

As mentioned in the Introduction section of this narrative, my curiosity surrounding this topic stems from my role as a listener for friends and family members. Through this role I have gained experience interacting with people in depressed, and even suicidal states. These experiences have motivated me to investigate depression at a few points throughout my life, but the true research began when I decided this was the direction I would like to go with my senior project for the Honors College at Grand Valley State University. My mentor and faculty advisor, Dr. Marianne Gerard, has been extremely helpful and supportive throughout the entire process. Over the last year, in addition to feeling weighed down by the pressure to complete my requirements for graduation, I also faced a persistent health challenge. This illness took a negative toll on my energy reserves and determination. However, Marianne never lost her faith in my abilities, and for that I am very grateful.

My information search began with Grand Valley's online library database where I found extensive amounts of research on the topic of depression on college campuses. The sheer volume of information was astounding. I met with a library employee for reassurance that I was utilizing the available resources to the full extent and also received tips on how to narrow my search results. After this meeting I did the remainder of my research on my own. This included researching the mental health resources offered by Grand Valley State University and the following universities: University of Michigan, Michigan State University, Western Michigan University, and Central

Michigan University. I began my search on the home page for each school and typed the term “depression” into the search bar. In addition to examining and exploring the top results for that search, I examined the counseling center homepage for each school.

After I began gathering research, I met with Eric Klingensmith, the coordinator of the Alcohol Campus Education and Services office and psychologist on staff at the GVSU Counseling and Career Development Center (CCDC). Mr. Klingensmith took time to discuss my project and expectations. He also served as a liaison between the CCDC and myself by presenting my project, which was approved in the context that my suggestions would be considered, but due to the limitations in place by the University, may not be implemented.

After this meeting I was put into contact with Brandon West, the CCDC web designer and information coordinator. Brandon had been working on redesigning the counseling center website while I was gathering research. After sharing my findings with him I was informed that a new employee had been assigned the responsibility of maintaining the website. Brandon forwarded my project to this contact, whose response I am awaiting.

### **Findings**

The first conclusion I reached upon beginning this endeavor was that depression is a topic more than worthy of our concern. The scope of this issue reaches far beyond college campuses. Depression is the most pervasive mental disorder and affects 12.6 million women and 6.3 million men annually (Adams, 2008). There are massive amounts of research related to this topic, and rightly so. It is the elephant in the room that no one acknowledges. Depression is a significant public health issue, and studies

have shown that instances of depressive episodes are evenly distributed between students and their non-college attending peers (Hunt, 2010). It is proposed that the college experience brings pre-existing conditions to light rather than the transitions to college life causing depression and anxiety (Zivin, 2009). Although risk factors specific to the college setting exist, this dispels beliefs that the stress of the college environment increases likelihood of depressive symptoms. A more hopeful outlook maintains that the college environment provides a unique opportunity in which education, awareness, and treatment can be presented to large groups that could not be addressed in other settings (Hunt, 2010). The utilization of campus-based mental health services has the potential to prevent increases in attrition rates due to depression. This is true because emotional and informational supports are both substantially associated with depression and symptoms of physical illness (MacGeorge, 2005). Support in the form of “attentive listening, validation of emotional experience and expression, and expressions of positive regard” lay down a framework in which the negative symptoms of a depressive episode can be processed and functioning can be restored (MacGeorge, 2005).

This unique opportunity to address the issue of depression on college campuses is challenged by the stigmas associated with mental health. Many students do not utilize the mental health resources their universities have to offer and instead struggle through daily life experiencing depressive symptoms without any help. Some students are able to juggle these symptoms and remain in school, while others are forced to withdraw from courses, and approximately 1,100 tragically lose the battle of depression by taking their own lives each year (The Jed Foundation, 2011). This final outcome is one which we all try to prevent; however, annual surveys of college counseling centers consistently

report that less than 20% of students who commit suicide utilized campus-based mental health services (Haas, 2008). The challenge to help these individuals is exponentially more difficult when they never let us know of their struggles.

Clearly there is a need to overcome this stigma to prevent further tragedies. By creating a dialogue and discussing the prevalence of these depressive feelings amongst the student population we can empower individuals to have the courage to ask for help. Research shows that the most effective method in overcoming stigma is through education of students and faculty (Lazenby, 2011).

This education consists of promoting a view of mental health as a foundation for the well-being and success of students. Education will instead emphasize treatment, prevention and the promotion of positive mental health as opposed to current associations of weakness and “non-normality” (Hunt, 2010). There are many different avenues through which this education can be delivered. Incorporation of mental health modules into existing semester-long orientation programs as well as classes similar to Grand Valley State University’s LIB100, are also becoming more prevalent. In addition to information on academic policies, health & wellness, and substance abuse, these programs inform students of the available campus resources. They also encourage the maintenance of positive mental health through the increase of rewarding experiences and the establishment of daily activities that bring enjoyment (Reynolds, 2011).

Another trend in education involves the installation of gatekeeper programs. Gatekeeper programs aim to educate faculty, staff, and peers on identifying and referring students with mental illness (Hunt, 2010). These programs serve as an extension of the campus outreach by aiding mental health professionals in identifying

depressed individuals. The training of peers as gatekeepers is becoming more prevalent, and, as with this age group, there is an inclination to share mental health concerns with friends (Hunt, 2010). The importance of frequent gatekeeper training is supported by a recent study that tested the relationship between subclinical depressive symptoms and suicide ideation (Cukrowicz, 2011). This study confirmed that elevated suicide ideation is not limited to students that exhibit severe depressive symptoms (Cukrowicz, 2011). This has significant implications for gatekeepers and their training. It is very important to understand that any level of depression is cause for concern. What some may view as a mild depressive symptom may still be a suicide risk factor (Cukrowicz, 2011).

Social Norms Programming is another method of dispelling stigmas and informing students of the topic of mental health. Social Norms Programming has been used successfully on college campuses with binge drinking and is being applied to mental health outreach (Sharkin, 2005). Research has proven that the stigma surrounding mental health is erroneous. When asked how affected one's level of functioning should be before seeking help, students that are not exhibiting depressive symptoms report a higher level of functioning at which help should be sought than those who are depressed (Sharkin, 2005). Depressed students suffer in silence due to the false notion that seeking help for mental health is something to be ashamed of. We can dispel stigma by proving that non-help seeking students do not look down on seeking help and think it should be sought out sooner than help seeking students. This can be achieved by embracing existing models created by non-profit organizations, such as The Jed Foundation, whose aims are reduction of suicide rates and emotional distress



in college students (The Jed Foundation, 2011). The Jed Foundation's Model for Comprehensive Suicide Prevention and Mental Health Promotion acts as a resource for assessment of campus-based mental health services. It provides guidance for campus programs in increasing help seeking behavior. This is achieved by suggesting use of anonymous online screening tools that allow mental health professionals to reach out to students. Students whose results exhibit warning signs are placed in contact with a mental health professional while still respecting their privacy (The Jed Foundation, 2011). Other suggestions include "communication campaigns" or the initiation of dialogue through posters and Internet content addressing the barriers to help seeking (The Jed Foundation, 2011). These efforts will lead to the installment of positive mental health as part of the campus culture.

Another interesting method of increasing outreach lies in the association between poor mental health and acute infectious illness. A study involving over fifty thousand students reported that students suffering from depression, anxiety, and/or exhaustion experienced increasing occurrences of illnesses such as strep throat, bronchitis and sinus infections (Adams, 2008). This ties into the fact that many students do not ask for help with mental health issues, but do seek out primary care (National, 2012). In fact, depression is the most common chronic condition seen in primary care (Uphold, 2003). In the past, campus health centers did not screen for depression, but new approaches like the collaborative model utilized by the National College Depression Partnership are generating significant increases in treatment and are thus garnering attention at a national level (National, 2012). The collaborative model involves screening patients for mental health problems in a primary care setting (Chung, 2011) This is achieved by

utilizing assessment tools such as PHQ-9, a series of standardized questions used to determine severity of depressive symptoms (Chung, 2011). When patients answer the PHQ-9 questions and receive ratings indicating depressive symptoms, physicians suggest that they refer the patient to a mental health specialist. If the patient is not open to meeting with someone at the campus-counseling center, a follow-up appointment is made at the primary care office. At the follow up appointment a caseworker may be present to meet with the patient and discuss his or her symptoms and hesitations about receiving treatment from a mental health professional. These meetings may go on until the patient agrees to receive treatment, or until the caseworker deems that treatment is no longer needed. The goal is for the caseworkers to act as a bridge between primary care and the mental health center (Chung, 2011). Other research has suggested that Nurse Practitioners or other non-physician healthcare providers fill this role if a caseworker is not available (Lazenby, 2011). Regardless of who serves as this link, the key is that students exhibiting depressive symptoms are not allowed to slip through the cracks.

Another method in which mental health outreach is promoted is through media outlets—mainly the Internet. Internet use has become an integral part of daily living, especially for college students. Research has shown that 25% of college students use Facebook to disclose symptoms of depression (Moreno, 2011). Social networking sites, like Facebook, have potential to contribute in the effort to combat the stigma surrounding mental health due to the fact that students are more willing to disclose these symptoms in a public forum, as compared to a clinical setting (Moreno, 2011). It can be hypothesized that websites like these are viewed as a means of gaining

instantaneous reinforcement by way of their peer responses, that it is somehow “safe” i.e. there will be no repercussions, or simply because it is easier to type than to actually vocalize painful symptoms. Regardless of the reasoning, this is a form of outreach to which students and their non college-attending peers are responding. Organizations like The Jed Foundation are taking action by developing websites such as Halfofus.com. Halfofus.com was developed based on research performed in conjunction with MTVu examining the prevalence of mental health issues in college students nationwide. Using the results of their research, Halfofus.com was developed as a tool to raise awareness, create dialogue, and connect students to the proper resources online and on the college campus (Half of Us, 2011). The results of the Half of Us research also found that the most common ways of dealing with stress and other depressive symptoms are listening to music, talking with friends, and sleeping (Half of Us, 2011). Based on these results this website includes direct access to music and interviews with famous musicians, celebrities, and typical college students who struggle with depression. Quizzes, tips and facts about mental health and as well as links to resources for help can also be found on the site (Half of Us, 2011).

Another well-established non-profit organization that is using the Internet for mental health outreach is called To Write Love on Her Arms. To Write Love on Her Arms' (TWLOA) mission is “to encourage, inform, inspire, and also to invest directly into treatment and recovery” (To Write Love, 2011). Like Half Of Us, TWOLA also operates on the premise that adolescents are more apt to disclose feelings of depression to their friends as opposed to seeking professional help. The TWOLA homepage has direct links to nine different social networking sites through which young people can voice their

feelings and connect with others who may feel the same way (To Write Love, 2011). It will be very interesting to see future research results examining the effects of these and other websites that attempt to create dialogue, eliminate stigma, and increase help-seeking behaviors.

After gaining a broad foundation of knowledge on the topic of depression in the college-aged population, I began investigating the resources available to Grand Valley State University students compared to the offerings of neighboring Universities. Grand Valley does have valuable resources available for student use, and their offerings are on track with neighboring Universities.

The University of Michigan is the leader of the pack when it comes to campus mental health outreach; this is largely due to the fact that the University is home to the nation's first comprehensive depression center (Mental health). The University of Michigan Depression Center is affiliated with the Medical School and encompasses research, education, and treatment delivered by internationally recognized professionals (University of Michigan: Depression). In addition to continued research and advocacy, one of the main goals of the center is to introduce depression screening into primary and specialty care settings, as discussed previously (University of Michigan: Depression).

In addition to The University Depression Center, The University of Michigan has implemented a campus-wide mental health awareness campaign called "Do something!" This campaign involves the development of the QPR suicide prevention program and the development of online resources for students. QPR, or Question Persuade Refer, is a nationally renowned suicide prevention program that trains faculty,

staff, and students to be gatekeepers for peers who may exhibit signs of mental health issues (Question, 2006). Based on experiences reported from individuals who completed the training, the program has been deemed a large success (Question, 2006). Students at all U of M campuses have access to two dynamic online mental health resources: MiTalk and Campus Mind Works. MiTalk is a resource for all students interested in maintaining positive mental health. There is an abundance of information pertaining to depression, anxiety, academic stress, sexuality and other identity issues. There are recorded lectures, research articles, relaxation exercises, and information regarding all on-campus events. Despite the sheer mass of information encompassed within the site, the page is not overwhelming to navigate due to organization and use of pictures and link descriptions, which saves time from blindly clicking to find what you are looking for (Welcome to MiTalk). Another significant aspect of the MiTalk webpage is the ability to connect with other users through social networking websites like Facebook and Twitter (Welcome to MiTalk). Similar to MiTalk, Campus Mind Works is a resource tool for students who have already been diagnosed with a mental illness. The webpage provides support for students through advice on topics ranging from how to transition to the college lifestyle to insurance and payment options for treatment. Campus Mind Works also provides links to external resources as well as advice from students who have gone through similar struggles (Supporting students).

I continued my exploration of student resources on various local campuses by researching Michigan State University; I quickly learned that this institution has similar resources and online assessments to Grand Valley State University with the addition of musical suggestions, which is an outlet many students choose to help manage stress.

The difference between the two schools lies in the presentation of the information. The Michigan State University webpage has a welcoming feel due to an upbeat color scheme. The presentation is direct, organized, and uncomplicated. The student resources link places users one click away from setting up an appointment at the counseling center, completing online screening assessments, or pursuing self help tactics like music or relaxation. The homepage includes links to student groups such as Active Minds and social networking websites like Facebook and Twitter (Michigan State).

The Western Michigan University counseling center is based out of the Sindecuse Health Center and appears to have a more clinical ambiance than the other researched counseling centers (Home:Counseling services). The website is welcoming through the use of a soothing color scheme. However, the overall content is lacking; the website lists numerous “helpful links,” but there is not much in the form of outreach other than the option to schedule an appointment (Home:Counseling services). The most notable aspect of the website is the link to the University’s Suicide Prevention Program webpage. This page contains an abundance of information on suicide and suicide prevention, as well as links for gatekeeper training for students, faculty, and staff. The University received a grant from the Substance Abuse and Mental Health Services Administration for this specific program, which explains the plethora of information on this website compared to that of the counseling center (Home:Counseling services).

The last college I included in my comparison was Central Michigan University. The exploration of the Central Michigan website was most notable because it was the

only university that did not have a link to the counseling center as a “top hit” when searching the term “depression” on the school’s homepage. The counseling center’s webpage consisted mainly of text, but after considerable exploration I found some resources similar to those offered by Grand Valley State University. In contrast to Grand Valley State University, Central Michigan University, as well as the other three Universities included in my comparison, use social networking websites as additional outreach (Counseling center).

### **Recommendations for GVSU website (“depression” search result)**

As stated previously, I believe that the Counseling Center is an excellent resource for the students here at Grand Valley State University. It was never my intention to find fault with any of their offerings, but rather to propose a new way in which all of the mental health resources that are offered could be presented online. This could be achieved through the creation of a page similar to MiTalk at the University of Michigan, which has all of the information and links pertaining to mental health outreach organized in one navigable location. This information could also be added to the existing Laker Help Link “Dealing with Depression” (<http://www.gvsu.edu/lakerhelplink/dealing-with-depression-31.htm>). If University guidelines allow, the use of more colors and pictures may aid in achieving a more hopeful, welcoming feel to the website. Also the assemblage of the following content may increase user-friendliness and reduce the frustrations and confusion experienced by those searching for help.

**Content to be included:**

Facts & Information about mental health

Screening Tools

Educational Groups offered by the Counseling Center (stress management, mindfulness, StrengthsQuest, etc)

Websites- ULifeline, halfofus.com, www.thejedfoundation.com,

Student Groups- Active Minds, To Write Love on Her Arms, Eyes Wide Open

**Other Considerations:**

Consider Social Networking, Facebook or Twitter

Possibly evolving a gatekeeper training program from the current Peer Educator Program

**Conclusion**

While this project may not result in the creation of a new tool or resource as I had originally proposed, I am more than satisfied with the outcome of the endeavor. I have come to the realization that, as a peer whose friends feel comfortable confiding in, I can act as a tool to reduce stigma and encourage help-seeking behavior. I have even contemplated developing this into a career as a counselor in a school or clinical setting. As mentioned in my proposal, my passion lies in helping others. The time I have spent working on this project has been beneficial for me in the form of personal growth. I am confident that it will be beneficial to others too, by providing them with the knowledge to be advocates as well, or to learn where to look for help when depressive feelings set in.



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