

2015

Mental Health Awareness Among High School and College Students: Barriers to Knowledge, Accessibility, and Utilization of Resources

Imelda Muller

Follow this and additional works at: <http://scholarworks.uvm.edu/fmclerk>



Part of the [Medical Education Commons](#), and the [Primary Care Commons](#)

Recommended Citation

Muller, Imelda, "Mental Health Awareness Among High School and College Students: Barriers to Knowledge, Accessibility, and Utilization of Resources" (2015). *Family Medicine Clerkship Student Projects*. Book 100.
<http://scholarworks.uvm.edu/fmclerk/100>

This Book is brought to you for free and open access by the College of Medicine at ScholarWorks @ UVM. It has been accepted for inclusion in Family Medicine Clerkship Student Projects by an authorized administrator of ScholarWorks @ UVM. For more information, please contact donna.omalley@uvm.edu.

Mental Health Awareness Among High School and College Students: Barriers to Knowledge, Accessibility, and Utilization of Resources

Danbury, CT

Imelda Muller

September 2015

Dr. Cornelius Ferreira-Brookfield Family Practice

2A. Problem Identification and Description of Need

Mental Health Issues Affect Youth

- In 50% of individuals with mental illnesses, age of onset is at or before 14; In 75%; onset is by 24 years old
- 48% of high school students are affected by mental health issues at some point during high school
- In 2014, 23% college students were diagnosed or treated by a mental health professional (ACHA-NCHA)
- In 2014, 48% of college students sought counseling services for mental health issues and 33% of students had taken prescription medication for mental health issues (ACHA-NCHA)
- Demand for mental health services is expected to increase in the next few years, especially as enrollment in colleges increases

Depression, Suicide, and Anxiety:

- According to the CDC, suicide is the 3rd leading cause of death in individuals aged 15-24
- 8.1% of college students seriously considered suicide in 2014, while 1.3% attempted suicide (ACHA-NCHA)
- In 2014, 54% of college students felt overwhelming anxiety in last 12 months; 54% felt more than average stress or tremendous stress in last 12 months (ACHA-NCHA)
- More than 25% of high school students reported impairment in functioning attributable to feeling depressed (2013)

Connecticut:

- Has one of the highest suicide rate of all states; the rate of suicide in teens 15-19 has increased between 2001 and 2012
- The average age children complete suicide in CT is just over 14
- Suicide is the 2nd leading cause of death among college students (2009)
- 17.5% of high school students reported being electronically bullied in the last year (2013)
- 27.2% of high school students felt so sad or hopeless almost every day for the last 2 weeks that they stopped doing some of their usual activities (2013)

*ACHA-NCHA= American College Health Association National College Health Assessment

2B. Problem Identification and Description of Need:

Barriers to Accessing Care for Mental Health Concerns:

Stigma

- Of college students who chose not to seek support for mental health issues, stigma was the number one reason (ACHA-NCHA)
- Of College students who chose to disclose, reasons cited included to be a role model and decrease stigma; and to educate faculty, students, and staff about mental illness (ACHA-NCHA)
- In Connecticut, 39.6 % of residents slightly or strongly disagreed that people are “caring and sympathetic to persons with mental illness” (CDC)
- Danbury Health Care Professionals feel students delay seeking treatment out of fear of being criticized by peers or scrutinized by parents

Students are Not Seeking Help and Resources when they need it

- 57% of college students with mental health issues who knew how to access services chose not to (ACHA-NCHA)
- 73% of college students with mental health issues experienced a crisis, yet only 35% of them reported the college was aware (ACHA-NCHA)
- Only 56.3% of CT high school students strongly agreed that their family loves them and gives them help and support when they need it (2013)
- Only 25.1% of CT high school students felt they would likely talk with an adult when they felt sad, empty, hopeless, angry, or anxious (2013)

Resources are not meeting the Needs of those with mental illness:

- 45% of students who were not able to finish college because of a mental health issue did not receive accommodations for this issue
- Among college students who informed their school they were experiencing a crisis, 31% felt the college responded fairly or poorly (ACHA-NCHA)
- 23% of students with mental illness perceived their college as not very supportive or not supportive of mental health issues (ACHA-NCHA)
- 36.2% of CT high school students did not agree that there was at least one teacher or other adult in school they could talk to if they had a problem (2013)
- Only 37.8% of CT high school students felt they got the help they needed most of the time or always when they felt sad, empty, hopeless, angry, or anxious (2013)
- Young adults who received treatment for little or no cost as children do not always qualify for these low cost services as adult
- Danbury Health Care Professionals feel local resources are overwhelmed, forcing adolescents to be placed on waiting lists and delaying care
- Danbury Health Care Professionals feel there are few support groups available for students with mental health illnesses
- Danbury Health Care Professionals feel many students face difficulties in finding providers who accept Husky insurance; students generally cannot afford out-of-pocket payment

*ACHA-NCHA= American College Health Association National College Health Assessment

3. Public Health Cost and Unique Cost Considerations in Host Community

Mental illness can prevent a young adult from finishing high school or college, and transiting to a career; this can lead to increased stressors including economic hardship and isolation from peers; all which increase risk of suicide and can lead to increased cost on society

- Almost 14% of high school students with mental health conditions receive grades mostly below C's
- High school students with mental illness were less likely to go on to college than their peers
- Nearly half of high school students with depression drop out of school
- 64% of students who are no longer attending college attribute this to a mental health issue
- Young adults with mental illness were less likely to be employed than their peers
- Danbury Health Care Professionals feels students who are suspended for acting out or using alcohol/substances are at risk of falling behind in school, not graduating, and facing employment difficulties in the future
- Danbury Health Care Professionals expressed concern that students must often miss school and activities to attend appointments for mental health, which can negatively effect their academic performance and ability to develop adequate social skills
- Danbury Health Care Professionals feels students and schools may not be aware of available mental health resources, such as "211" phone number

Dollars and "\$ense"

- In the 1990s, the estimated yearly cost of anxiety disorders in the US was \$42.3 billion
- Individuals with Bipolar accrued more than double the out of pocket expenses as others who made mental health claims
- \$239 billion was projected to be spent on mental health and substance abuse in the US in 2014
- Per person expenditure on mental health in the US was expected to nearly double from 2003 to 2014
- Expenditure on mental health was expected to increase \$103 billion from 2003 to 2014, with the largest contributor to the increase in expenditure being prescription medication
- In Connecticut, over 31,000 people were discharged from hospitals with primary diagnoses of mental disorders; totaling over \$801.1billion
- Danbury health Care Professionals feel that a local lack of resources for low level/ maintenance care contributes to more crises and ED visits, which may be a heavier cost burden on the health care system in the long term

4A. Community Perspective on Issue and Support For Project

***Dr. Kathleen Rivera : Adolescent and Child Psychiatrist-Danbury Hospital**

Challenges:

- Identified lack of insurance coverage, lack of adolescent/child psychologists (particularly those who accept insurance), and lack of community support groups as major obstacles to adolescents receiving help
- Remarked that “sometimes things go overboard,” when issues related to mental health surface in school, and adolescents “end up in the ED.”
- Feels stigma plays a role in preventing adolescents from initially seeking mental health resources, although mentions that the community seems more aware about mental health since the events at Sandy Hook
- Students who seek intensive counseling often need to schedule appointments that take them out of school 1-2 times each week. This forces them to miss activities and sports that are often essential to developing skills to cope with stress and build relationships.
- Students who wish to seek treatment are sometimes unable to receive care in a timely manner, for example if a psychiatrist is overwhelmed by patient load. These students may face major crisis while waiting for treatment, in situations where they may have responded well to minor support such as through talk therapy.
- Depression, Anxiety, and ADHD seem to be the most prevalent mental health challenges facing local adolescents

Cost:

- Delay of care may lead to a more severe crisis, with longer recovery; this may be more financially staining on the health system than a consistent low level of support
- Missing school for mental health appointments can lead to poorer academic performance, disengagement/isolation from peers; This may contribute to increased stress and higher risk of not completing high school.

Working toward support/ improvement:

- Stated that in general the community is trying to be more supportive and develop support groups; although groups that currently exist are targeted toward a specific issue, such as grieving
- Primary Care physicians have become an integral “first line” in detecting issues with anxiety/depression that these students face
- Schools can be helpful in encouraging reluctant parents to support their children in pursuing treatment

Potential improvement strategies:

- Feels students may benefit from receiving more information about mental health resources, such as utilizing the support number “211”
- Feels students would benefit from being able to see a mental health professional sooner, such as a therapist, rather than being placed on a waiting list for care

4A. Community Perspective on Issue and Support For Project

***Emilie Koepke-Gibbs, PA-C-Abbott Technical High School Health Center**

Challenges:

- Anxiety/depression seem to be the most prevalent issues facing local adolescents-stressors include applying to college, relationships, death of a grandparent, divorce of parents, being bullied, weight gain (vicious cycle when using eating as a coping skill)
- Alcohol and Substance abuse is sometimes encountered, and there is little support for adolescents with these issues; parents often resist acknowledging that their child is drinking/using; there is a support group held at the local college, but it is held during hours that make it challenging for high school students to attend
- Adolescents may delay seeking help because of stigma from friends and teachers, and may fear of being “labeled”
- Since parents may be an adolescent’s only means of transportation to appointments, some adolescents who may not want their parents to find out about their struggles never receive help
- Many local care centers are overwhelmed by patient volume, and are unable to accommodate patients with more minor mental health issues; this may prevent students from receiving care at a time that is critical in preventing progression and de-escalating symptoms

Cost:

- Students who act out or use alcohol/drugs are often suspended-this causes them to fall behind in school, and often fails to address underlying emotional issues
- Lack of early intervention may prevent students from finishing school, which may make it difficult to find substantial employment

Steps in motion/ Potential Solutions:

- Started providing PHQ-2 to students who come to the health center for an issue of any kind-this allows opportunity for discussion, referral for services, and a basis for tracking a student’s progress
- It would be helpful to have a psychologist, social worker, or counselor within the school health office, so these students can touch base with someone before they leave the office; this would also provide a way for students to receive help without facing transportation issues
- Developing an in-school peer group for substance abuse
- Increasing awareness in the community among parents and teachers may help students receive earlier intervention-at a time before they are 18 when parents can play a more influential/supportive role
- Develop an In School Suspension program for students who break the rules; this can both prevent students from falling behind, and allow time to address underlying issues, while not losing consistent contact with the student
- Increase mental health skills training for in school health providers

5A. Intervention and Methodology

Preparation:

- Spoke with local health care practitioners, community representatives, and students about mental health issues encountered by youth and young adults; collaborated with local Americore representative for scheduling presentations
- Explored National and State data related to challenges that high school and college students faced in accessing mental health services and seeking support for mental health care
- Developed a Presentation for the target audience of high school and college students

Presentation:

- Presented to 47 students at Danbury High School & Henry Abbott Technical High School
 - Sessions were 60 minutes long
- A. Knowledge:
- Provided basic information about common mental health issues faced by youth and young adults, including Depression, Suicide, Anxiety, and Bipolar disorder
- B. Stigma
- Brainstormed a group definition of stigma
 - Distributed PHQ2 and GAD2-Explored students' feelings, thoughts, reservations about answering these questions and how this may be related to stigma
 - Explored behaviors that perpetuate stigma, as well those which may help fight stigma
 - Shared slides of faces of famous celebrities who have struggled with mental health issues
 - Led an exercise in Dialectical Behavior Therapy to destigmatize therapy and demonstrate its universal utility
- C. Resources
- Explored barriers to pursuing mental health services
 - Shared local resources students could utilize if they, or someone they knew, needed support for mental health issues
- D. Evaluation
- A pre and post presentation survey focused on 3 target domains: mental health knowledge, stigma, and resources
 - A pre and post spontaneous word association exercise targeted to demonstrate de-stigmatization and improved knowledge within the session itself

5B. Intervention and Methodology:

Pre and Post Presentation Survey

1. I feel knowledgeable about common mental health issues people my age face.
Strongly Agree Agree Disagree Strongly Disagree

2. Place an "X" or check mark by the three most common mental health issues faced by youth 15-24:

Bipolar ADHD/ADD (Attention Deficit Hyperactive Disorder)
 Depression/Suicide Anxiety
 Schizophrenia OCD (Obsessive Compulsive Disorder)
 Personality disorders

3. Rank the 3 leading causes of death in persons age 15-24 with the numbers "1-3".

Drug Overdose
 Accidents (including motor vehicle accidents)
 Suicide
 Disease
 Homicide

4. What are the causes mental health issues? Circle ONE best answer

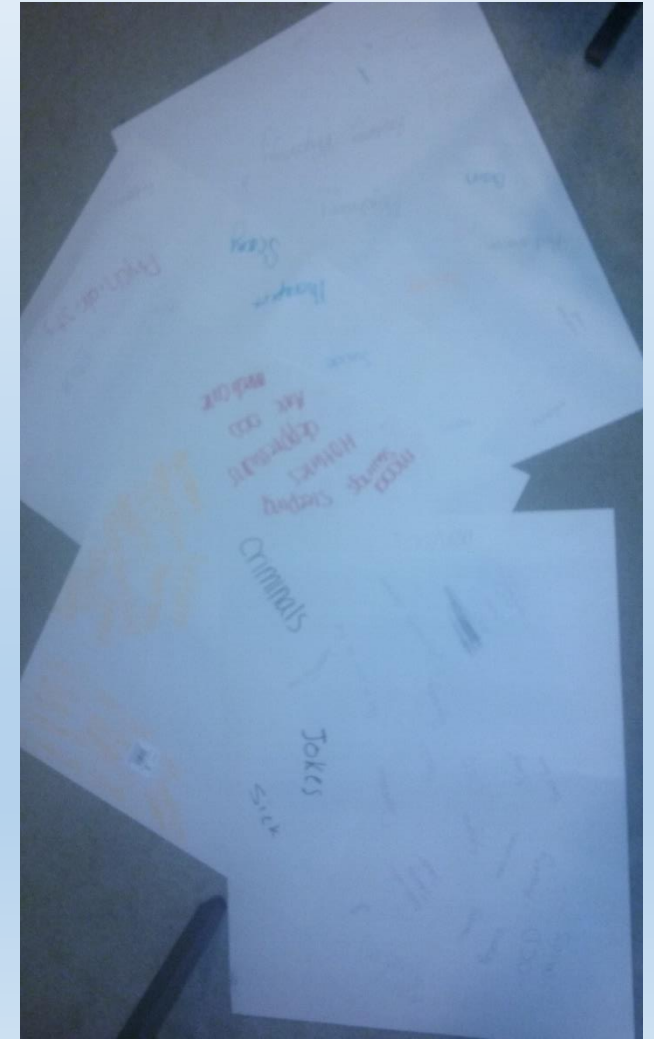
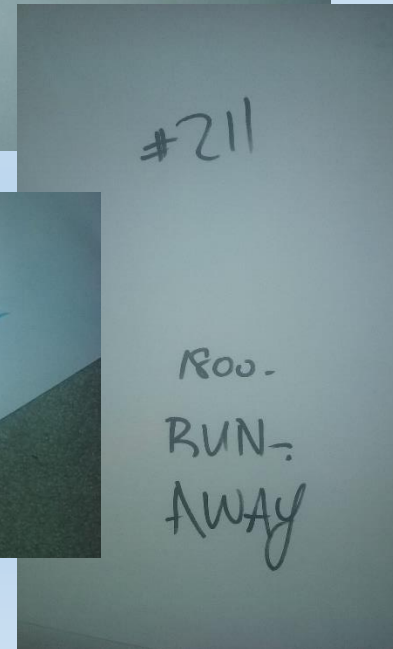
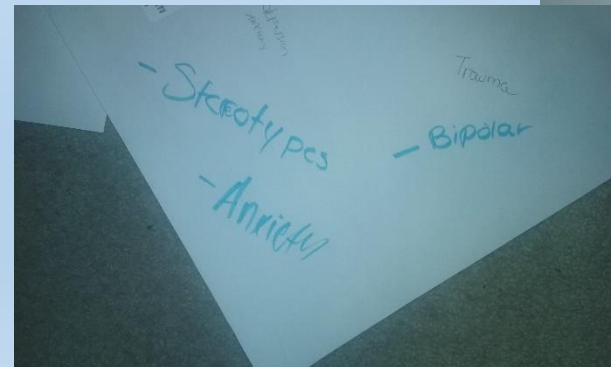
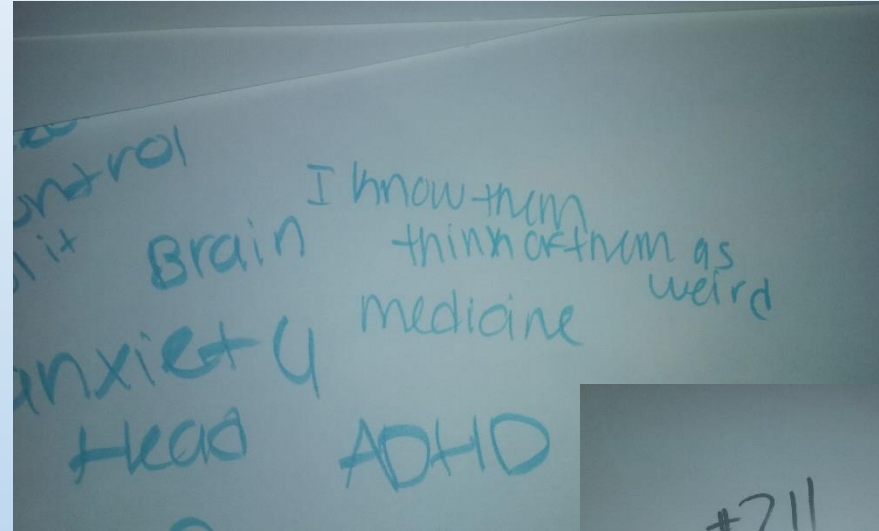
A. Genetics
B. Environment
C. Situational Factors
D. Learned Behavior Adaptations
E. All of the above

5. People are caring and sympathetic to people with mental illness.
Strongly Agree Agree Disagree Strongly Disagree

6. Treatment can help people with mental illness lead normal lives
Strongly Agree Agree Disagree Strongly Disagree

7. Name as many resources as you can think of, to use if you have questions about mental health (for yourself or others)?

Pre and Post Presentation Word Association Exercise



6A. Qualitative Results/Response Data

From the Teachers/Instructors

- The students were engaged- “I was surprised by how little talking there was”
- The students were curious about what this presentation would be about

From the Students:

Pre-Presentation/ During presentation

- “Bipolar is someone who is moody.”
- “Mental health is like something that you never get better from, you always have it.”
- “People don’t think of it (mental health) like diabetes.”
- General hesitancy of participation
- Students had a general interest in permanency and implications of a mental health diagnosis

Post-Presentation

- So bipolar is not really mood swings in one day, but like a roller coaster with 2 big humps that go on for weeks.”
- “Mental health is something that every one has-it can just be healthy or unhealthy.”
- Near-Full Participation-most students concurrently listed of several phone numbers of mental health hot-lines; students wrote more during the poster activity
- Several students stayed after the presentation to ask questions about medicine, resources, genetics in mental health, and careers in mental health/psychology

Poster Exercise:

- Students generally wrote more words and sentences on their post-presentation posters
- Post Presentation Words tended to contain more subjective connotations and feelings (ie. Hope, temporary, all people), rather than facts and objective words contained on pre-presentation posters (ie. Psychiatrist, brain, anxiety)
- Post-presentation posters contained information about diagnoses of mental illnesses and resources/ phone numbers not contained on pre-presentation posters

6A. Quantitative Results/Response Data-Survey Results

1. I feel knowledgeable about common mental health issues people my age face.

Pre-survey: Strongly Agree 5%	Agree 25%	Disagree 55%	Strongly Disagree 15%
Pre-Survey: Strongly Agree 20%	Agree 58%	Disagree 18%	Strongly Disagree 4%

2. Pre-survey: 15% of respondents correctly identified the 3 most common mental health issues faced by youth 15-24

Post-Survey: 95% of respondents correctly identified the 3 most common mental health issues faced by youth 15-24

3. Pre-Survey: 31% of respondents correctly ranked the 3 leading causes of death in persons age 15-25

Post-Survey: 80% of respondents correctly ranked the 3 leading causes of death in persons age 15-25

4. Pre-Survey: 95% of respondents correctly identified the causes of mental health issues.

Post Survey: 100% of respondents correctly identified the causes of mental health issues

Questions to Assess Stigma (based on CDC survey):

5. People are Caring and Sympathetic toward people with mental illness.

Pre-survey: Strongly Agree 2%	Agree 26%	Disagree 54%	Strongly Disagree 18%
Pre-Survey: Strongly Agree 0%	Agree 32%	Disagree 50%	Strongly Disagree 18%

6. Treatment can help people with mental illness lead normal lives.

Pre-survey: Strongly Agree 18%	Agree 34%	Disagree 46%	Strongly Disagree 2%
Pre-Survey: Strongly Agree 48%	Agree 32%	Disagree 18%	Strongly Disagree 2%

7. Pre-Survey: Students were able to name an average of 4 resources; 20% of students left this question blank

Post Survey: Students were able to name an average of 6 resources; 0% of students left this question blank

7. Evaluation of Effectiveness and Limitations

Evaluation of Effectiveness:

Survey:

- **Knowledge:** Students demonstrated an overall improvement in performance on questions that assessed basic knowledge of mental illness; students were more agreeable with the statement, “I feel more knowledgeable about common mental health issues people my age face”; students wrote significantly more on post-presentation posters, suggesting knowledge base may be expanded
- **Stigma:** After the presentation, students were more agreeable with the statement, “Treatment can help people with mental illness lead normal lives”; Students were only mildly more agreeable with the statement, “ People are caring and sympathetic to people with mental illness”; students wrote more subjective statements relating to mental health on post-presentation posters, suggesting their schema of mental health had been altered
- **Resources:** After the presentation, students were able to name more mental health resources; While some respondents left this question blank in the pre-survey, there were no blank responses in the post-survey; students added phone numbers and resources to post-presentation posters, suggesting knowledge of resources had increased post-presentation
- **Future:** Administration of questionnaire based on presentation details at later date to evaluate for retention and gaps in knowledge

Other:

- Small groups allowed students to interact/talk about a challenging topic
- Students appeared engaged: asked more questions as presentation progressed; did not appear distracted by phones ect; became more eager to participate as presentation progressed (more “shout-out” answers, ect)
- Used methods to reinforce knowledge throughout the presentation-(eg. Asked students to repeat numbers of help lines throughout the presentation)
- Post Presentation Poster: demonstrated increased participation, increased thoughtfulness on topic of mental health, and increased knowledge of resources

Limitations:

- Was unable to present to group of college students as originally planned
- Spoke with students generally interested in health care careers- effectiveness of presentation, level of engagement, and improvement on survey may not reflect or be generalizable to whole student body
- Some students did not take the post survey, due to having to leave the presentation early; limits evaluation of effectiveness
- Time: it is clear from students’ questions that one session about mental health is insufficient to meet their desire to learn about diverse topics in mental health; it is not likely stigma around mental health can be optimally altered in a single hour

8. Recommendations for Future Interventions /Projects

This Presentation:

- Present to Western Connecticut State University or other local College
- Since mental health issues may affect all students, offer presentation to Danbury High School students beyond those in the Medical Careers Club at Danbury High School

Education/De-Stigmatization:

- Provide more ways to longitudinally educate all high school students about mental health, such as implementing mental health topics in Health Class
- Educate faculty/staff and parents about common mental health issues students face and ways to intervene/talk to students who may need help
- Implement district-wide exercises on resiliency training and healthy living practices to help students cope with stress from a young age (ie. such as mindfulness/meditation/deep breathing in kindergarten gym class)

Resources/Support:

- Develop peer support groups in high schools, as high school students voiced their concern about confiding in adults, and college students have identified peer groups as one of the most supportive resources on their campuses
- Develop ways students can access mental health services while minimizing exposure to stigma- such as video counseling support, and appointments with mental health providers that do not interfere with school schedules and activities
- Utilize the Danbury High School website to provide step-by-step instructions for accessing mental health services and resources, as college students cited their college website as one of the first resources they accessed when they needed help with mental health issues

9A. References

- Eaton, D., et al. Youth Risk Behavior Surveillance-2007. Morbidity and Mortality Weekly Report. U.S. Department of Health and Human Services: Centers for Disease Control and Prevention. 2008 June 6; 57(4). 09/01/15. <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5704a1.htm>.
- Kataoka, S., et al. Unmet Need for Mental Health Among U.S. Children: Variation by Ethnicity and Insurance Status. American Journal of Psychiatry. 159(9). 1548-1555. 2002. 09/03/15. <http://www.ncbi.nlm.nih.gov/pubmed/12202276>.
- Youth Suicide: A Public Health Problem in Connecticut*. Connecticut's Official State Website. 09/03/15. <http://www.ct.gov/dmhas/lib/dmhas/prevention/cyspi/YouthSuicideCT.pdf>.
- National College Health Assessment Spring 2014 Reference Group Executive Summary*. American College Health Association. 09/03/15. http://www.acha-ncha.org/docs/ACHA-NCHA-II_ReferenceGroup_ExecutiveSummary_Spring2014.pdf.
- Mental Health Illness Exact Heavy Toll, Beginning in Youth*. National Institute of Mental Health. 09/10/15. <http://www.nimh.nih.gov/news/science-news/2005/mental-illness-exacts-heavy-toll-beginning-in-youth.shtml>.
- Understanding Suicide. Centers for Disease Control and Prevention. 09/03/15. http://www.cdc.gov/ViolencePrevention/pdf/Suicide_FactSheet_2012-a.pdf.
- Stannard, Edward. *Connecticut Has One of nation's Highest Suicide Rates, Seeing Deaths on Rise*. The Connecticut Story. 2015 Jan 11. 09/03/15. <http://www.connecticutmag.com/Blog/Connecticut-Today/January-2015/Connecticut-Has-One-of-Nations-Highest-Suicide-Rates-Seeing-Deaths-on-Rise/>.
- Young Adults with Serious Mental Illness: Report to Congressional Requesters*. United States Government Accountability Office. 2008. 09/10/15. <http://www.gao.gov/new.items/d08678.pdf>.
- College Students Speak: A Survey report on Mental Health*. National Alliance on Mental Health. 2012. 09/03/15. http://www2.nami.org/Content/NavigationMenu/Find_Support/NAMI_on_Campus1/NAMI_Survey_on_College_Students/collegereport.pdf.

9B. References

Burden of Mental Illness. Centers for Disease Control and Prevention. 2013. 09/03/15. <http://www.cdc.gov/mentalhealth/basics/burden.htm>.

Centers for Disease Control. Attitudes Toward Mental Illness-35 states, District of Columbia, Puerto Rico, 2007. *Morbidity and Mortality Weekly Report*. 2010 May 28; 59 (20):619-25. 09/03/15. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5920a3.htm>

Projections of National Expenditures for Mental Health Services and Substance Abuse Treatment. U.S. Department of Health and Human Services. 2008. 09/10/15. <https://store.samhsa.gov/shin/content/SMA08-4326/SMA08-4326.pdf>.

Prevalence. Youth Topics, Mental Health. Youth.Gov. 09/03/15. <http://youth.gov/youth-topics/youth-mental-health/prevalance-mental-health-disorders-among-youth>.

Youth Risk Behavior Survey: Youth Risk Behavior Surveillance-Connecticut. Connecticut Department of Public Health. 2013. 09/01/15. http://www.ct.gov/dph/lib/dph/hisr/pdf/cshs_ymc2013_report.pdf

Hospitalization Statistics. Connecticut Department of Public Health. 09/03/15. <http://www.ct.gov/dph/cwp/view.asp?a=3132&q=397512&dphPNavCtr=|#47732>.

Health Risk Behaviors in Connecticut: Results of the 2013 Behavioral Risk Factor Surveillance Survey. Connecticut Department of Public Health. Aug 2015. 09/03/15. http://www.ct.gov/dph/lib/dph/hisr/pdf/brfss2013_ct_report.pdf.