STUDENT PERSPECTIVES ON MENTAL HEALTH:

A PUBLIC HEALTH COLLABORATION

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Ann Arbor, MI

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BYU COUNSELING AND PSYCHOLOGICAL SERVICES
caps

Objectives

Participants will be able to:

- Articulate two benefits of collaborating with faculty on campus to conduct needs assessments and create programming
- List the top three barriers to receiving mental health care as identified by students.
- Identify one step they can take to apply a public health faculty-counseling center collaboration on their campus.

Framework for Today

- Two categories of information
  - Data from surveys
  - Processes and structure ideas for collaborating with departments on campus
- Different knowledge bases and unique student bodies
  - What is new to us may be old news to you
  - While there are similarities, there are unique campus needs

Framework for Today

- Our biases and context
  - Private, religious institution, between 30,000 and 33,000; >98% LDS, about 85% White
    - Current best estimates: 1% Gay or Lesbian, 2 % Bisexual, 90% Straight
    - about 52% male, 47% female
  - All faculty researchers: White (non-Hispanic), cis-gender, straight, LDS, upper-middle class, assistant professors at a private institution

More context

- We also have the benefit of having faculty status, so collaboration can come more conveniently

- If you aren't… be creative!
  - How can you create informal relationships to get out of the silos?

Where we started…

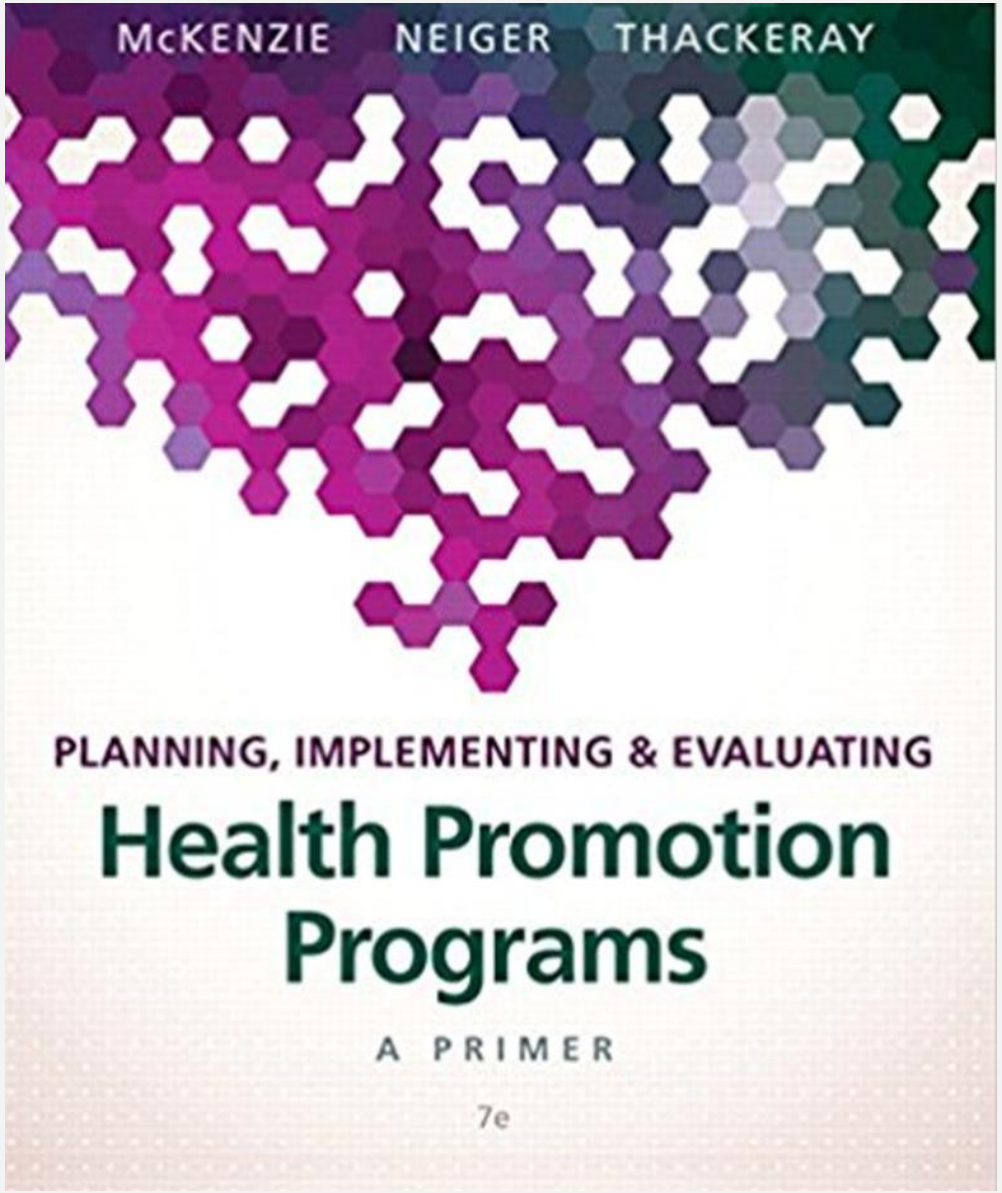
- Reality of University and Counseling Center Work
  - Increased demand
  - Level or decreased resources
  - Traditional Therapy vs. Outreach and Prevention
- Levels of outreach
  - How can we move away from toward level 3 and 4 prevention?

What we wanted to do…

- Applying a public health model to prevention is one creative way to intervene on a campus-wide level
- We don't have time to become experts on program planning and evaluation

- Why not ask the department of public health?
  - Dr. AliceAnn Crandall

If you don't have Public Health Resources…

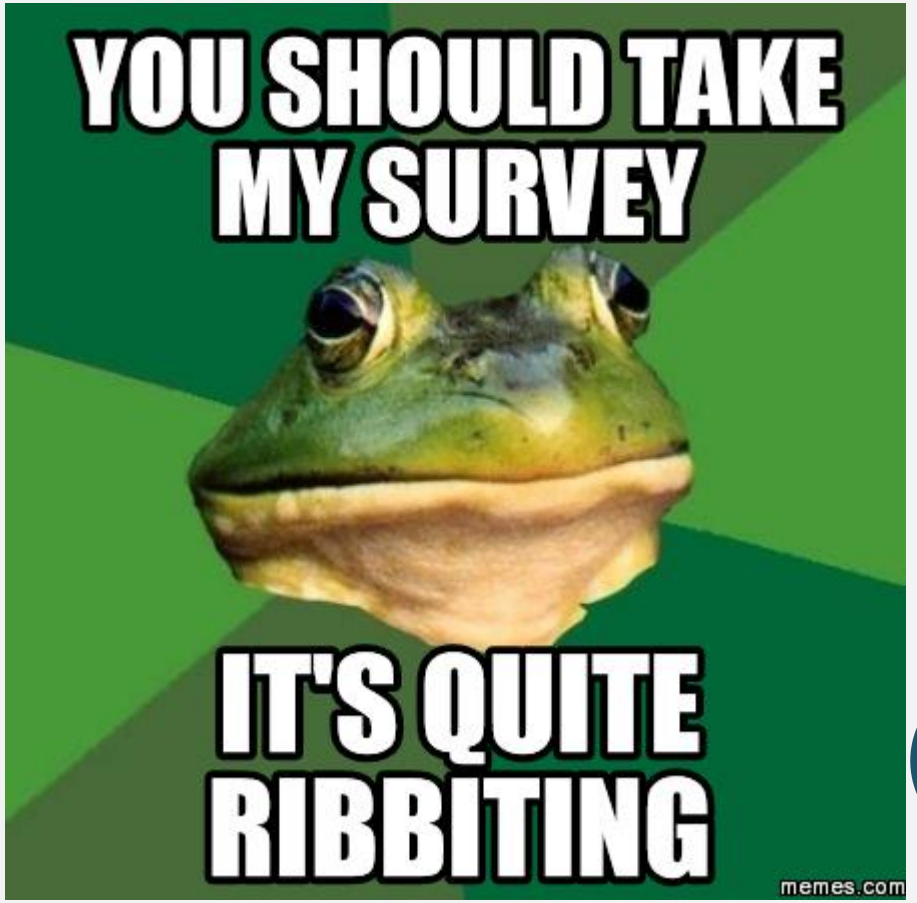


Collaboration to the rescue!

- Who?
  - BYU CAPS' outreach faculty
  - Public Health Faculty Dr. Ali Crandall
  - Her HLTH 439 Program Planning classes, which resulted in
- What?
  - 850 campus community members' responses to surveys on mental health awareness, perceptions, and needs,
  - Student- driven development of interventions
  - Assessment objectives and processes

Dr. Crandall's Program Planning Classes

- Two sections every semester, about 50 students
- Course objectives were to build proficiency in:
  - Community assessment and data analysis
  - Priority setting
  - Outcome Development
  - Intervention selection and implementation
  - Intervention Management
  - Program Evaluation



Winter 2016

- Spoke with public health professors
- Identified symbiotic awesomeness (academic goals)

Spring/Summer 2016

- Wrote IRB
- Created survey
- Identified target populations
  - General Student Population (4), Faculty and Staff, International and Multicultural Students, Ecclesiastic Leaders, Arts and Psychology, Computer Science Ecclesiastical leaders, Freshman, First generation/low-income students, Non-traditional students

Fall 2016 – Getting Started

- CAPS presented on Mental Health and Outreach/Prevention
- Students completed CITI training and selected groups
- Students interviewed CAPS faculty and campus stakeholders

Fall 2016 – Implementation

- Students administered surveys, interviewed students
- Identified priority matrices and root cause analyses
- Developed interventions and assessment/evaluation recommendations

Fall 2016 - Feedback

- Students presented to CAPS outreach faculty and class (Final exam)

Survey Questions Assess:

- Top stresses and mental health concerns,
- Student awareness of services,
- Barriers for seeking services, and
- Topics students are interested in receiving more information about and their preferred mediums for receiving it

Fall 2016 Overall results and specific examples

- Overall survey graphics created by our Public Health Colleague
- Examples from populations were created by the students
  - Notice variations of quality and utility
    - Large variation between groups in "n"
      - CS – 52
      - Faculty - 102
      - Ecclesiastic leaders - 212
      - Multicultural and International - 77
  - Also notice what is emphasized in the way they present information

Respondent (*N* = 851) demographic information, %	
Female	63.5
White (race)	76.4
Married	33.0
Have children	14.7
Average # of years enrolled in higher education	3.05 years
Undergraduate (seeking Bachelor's degree)	93.4
Transfer student	23.5
Veteran	1.8
First generation college student	11.9
International student (born outside of U.S.)	10.6
LDS	98.2
Median GPA	3.6-3.7
Student Employed	69.2%

General Findings

- **53.6%** have **ever experienced mental/emotional problem for > 2 weeks** (11.5% unsure)
  - **35.4%** first experienced at college (**37.4% of these during first year**)
- In the past 4 weeks, respondents reported that emotional problems had:
  - cut down the amount of time spent on school, work, other activities: **41.4%**
  - accomplished less than would have liked: **65.5%**
  - didn't do school, work, other activities as carefully as usual: **47.4%**
  - Emotional problems in past 4 weeks, interfered with social activities **most or all of the time**: **13%**

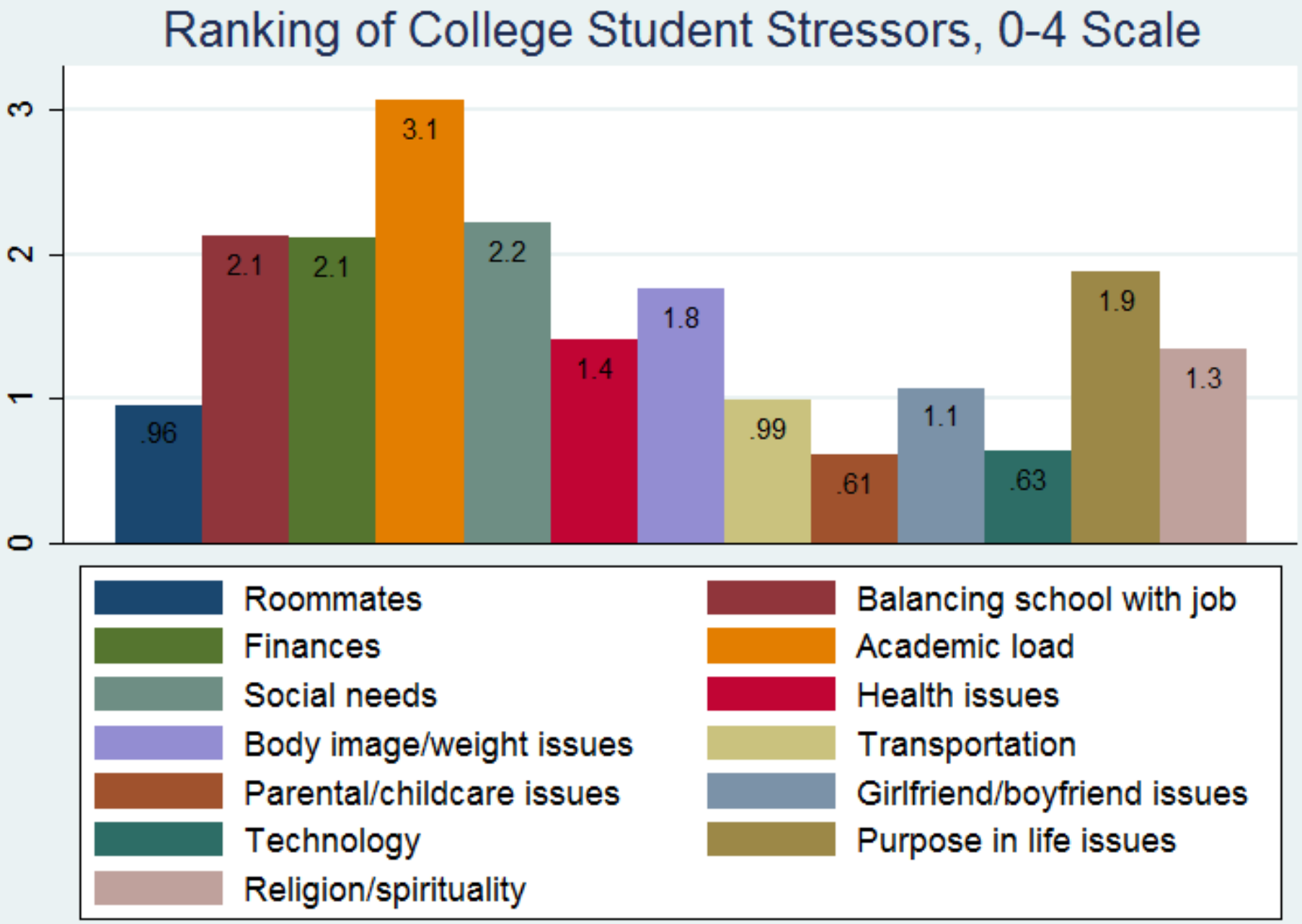
General Findings

- Student likelihood of seeking help if they have or were to develop a mental/emotional health concern
  - Never: 2.0%
  - Not likely: 32.5%
  - Somewhat likely: 46.5%
  - Very likely: 19.1%
- 22.0% are aware of someone who has experienced a sexual assault while attending BYU

Just to get you thinking…

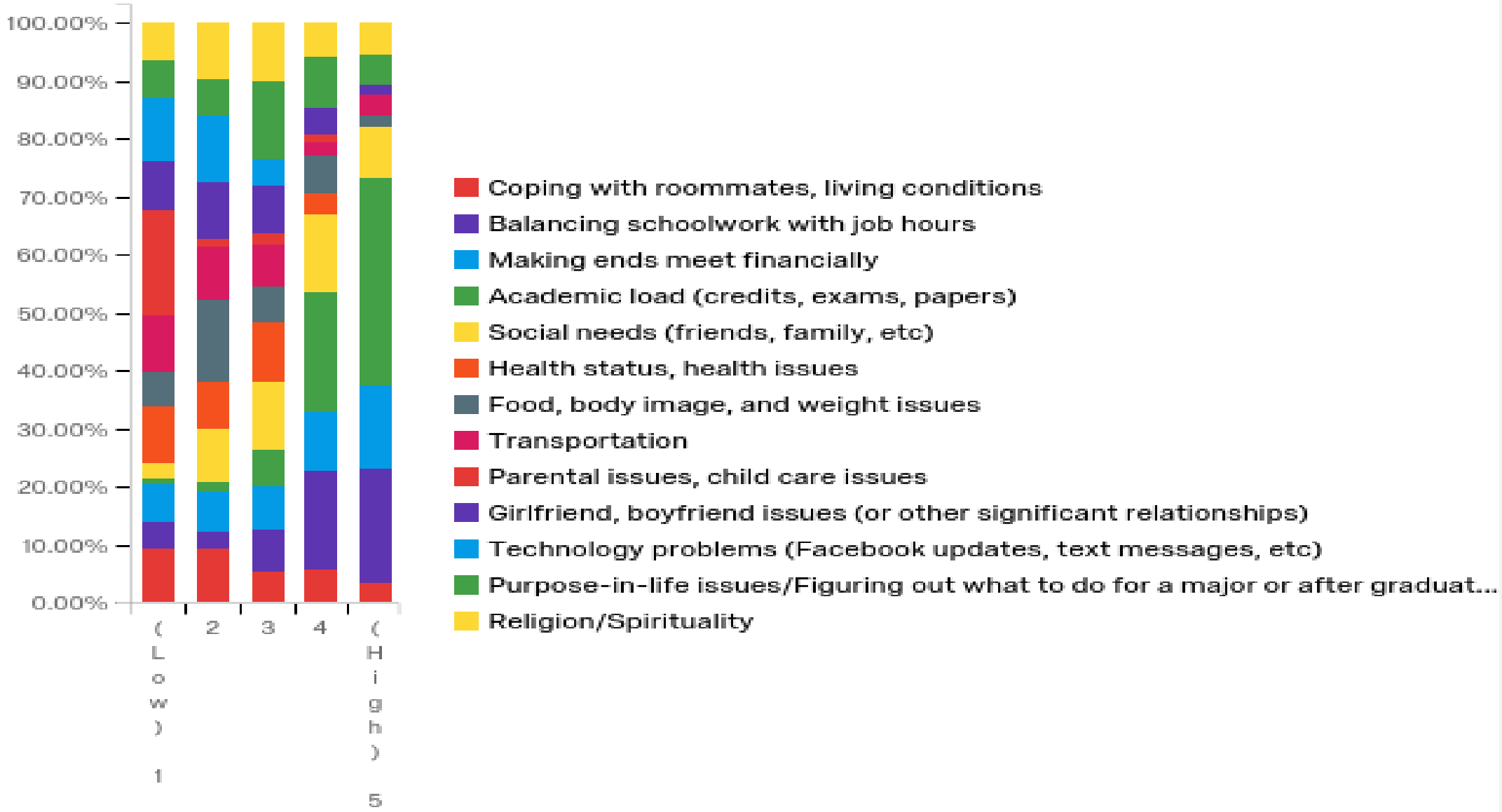
- Please pull out a way to jot down thoughts
- As we look through the graphs, write down any:
  - Questions you would want students follow up on
  - Concerns you have with findings/process
  - Next steps you would suggest given your knowledge of mental health and outreach

Top Stresses for Students Overall

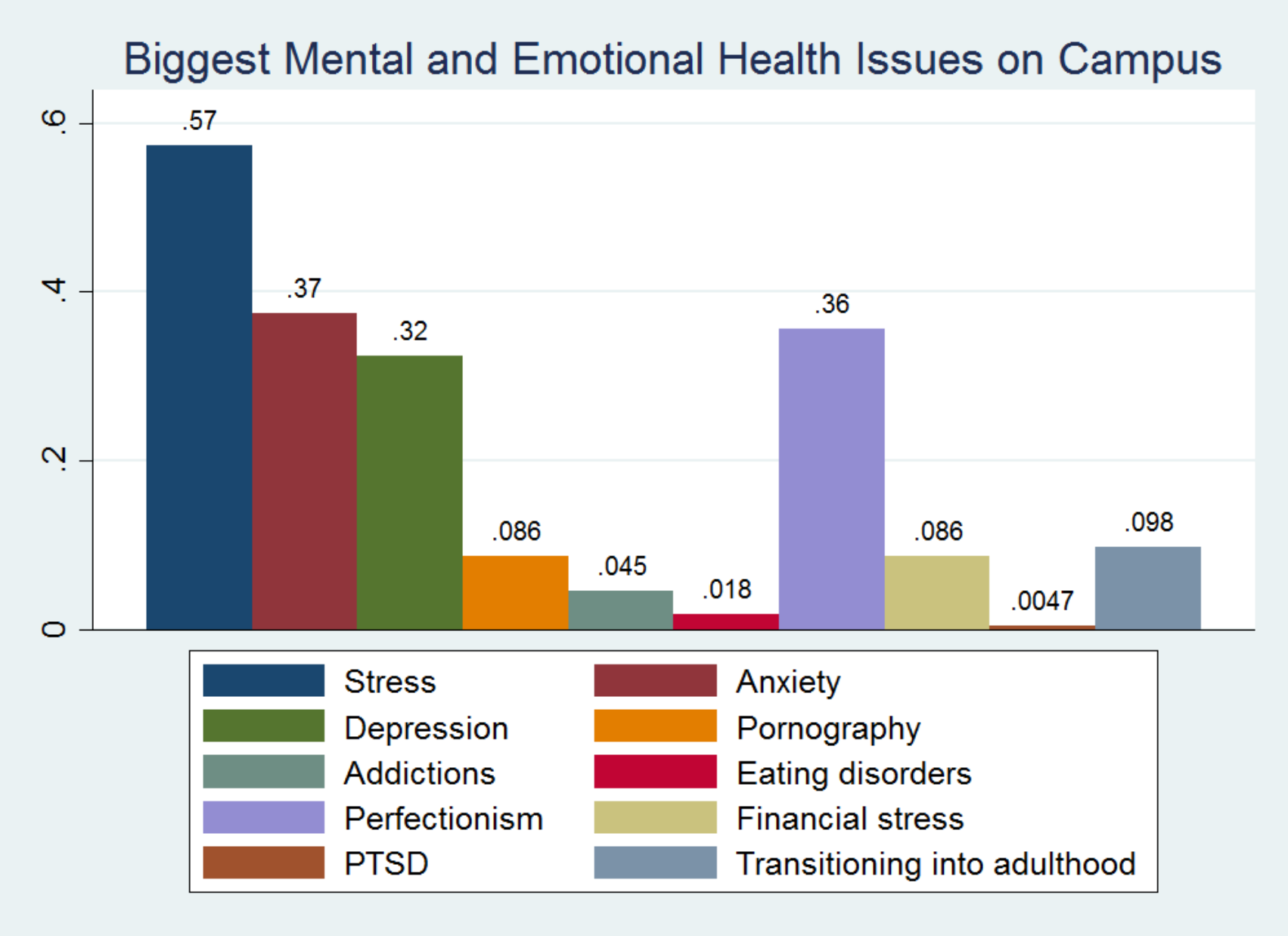


Example 1: Top Stresses for Multicultural and International Students

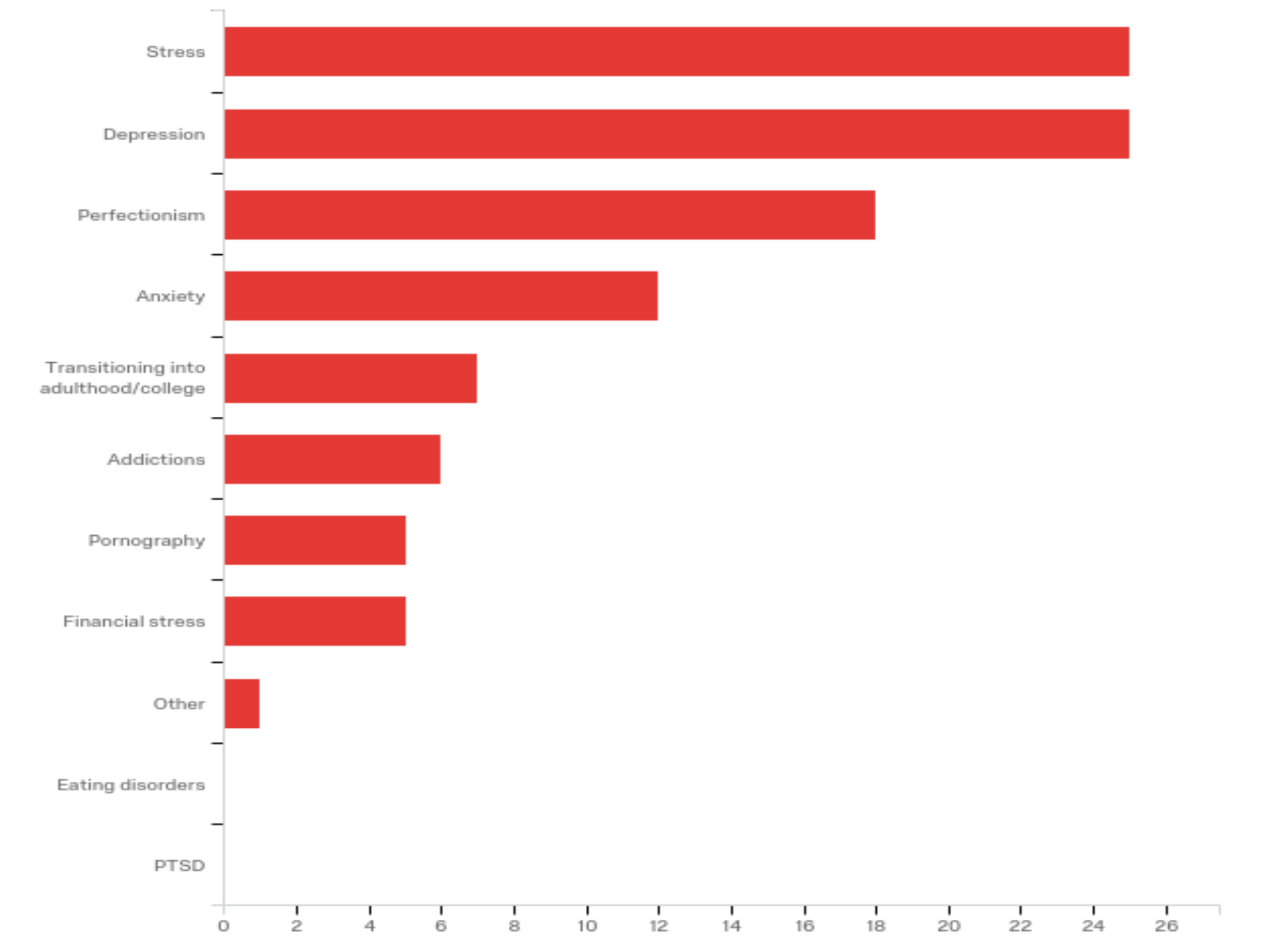
Example 2: Top Concerns for Computer Science Students



What do you think are the biggest mental health issues on campus?

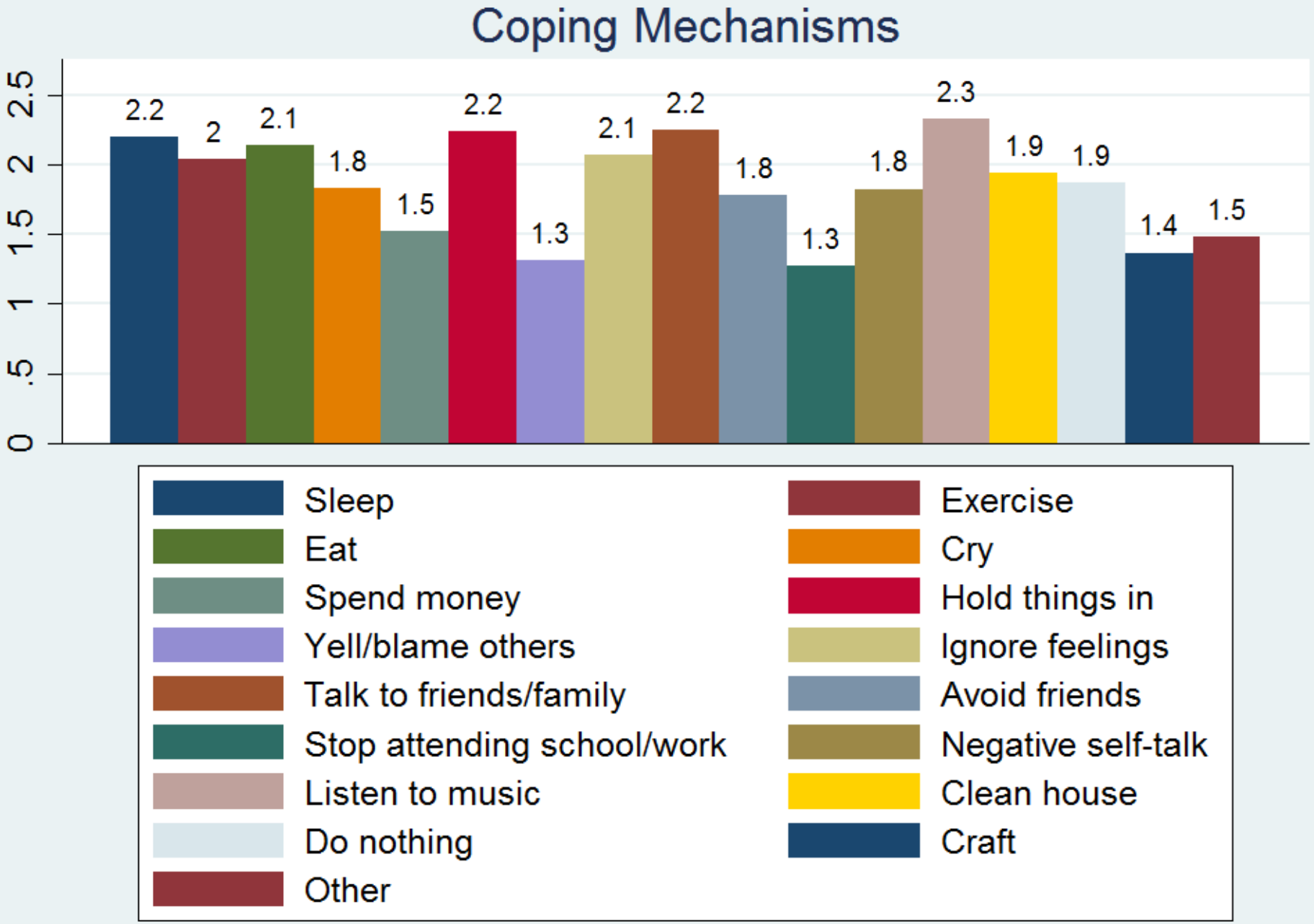


Example 2: Perception of Biggest Mental Health Concerns for Computer Science Students



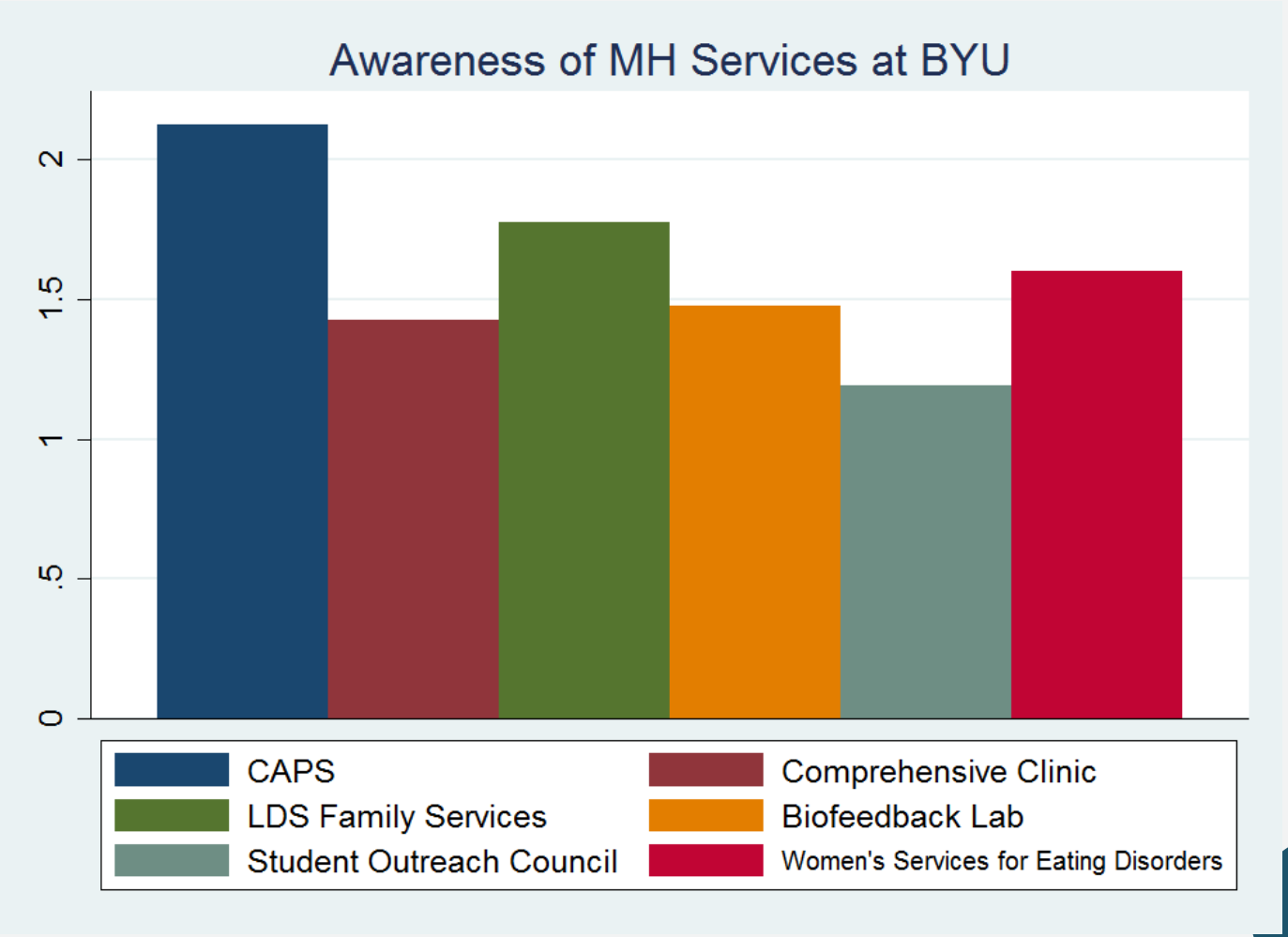
Common Coping Mechanisms

How do you cope with stress?

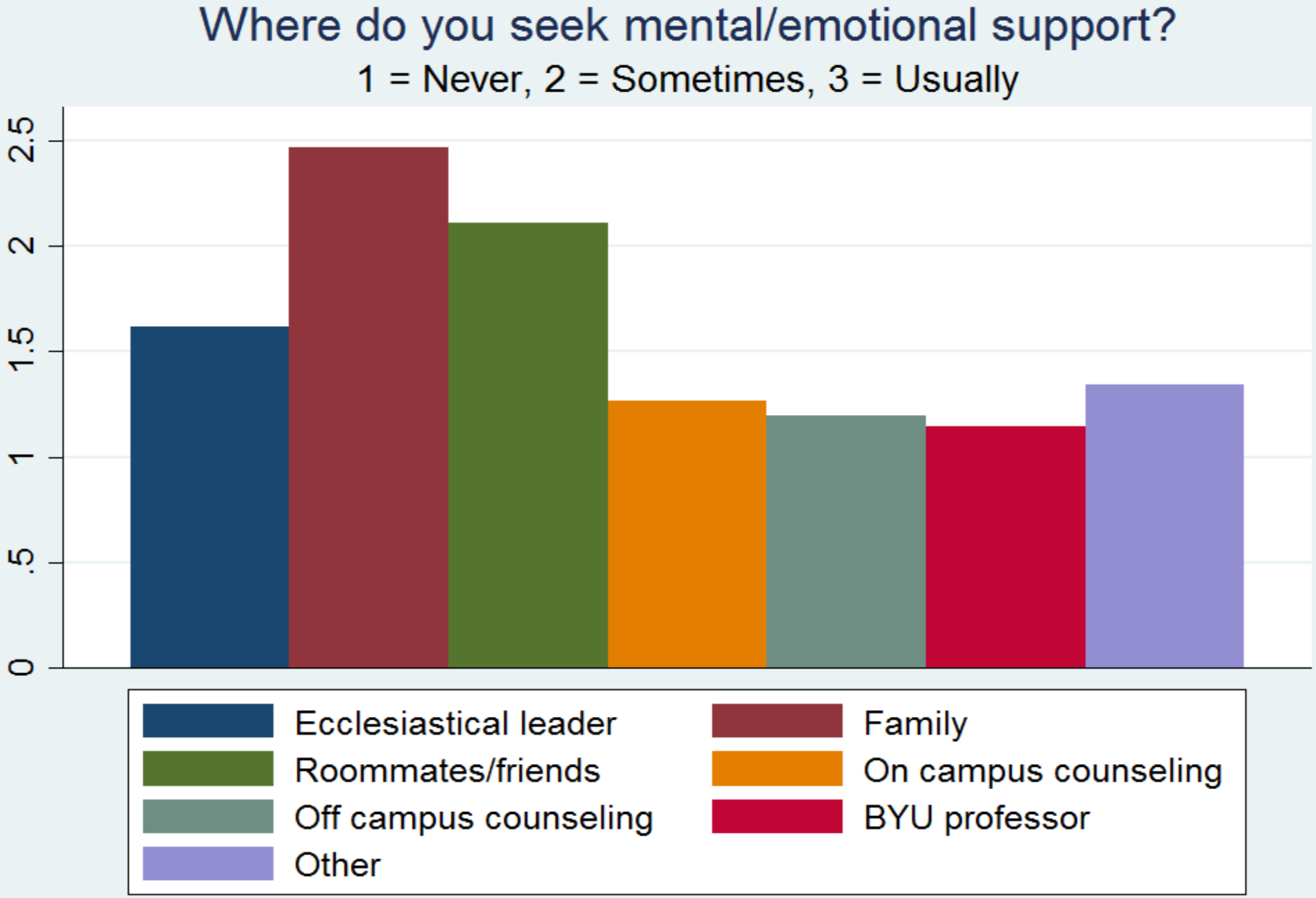


Awareness of Services

	Not Aware	Somewhat Aware	Very Aware
CAPS	18.7	50.0	31.3
Comprehensive Clinic	66.5	24.9	8.6
LDS Family Services	38.8	45.4	10.8
Biofeedback Lab	63.2	26.0	10.8
Student Outreach Council	83.4	14.3	2.3
Women's Services	52.5	35.1	12.4

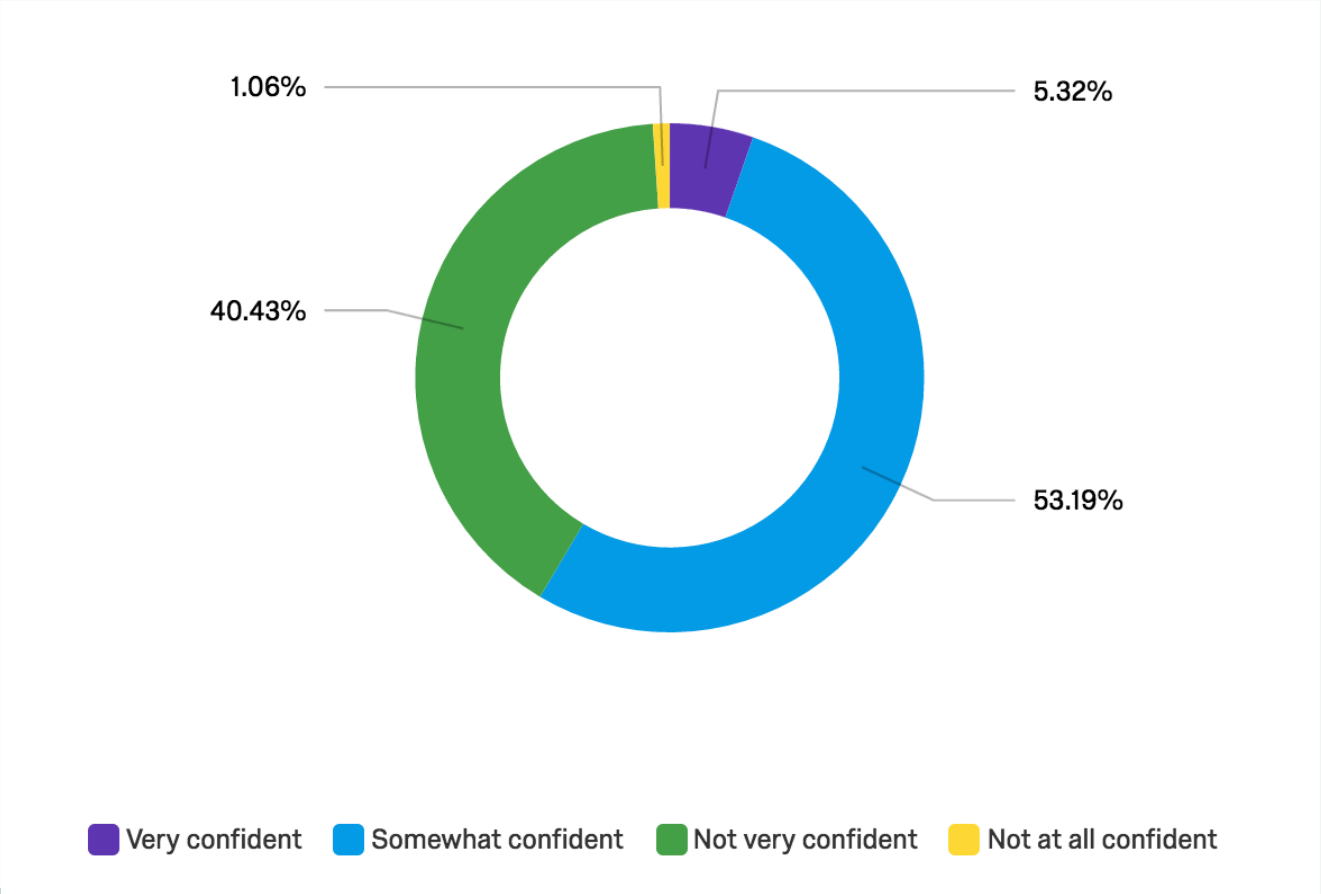


Who do you talk to?

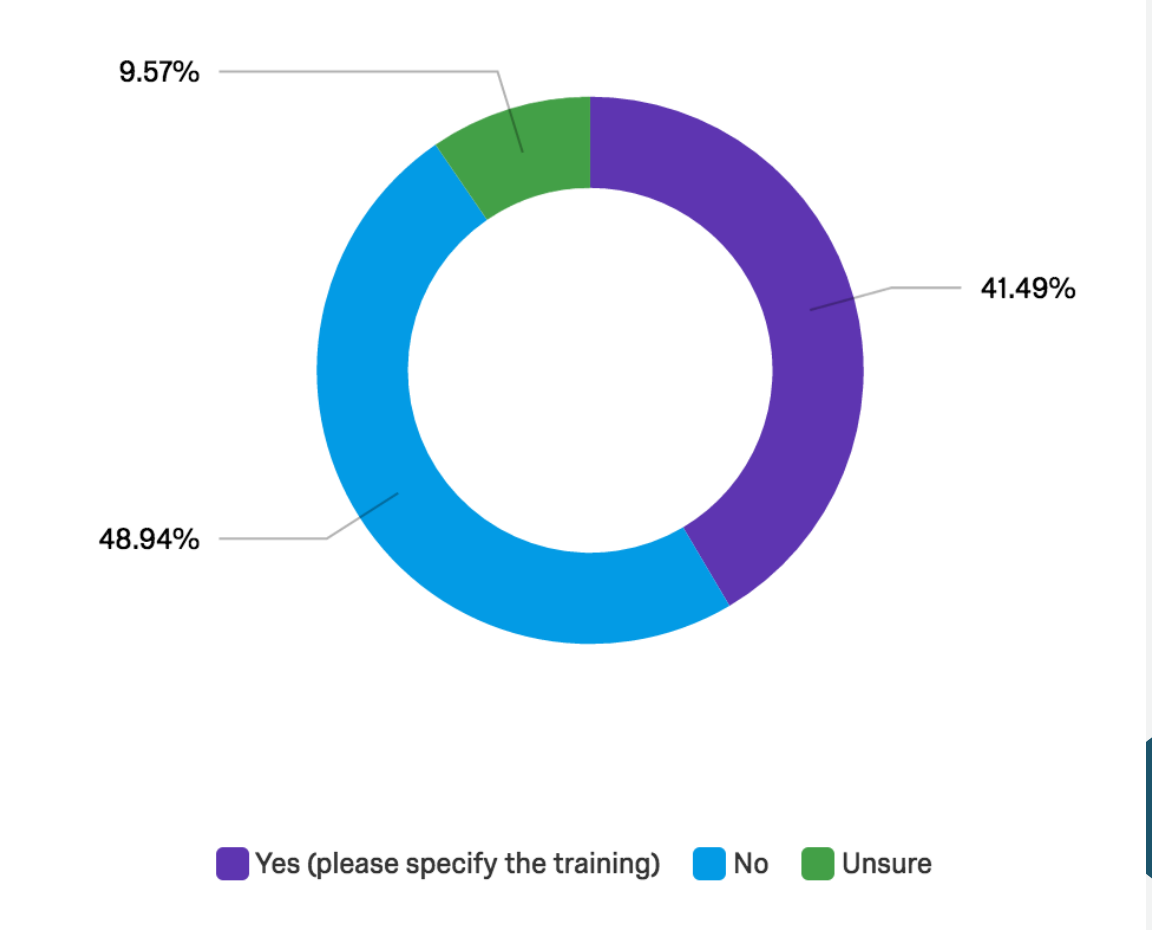


Other Example: Information from Faculty (n=102)

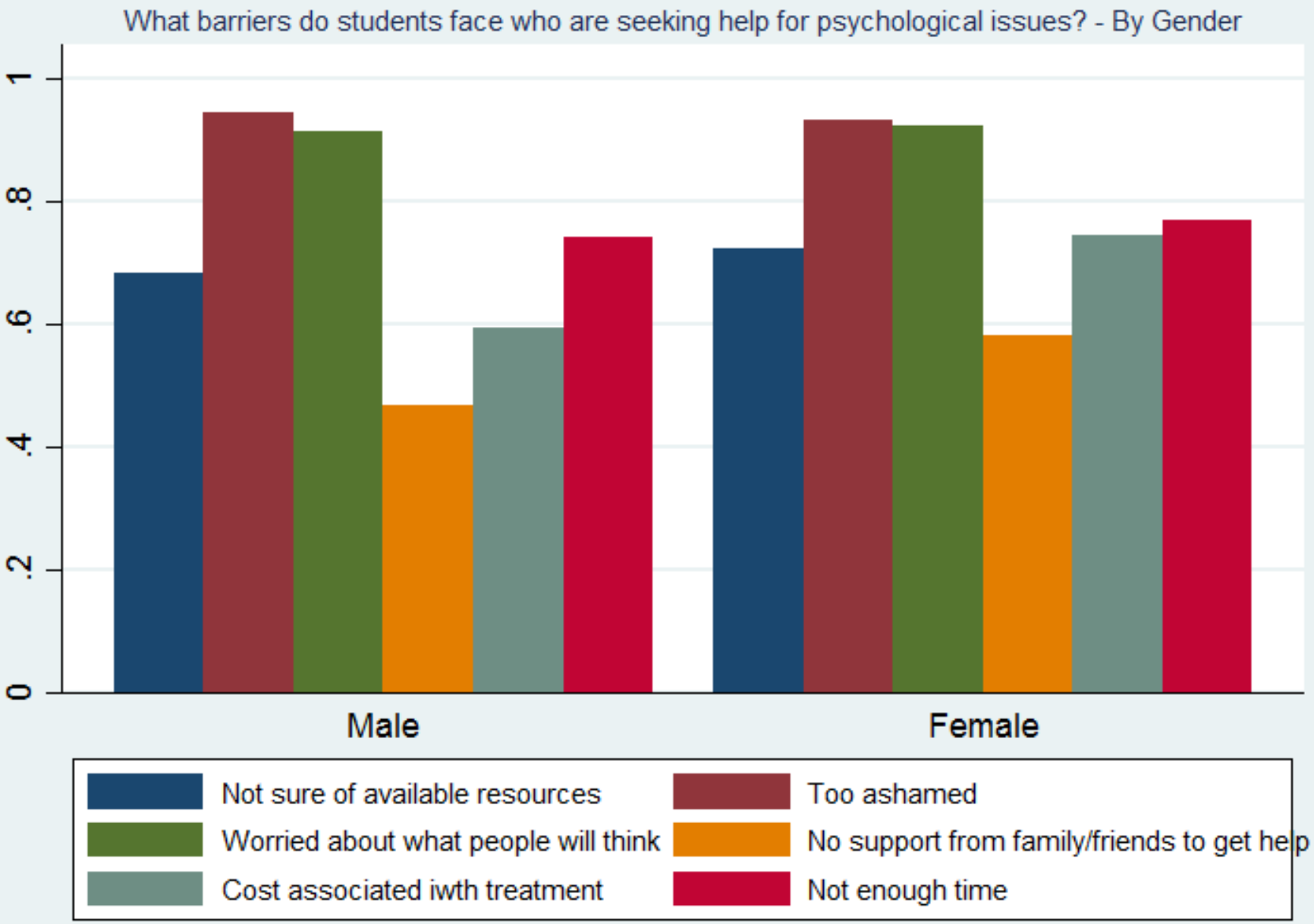
Feel Confident to Help a Student



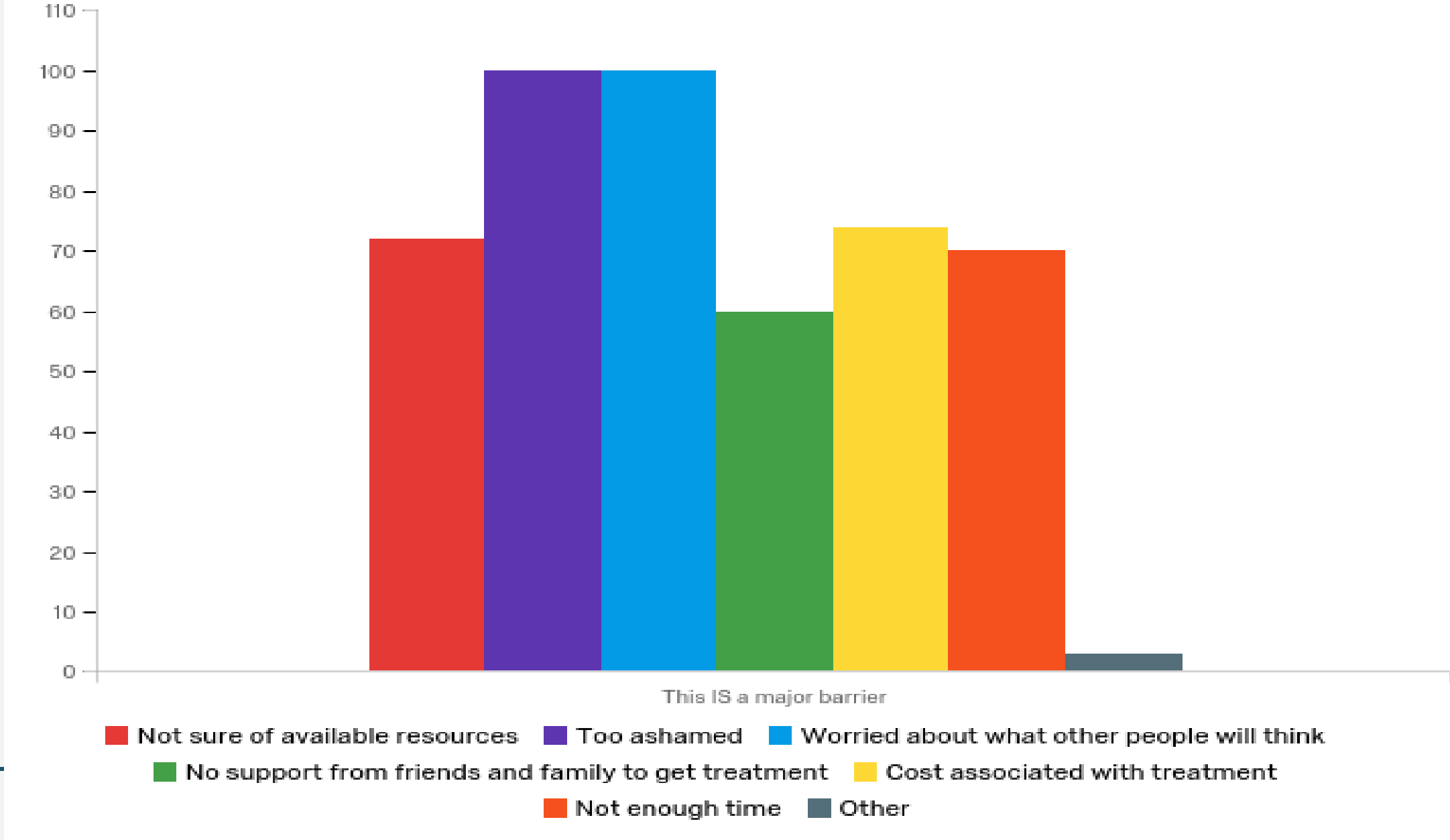
Have Training to Help a Student



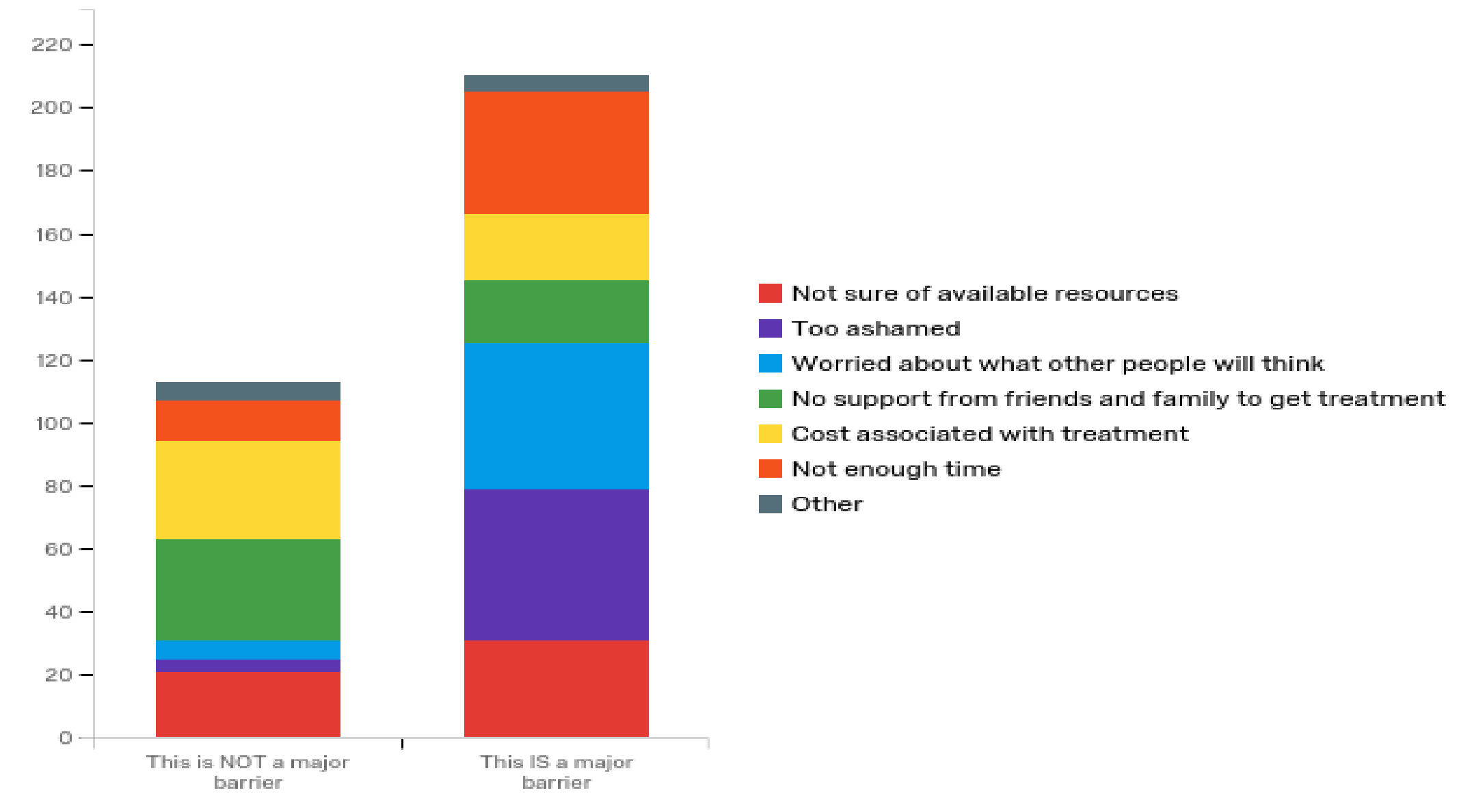
Perceptions of Barriers to Seeking Services



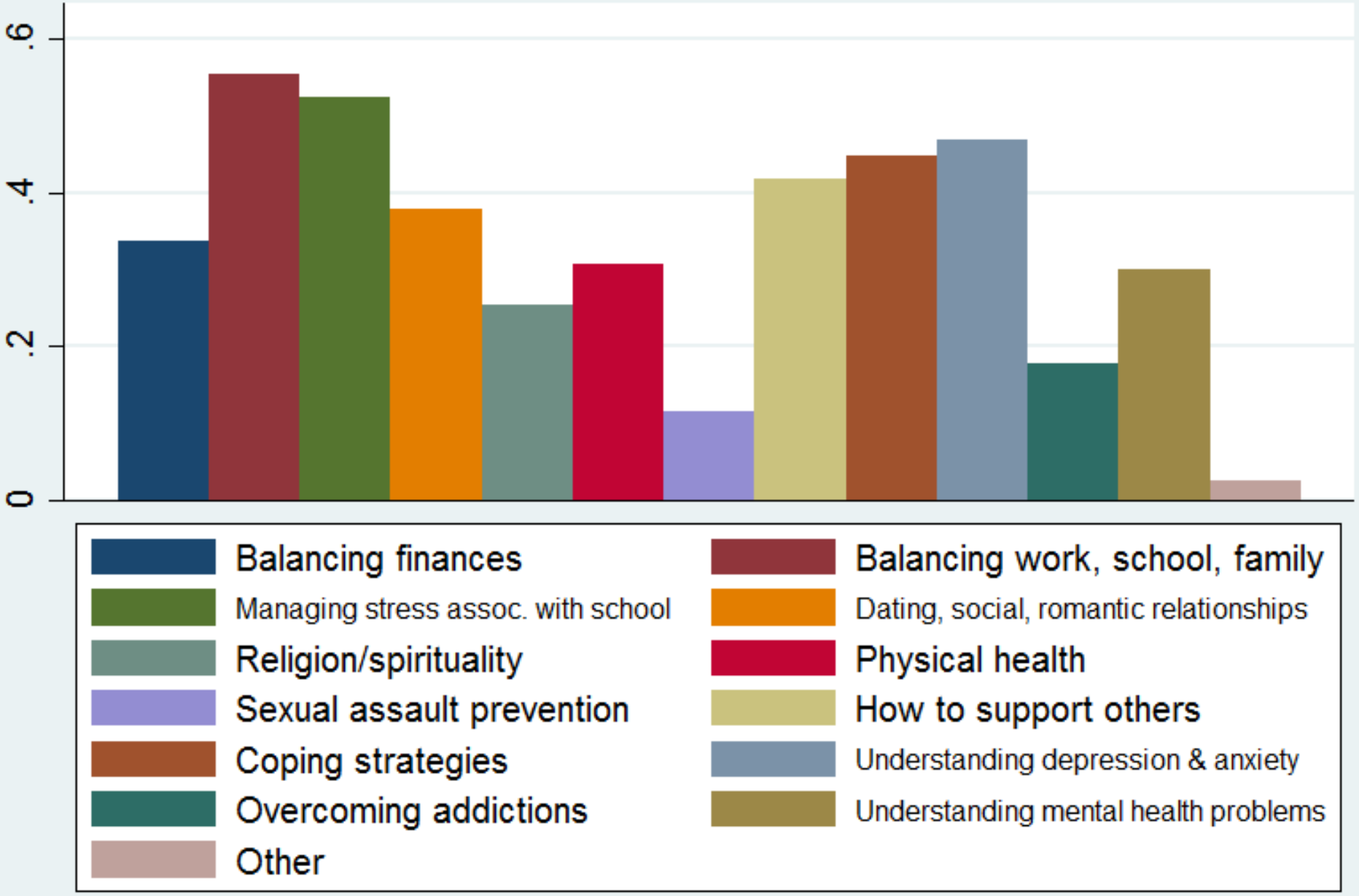
Example 1: Barriers for Seeking Services - Multicultural and International Students



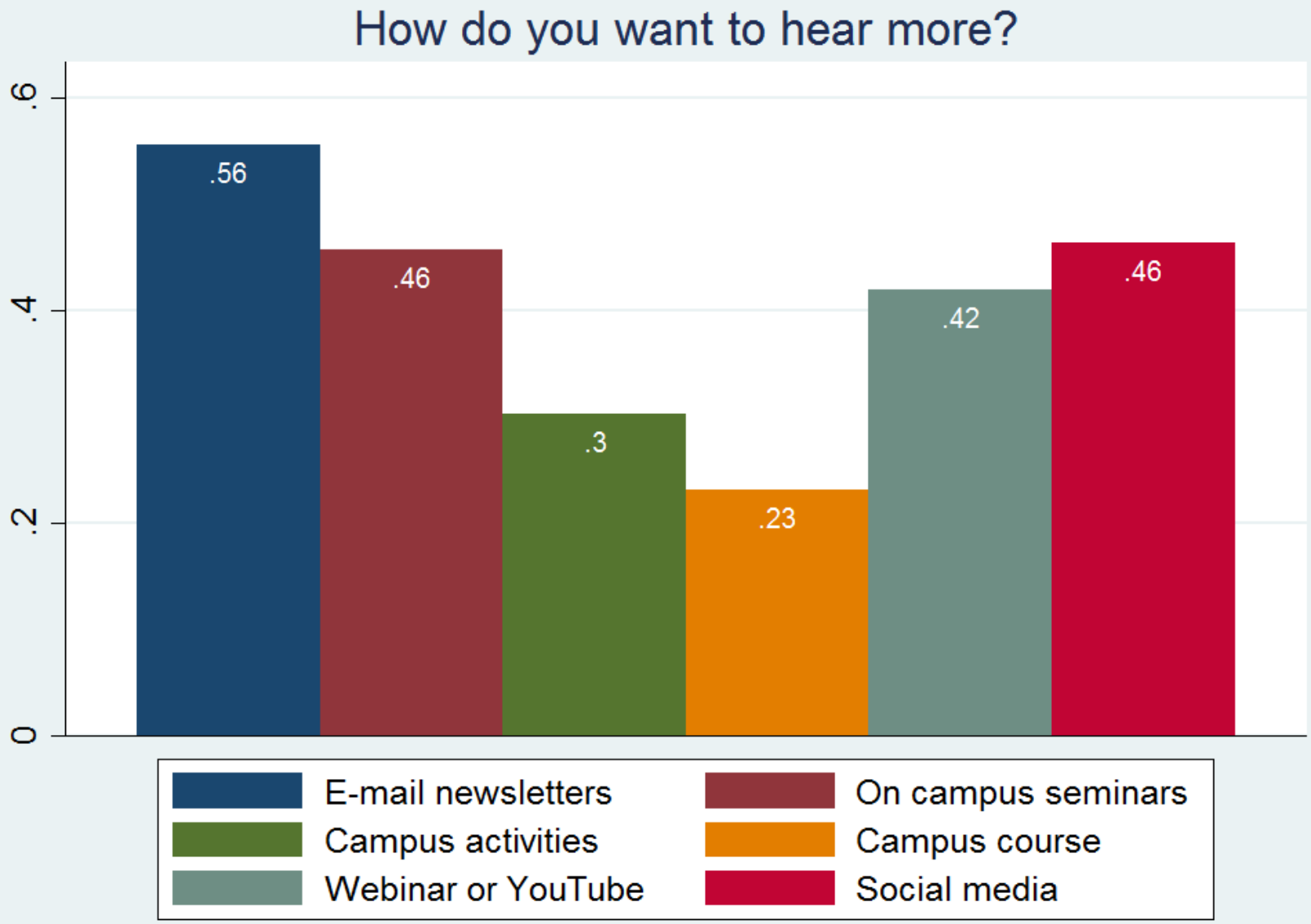
Example 2: Barriers for Computer Science Students



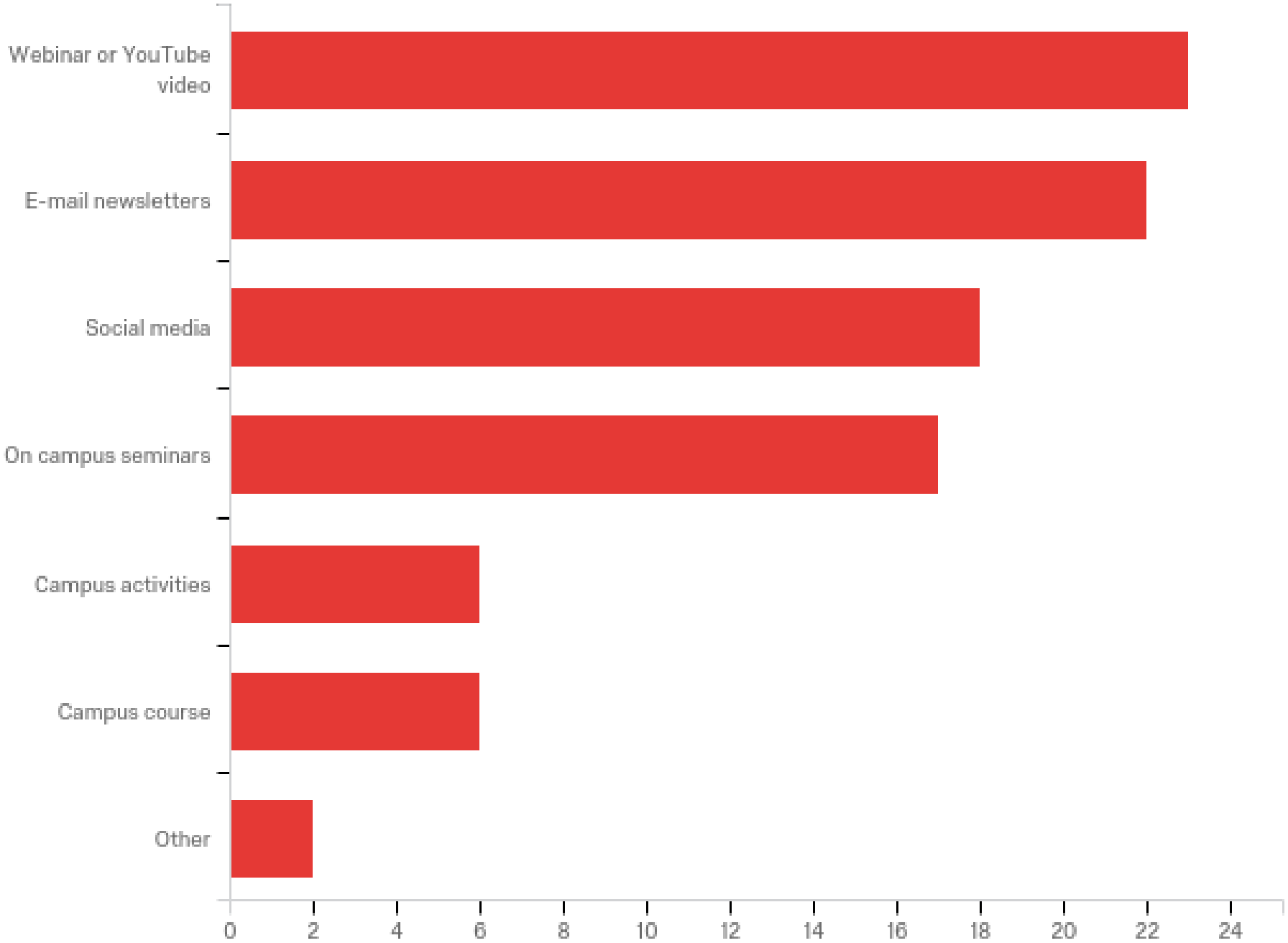
What topics do you want more information about?



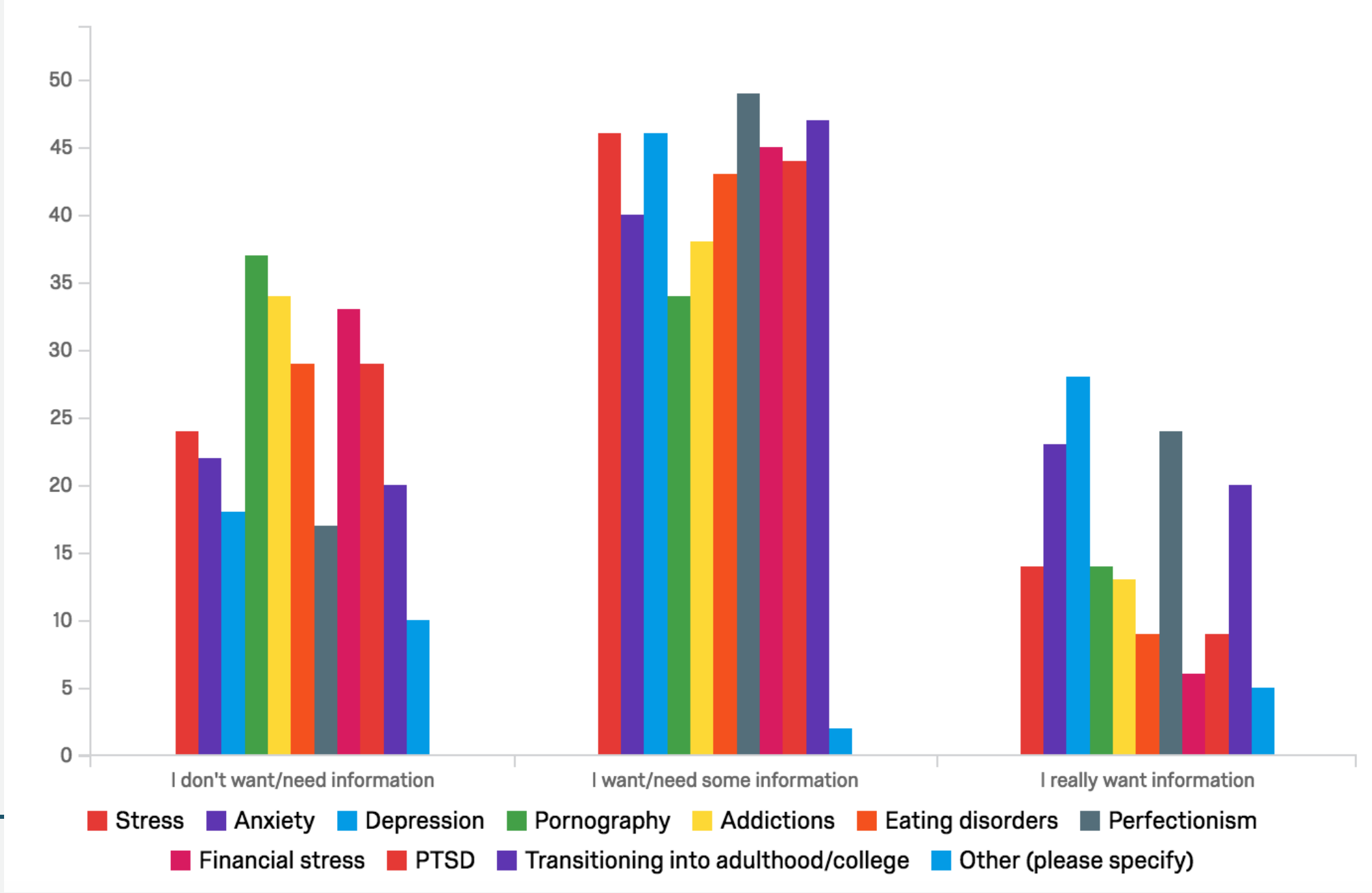
Preferred Methods for Learning More



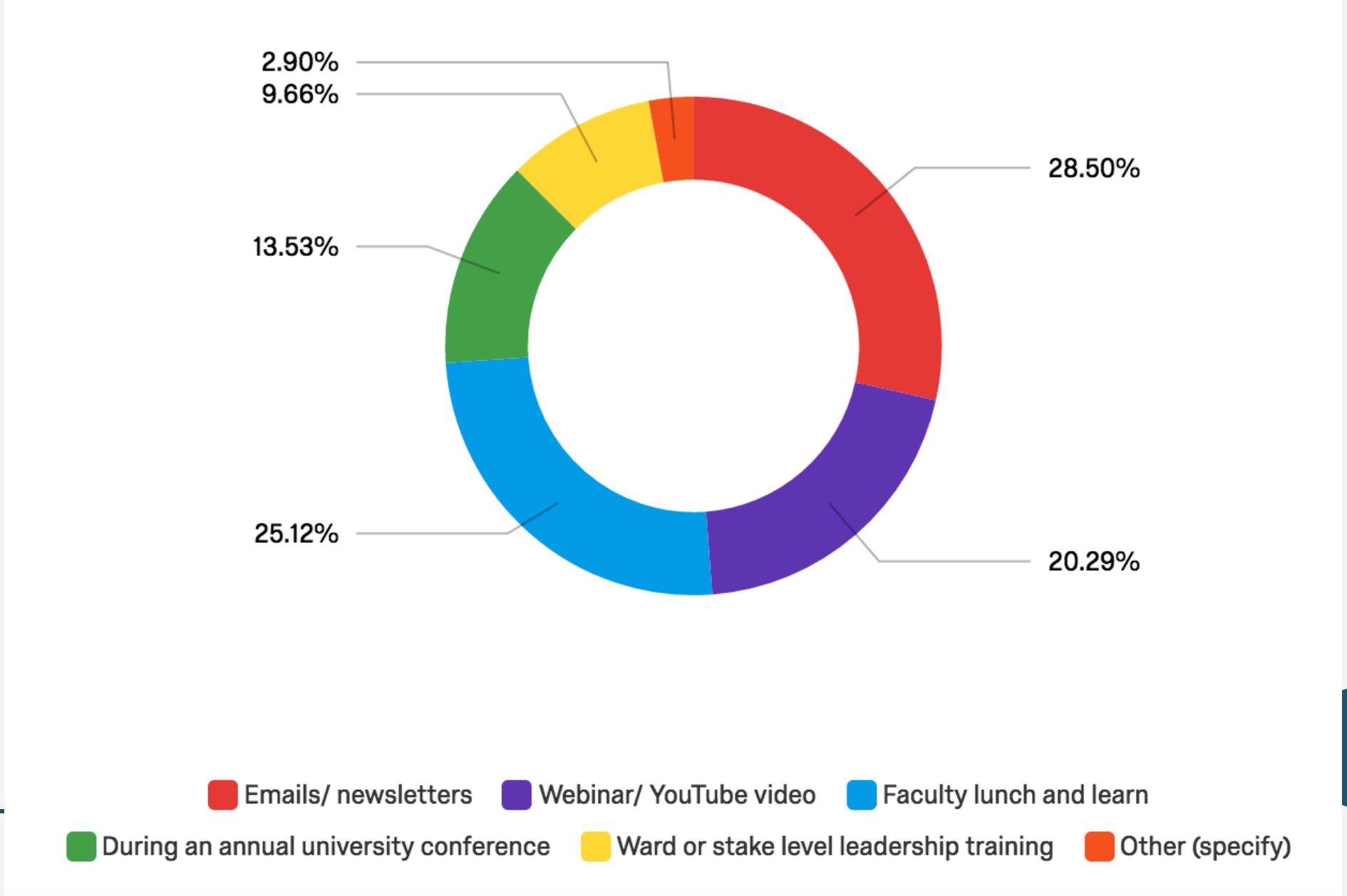
Example - Preferred Methods for Learning More for Computer Science Students



Faculty wanted to know more most about… other?



How faculty wanted to hear info



Stop for a moment…

- Let's talk about your thoughts
  - Pick 1-2 colleagues to talk with
    - Questions you would want students follow up on?
    - Concerns you have?
    - Next steps you would suggest given your knowledge of mental health and outreach?

In addition to the data, we were introduced to new ways of thinking about designing Programming and Evaluation

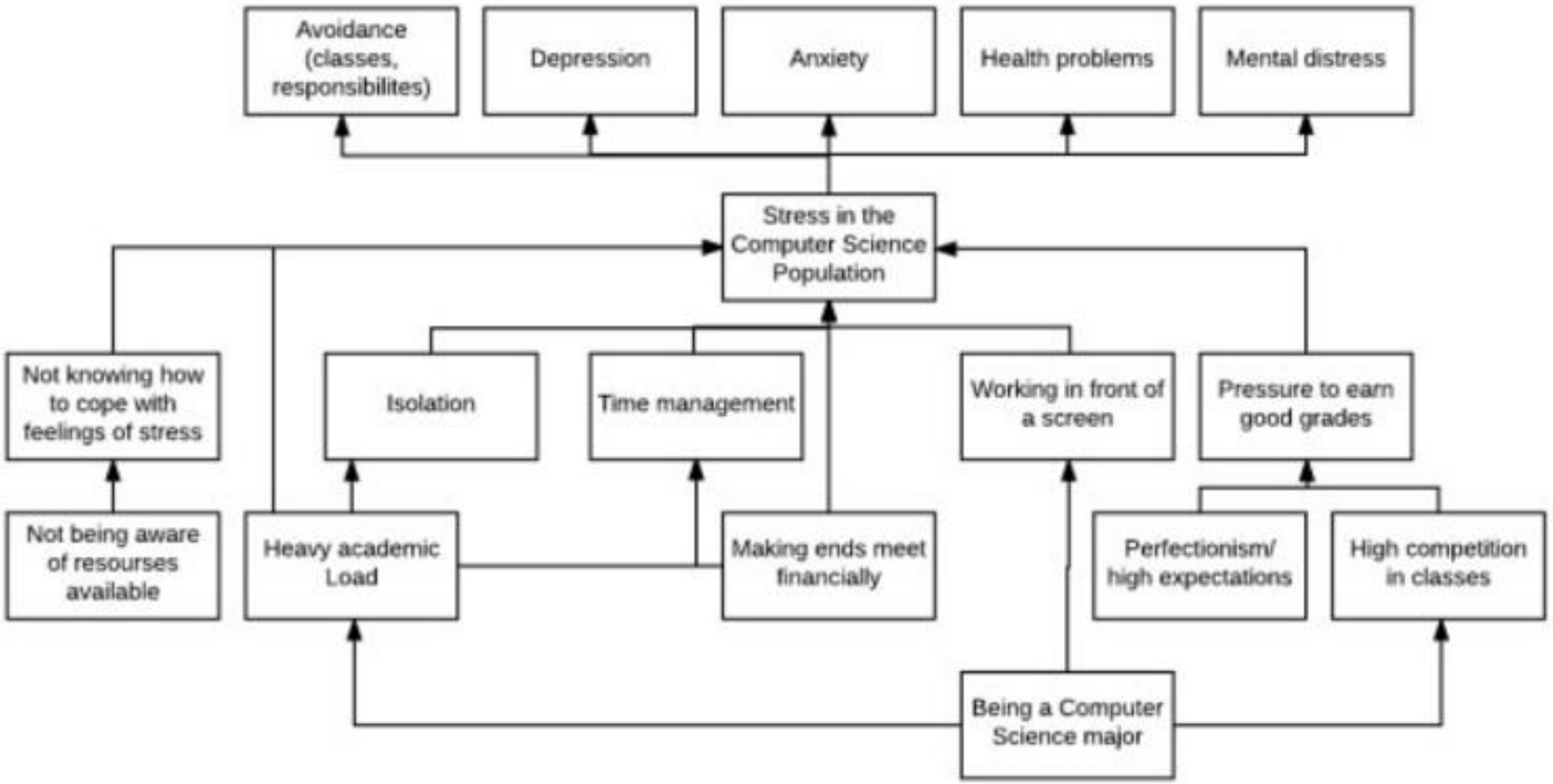
New to us…. Example 1: Prioritization Matrix (CS)

Table 3: Prioritization Matrix

(criterion)* (weight)	**Size of the problem (*3)**	**Awareness of available resources (*2)**	**Importance to the community (*2)**	**Seriousness of the problem (*2)**	**Priority Score**
Stress	5*3=15	4*2=8	5*2=10	5*2=10	43
Anxiety	4*3=12	5*2=10	4*2=8	4*2=8	38
Depression	4*3=12	4*2=8	5*2=10	5*2=10	40
Pornography	3*3=9	2*2=4	2*2=4	3*2=6	23
Addiction	3*3=9	2*2=4	2*2=4	4*2=8	25
Perfectionism	3*3=9	3*2=6	5*2=10	2*2=4	29
Financial Stress	2*3=6	3*2=6	2*2=4	3*2=6	22
Transitioning into adulthood	1*3=3	4*2=8	1*2=2	2*2=4	17

New to us Example 2: Root Cause Analysis

Figure 2.1: Problem Tree



Example of Root Cause Analysis: Multicultural and International Students

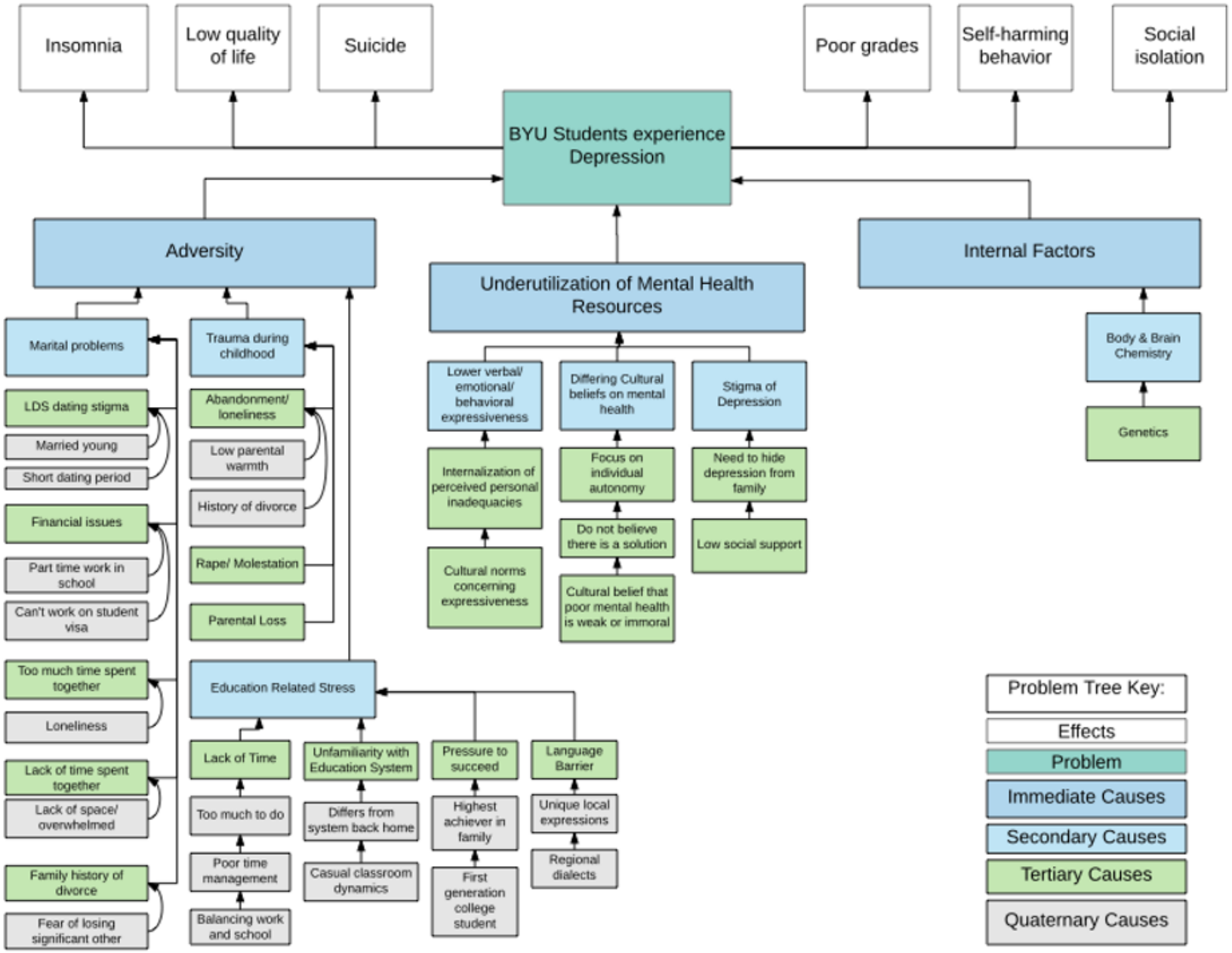


Figure 4: Root Cause Analysis

Examples of Root Causes Table

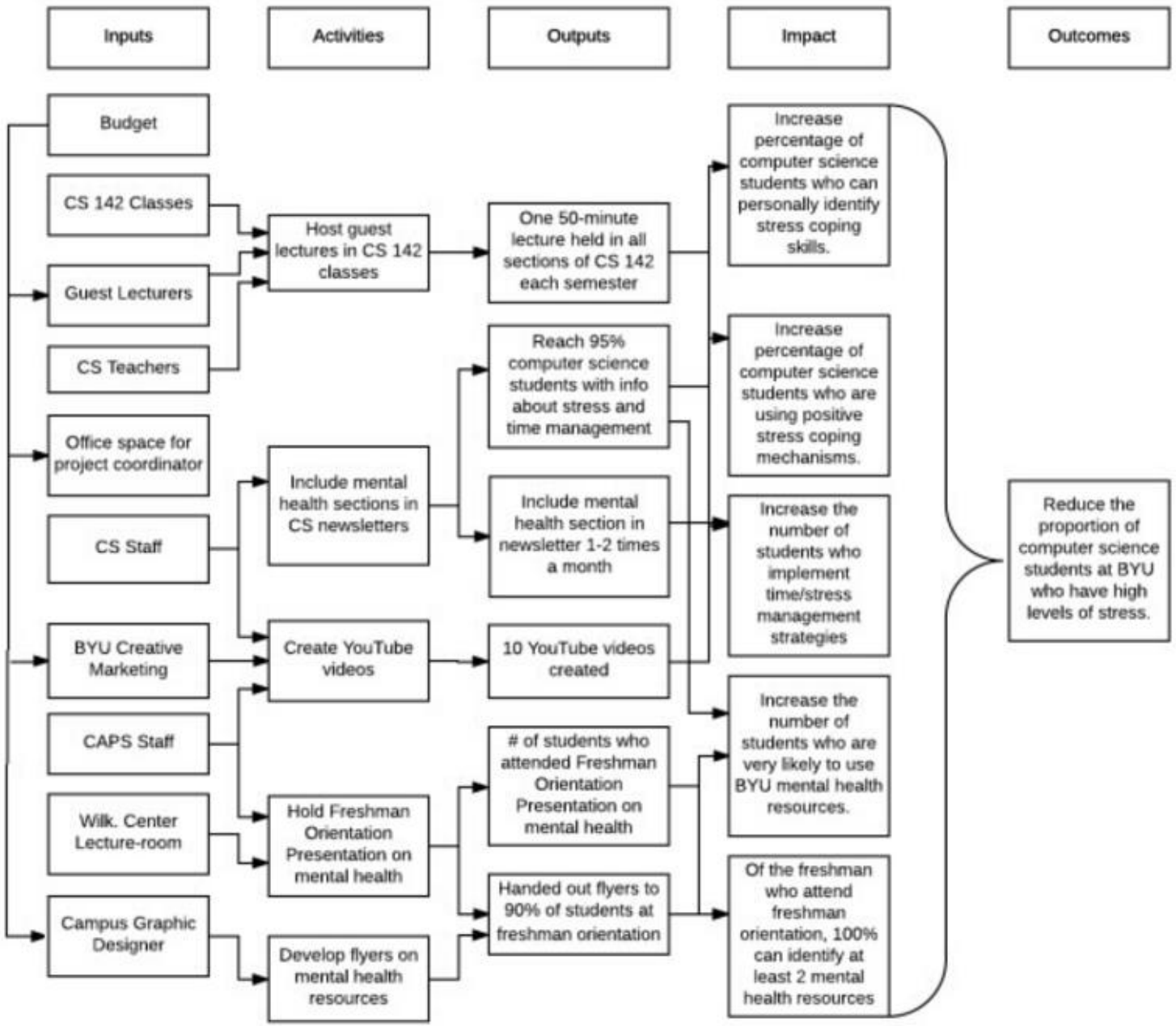
Root Cause Analysis

a. Root Causes Table

Root Causes	References
Cultural norms concerning mental health	Mori, S. C. (2000). Addressing the mental health concerns of international students. *Journal of counseling & development*, *78*(2), 137-144.
Brain chemistry	Mayo Clinic. (2016). Depression (major depressive disorder). Retrieved October 03, 2016, from http://www.mayoclinic.org/diseases-conditions/depression/basics/definition/con-20032977
Low social support	Harris, T. L., & Molock, S. D. (2000). Cultural orientation, family cohesion, and family support in suicide ideation and depression among African American college students. *Suicide and Life-Threatening Behavior*, *30*(4), 341-353.

Intervention plan logic model example – Computer Science

Figure 4.1: Logic Model



Example of Objectives Evaluation – Computer Science

Table 5.1: Objective Evaluations

Objective Type (Outcome, Impact, Process)	Objective (What is to be achieved?)	Statistic (Specifically what will be measured?)	Data Source (Who will provide the data?)	Data Collection Method (How will you get the data?)
Process	Include stress management information in 10 College of Physical and Mathematical Sciences newsletters each semester during the 2017-2018 academic year.	Number of newsletters including stress management information	Project Coordinator	Documentation: Email records
Process	Have 10 YouTube videos developed and posted on social media that are directed towards helping students with time and stress management by August 2018.	The number of videos about time and stress management created and posted on social media	CAPS staff in charge of content creation.	Documentation: YouTube video URLs
Process	Stress management lecture in all sections of CS 142 (Introduction to computer programming) classes by fall semester 2018.	Lectures coordinated and scheduled	CS 142 professor	Documentation: Attendance sheets with date of lecture
Impact	By December 31, 2018, the number of students who implement time/stress management strategies from CS 142 will be 70%.	Percent of students who implement time/stress management strategies	CS 142 Professors	Survey: CS 142 Survey
Impact	Increase the amount of students who are very likely to seek help for mental/emotional problems from 8% to 30% by December 31, 2020.	Percent increase of students who are very likely to seek help for mental/emotional problems.	CAPS staff	Survey: Computer Science Perspectives on Mental Health Part A
Outcome	Reduce the proportion of computer science students at BYU who have high stress levels from 48% to 25% by December 2021.	Number of students who have high stress levels	CAPS staff	Survey: Computer Science Perspectives on Mental Health Part B

Winter 2017 Some differences

- CAPS Faculty reviewed projects, lessons we learned, identified useful information, and clarified additional target populations for follow-up
- No IRB (we won't present data)
- One undergraduate class; one mixed graduate/undergraduate class
- Mixed grad/undergrad class had flexibility to alter the survey to assess for specific concerns

Winter 2017 – Implementation

- Same general process for students
- Groups included:
  - **Graduate/Undergraduate Class:** LGBT students (89), Parents, Graduate students (649), Dance (pilot 12, final 92), International Studies (48); **Undergraduate only class:** Law students (100), Ethnic/Racial Minority students, BYU Police, Student Athletes, Faith/Religious minority students

Winter 2017 – Feedback

- Students presented to CAPS outreach faculty and class (Final exam)
- Representatives from Graduate Studies, the Department of Dance, and International Studies Attended

Positive Impacts on CAPS

- A whole lot of information for minimal CAPS clinician time and money
  - IRB, collaboration with faculty, Class presentations (2), interviews with student groups (done by many in CAPS), attended final presentations
- Access to a wealth of information to add to our clinical observations and intake measures as we plan outreach
  - Including information about those who are not seeking services
- We discovered systemic concerns that will influence how we move forward
  - Barriers and procedures
    - Ecclesiastic leaders
  - Ways around barriers
    - Class projects > CAPS initiatives

Positive Impacts on CAPS

- Outreach committee
  - Increased language for and understanding of public health assessment and measurement of intervention
    - For example, the way that the data is graphed represents what a public health professional who is designing a program wants to see – who are the organizations to target – where do you go for mental health support
    - Delineation of Process, Impact, and Outcome objectives, evaluations, and benchmarks
  - Gave us data to justify investment in prevention and outreach, and in our plans to implement programming
    - Need for prevention beyond awareness
    - Diversity Seminar
  - Help with initiatives
    - Ideas of how to intervene
    - Increased Student Outreach Council Membership

Positive Impact on Level 3 and 4 Outreach and Prevention

- Other departments are taking more ownership of addressing the mental health needs of their students, and we have increased collaboration and opportunities for collaboration

- Student groups that impacted other offices
  - Study Abroad Group
  - Law school very invested
  - Dance and graduate studies attended the final presentations and were interested in finding out how to make some of the recommendations work
  - LGBT
- Increased interest in mental health on campus
  - Increased collaboration with student government and clubs
  - Increased participation in our student outreach council
  - The Body Project implementation and evaluation – our next CAPS-Public Health collaboration

Now:
"The Body Project"

- HLTH 434: Evaluation Methods
  - Data Collection; Process, Impact and Outcome Evaluations; Logic Model; Performance Indicators; Evaluation Plan; Role Evaluation; Communicate findings

The Deets

- 28 students; 6 groups, each proposes a plan
- Will create SMART Objectives for the process, impact, and outcome evaluation, and make recommendations for each stage of program planning and implementation

Goals

- Create a culture of a healthy body image ideal among BYU students.
- Decrease eating disorders among BYU students.

Unanticipated, Not So Positive Outcomes

- Over-eager students worried about grades bring energy
  - Can end up undoing semesters of work of building sensitive liaison relationships
  - Overrepresented selves (claiming to represent CAPS)
    - NCAA/Athletics
- Expect some naivete about costs, time investment required, feasibility, and what is actually sound clinical practice
  - It is impossible for students to know full scope of what stakeholders want and need, resources already in existence, politics, effectiveness of intervention ideas
  - The value is less in the actual programs they suggest vary; it is more in the window into what students are thinking
- We ended up having to remove specific groups as options Winter 2017
  - BYU administration, veterans, CAPS clients
- Expect some push back
  - BYU Police, Ecclesiastic Leaders

What we learned along the way

- Communication coaching would be a helpful addition to build in to training
  - Professionalism
  - Electronic communication
  - Timing and pacing
- Be selective about group assignment
- Give campus collaborators a heads up
- Stakeholders may not be ready to have their concerns made public, especially by students
  - Timing matters
  - Sometimes the iron needs to be lukewarm again
- Temper expectations
  - Staff and students
  - They want to make this happen!

Helping You Apply This

- What information do you need to find out about your campus to know if a collaboration like this could be feasible?

- What questions do you have for us that may help you identify your next step?