

GRADUATE STUDENT MENTAL HEALTH: DIFFERENT NEEDS AND STRATEGIES

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Outline



- Literature Review
- CUMC Wellness Needs
 - ACHA-NCHA
 - Other Data
 - Medical Students
- Center for Student Wellness
- Questions/Comments

“We’re lousy at recognizing when our normal coping mechanisms aren’t working.

Our response is usually to do it five more times, instead of thinking “maybe it’s time to try something new.”

Dr. Robert Sapolsky

Neurobiologist, Stanford University

PART ONE: BACKGROUND



Unique psycho-social issues for
Health Sciences Graduate
Students

Literature Review

Medical education has been referred to as a “neglectful and abusive family system promoting cynicism, callousness, and self-doubt.”*

*Novak, DH, Epstein RM, & Paulson RH (1999). Toward creating physician-healers: Fostering medical students self-awareness, personal growth and well-being. *Academic Medicine*, 70(4), 516-520



Literature Review

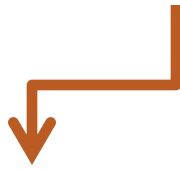
Pressures Specific to Graduate Health Sciences Education

- Mastering large amounts of material
- Peer competition
- Dealing with the death and suffering of patients,
- Fear of faculty and clinical supervisors, and
- Actual (and perceived) abuse from peers, faculty, patients



Literature Review

- Limited research on health and mental health needs of graduate students



Even less research on the needs of specific fields of study.

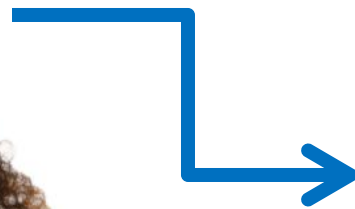
- Graduate students in the sciences have higher levels of overall stress and higher presentation of mental health problems.
- Discrepancy between mental health needs and mental health service utilization**
- Awareness of available services high but not universal*

*Hyun JK, Quinn BC, Madon T & Lustig S (2006). Graduate student mental health Needs assessment and utilization of counseling services. *J College Student Development*, 47(3), 247-265.

**Dyrbye LN, Thomas MR, & Shanafelt TD (2006). Systematic Review of Depression, Anxiety, and other indicators of psychological distress among U.S. and Canadian medical students. *Academic Medicine*, 81(4), 354-373

Literature Review

Although **entering Health Sciences students** do not differ from other first-year graduate level students on several psychological indices, including hardiness, resiliency, and stress



Health Sciences students' **levels of stress and depression tend to rise quickly during the first year** and continue to rise over time.

Literature Review

Studies in the past have focused on the adverse effects of stress in graduate health sciences education on:

- Academic performance
- Psychological health (depression, anxiety)
- Morbidity (CV disease, cancer, IBD)
- Mortality (most notably suicide)
- General life dissatisfaction
- Substance abuse



Literature Review

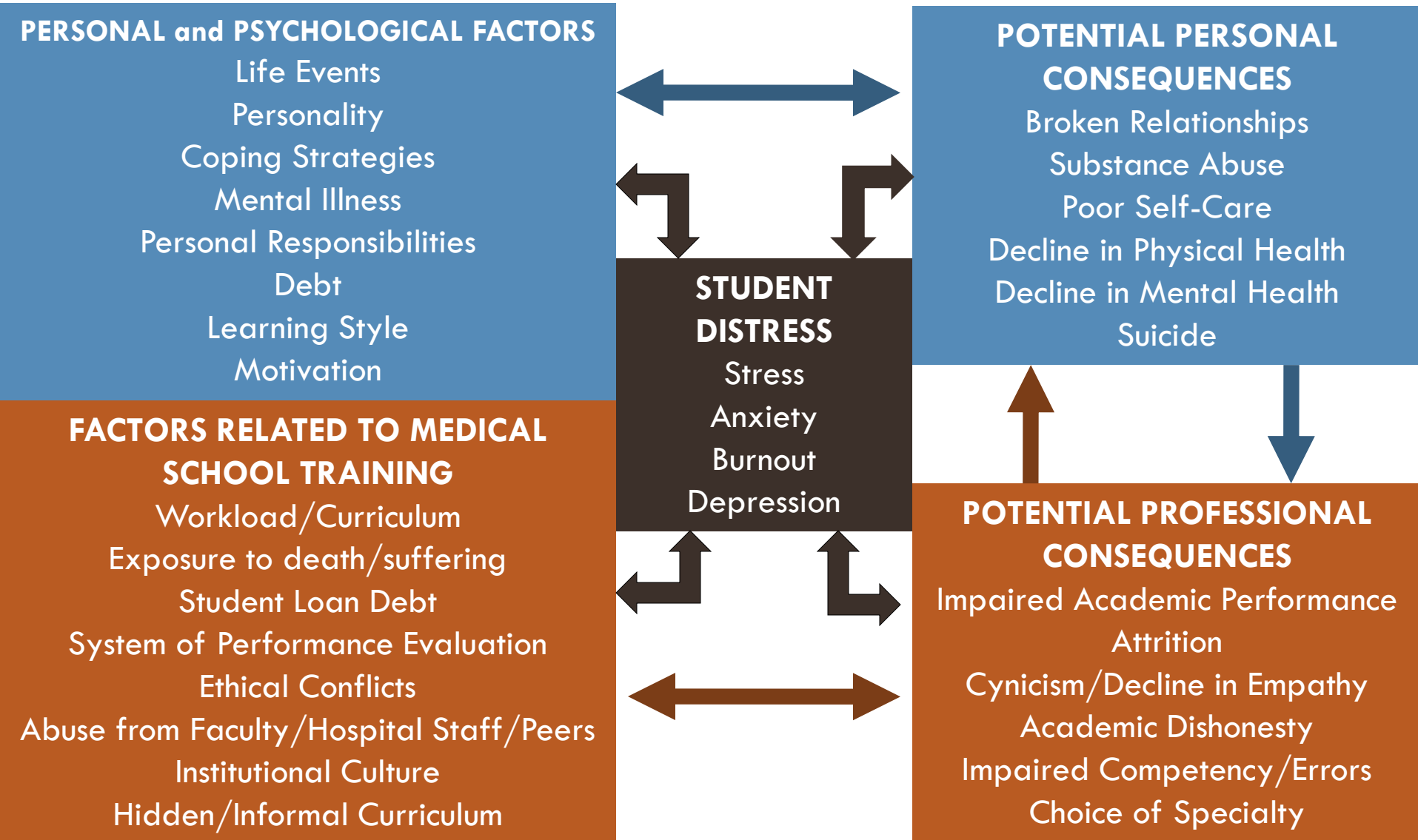


“Medical Schools are institutions ... **encouraging and continuing a “pattern of self-neglect, self-diagnosis and self-treatment.”**”

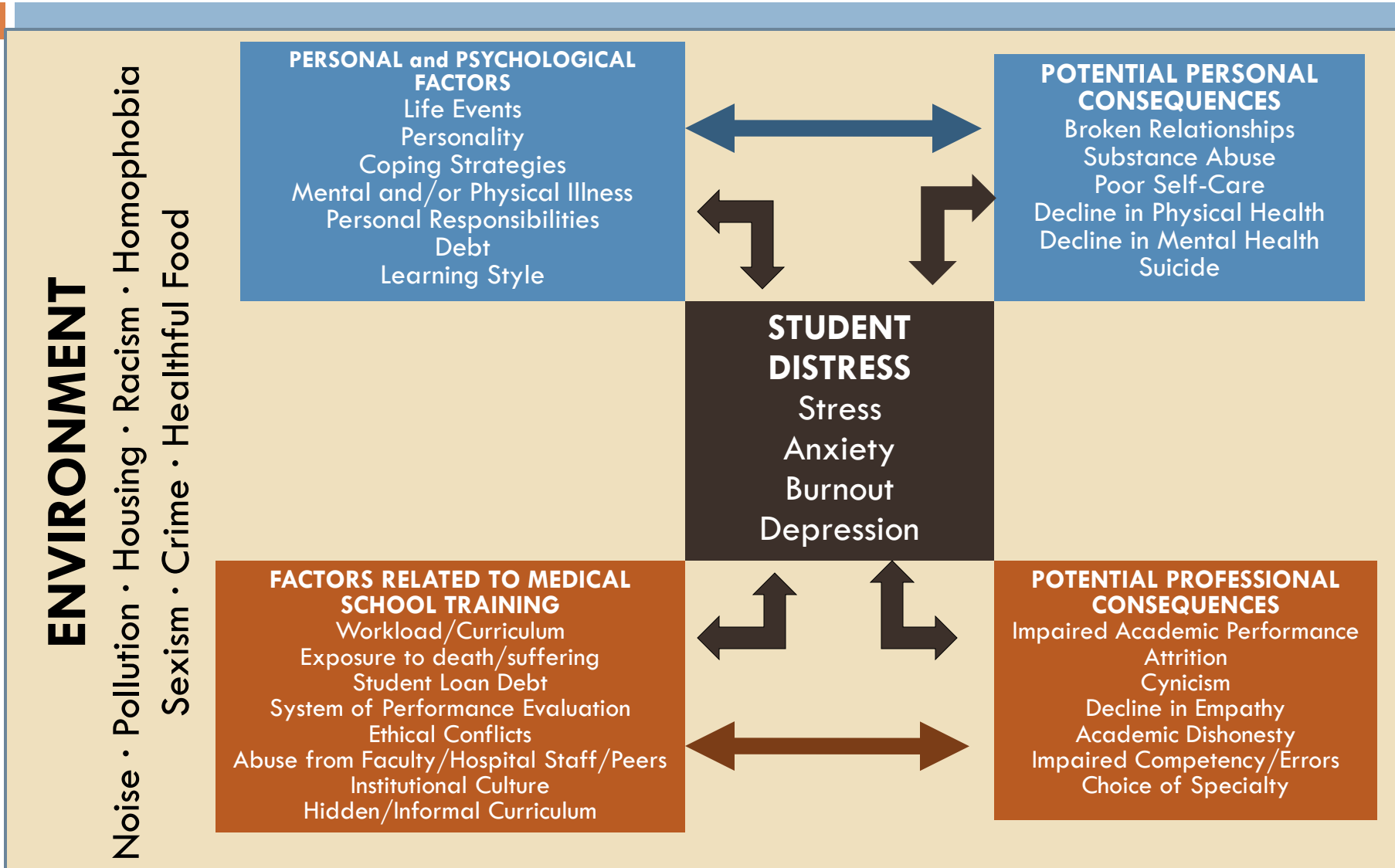
Over 40% of medical students reported personally experiencing abuse during their clinical year.*

*Silver HK and Glicken AD. (1990) Medical Student Abuse: Incidence, Severity, and Significance. *JAMA*. 263(4):527-532.

CONTEXT: Medical Student Distress*



CONTEXT: Medical Student Distress*



*Adapted from: Dyrbye LN, Thomas MR, & Shanafelt TD (2005). Medical students distress: Causes, consequences, and proposed solutions. *Mayo Clinic Proceedings*, 80(12), 1613-1622.

Precarious Balance



CUMC STUDENT DATA

- ACHA-NCHA
- Patient Satisfaction Surveys
- Health Behavior Survey
- CSW Data

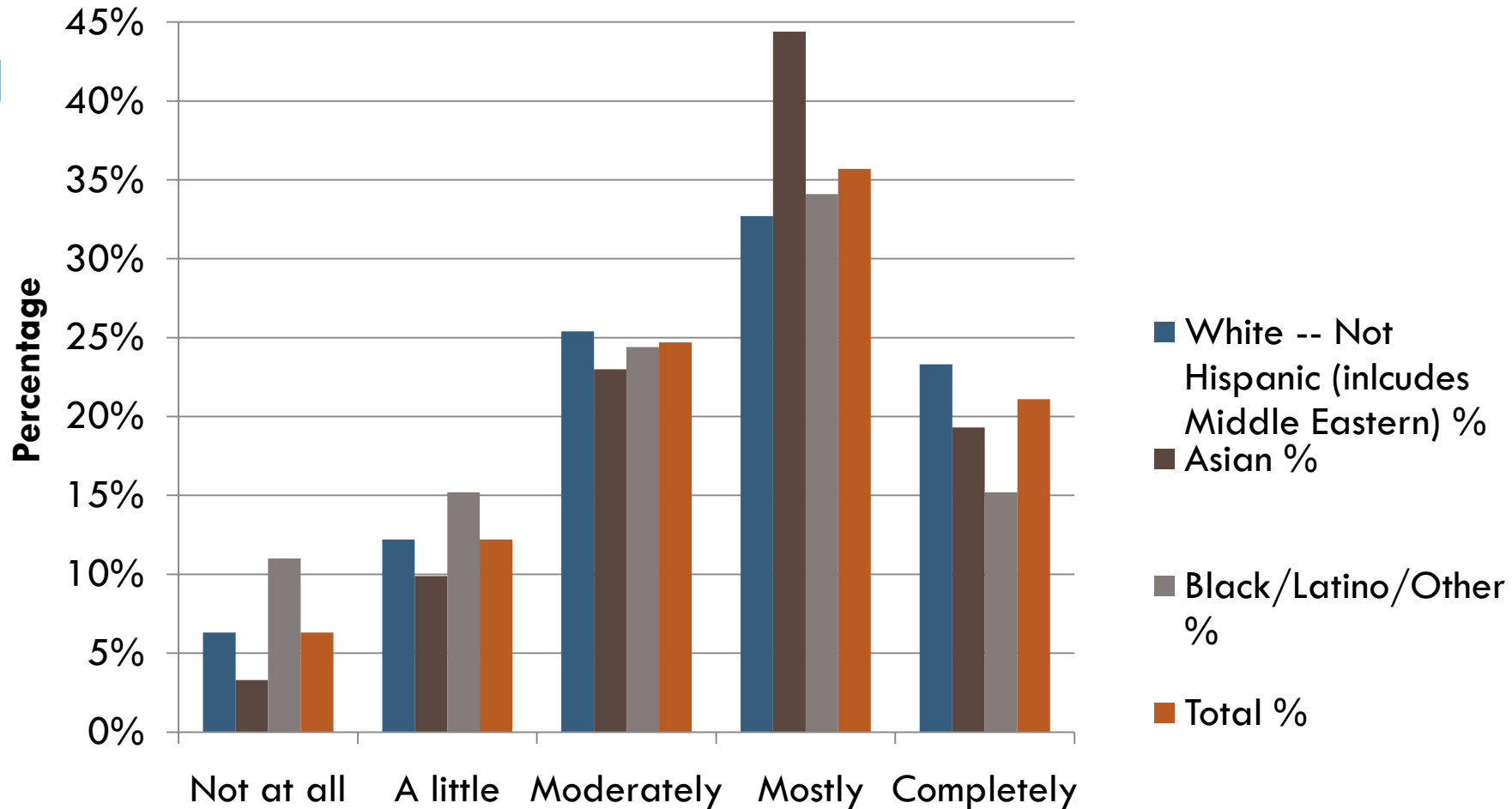


CUMC DATA

Percent of Students who reported the following Health Concerns and reported that they impacted negatively on Academic Performance*

	CUMC Clinical	CUMC Non-Clinical	Other CU Grad
➔ Stress	19	43	25
➔ Depression	40	74	39
➔ Anxiety	27	45	37
➔ Relationship concerns	33	44	24
Concerns about others	23	27	20
Sleep Difficulties	29	41	23
Internet Use/Computer Games	23	34	22

Have enough money to meet your needs?*



*From CUMC Health Behavior Survey (2007). For this question, Stepwise Linear Regression was performed using demographic variables. Ethnicity was significant ($p < .05$) in explaining the variance when living situation, relationship status, and gender were taken into account. Black/Latino/Other students had lower quality of life, lower self-described level of general health, and less likely to report having enough money to meet their needs.

CUMC DATA: Safety on Campus

Percentage of students who reported feeling very safe:

	CUMC Clinical	CUMC Non-Clinical
On Campus -- DAYTIME	68.3	73.4
On Campus -- NIGHTTIME	16.6	21.5
In the community surrounding their campus -- DAYTIME	35.9	45.1
In the community surrounding their campus -- NIGHTTIME	5.1	6.5

CUMC DATA: Burnout

Percentage of students reporting the following levels of burnout* in the previous 12 months

	CUMC Clinical	CUMC Non-Clinical
No Burnout	64.3	64
Moderate Burnout	24.7	25.9
Severe Burnout	11	10.1

There is a significantly positive relationship between having been diagnosed with depression in the past year and severe burnout, $p < .05$

How to put this all together?

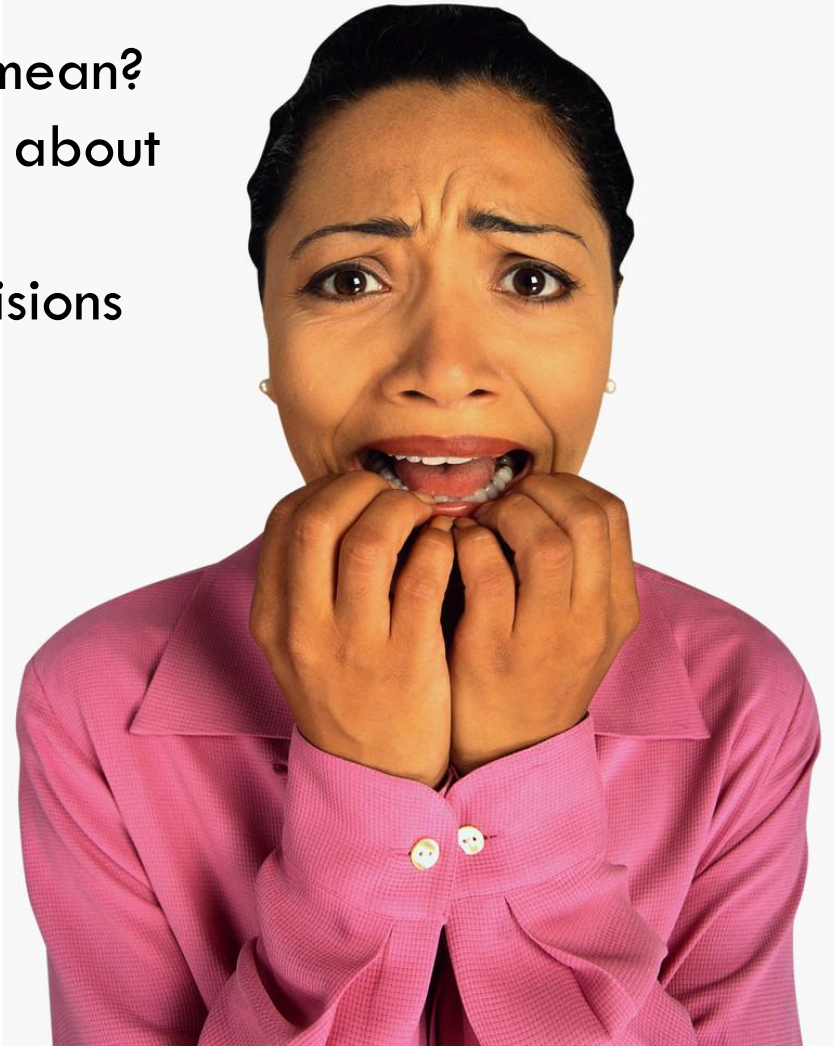
Dilemma

- What do these raw data really mean?
What are they actually telling us about our students?
- How can we make educated decisions about which topics to prioritize?

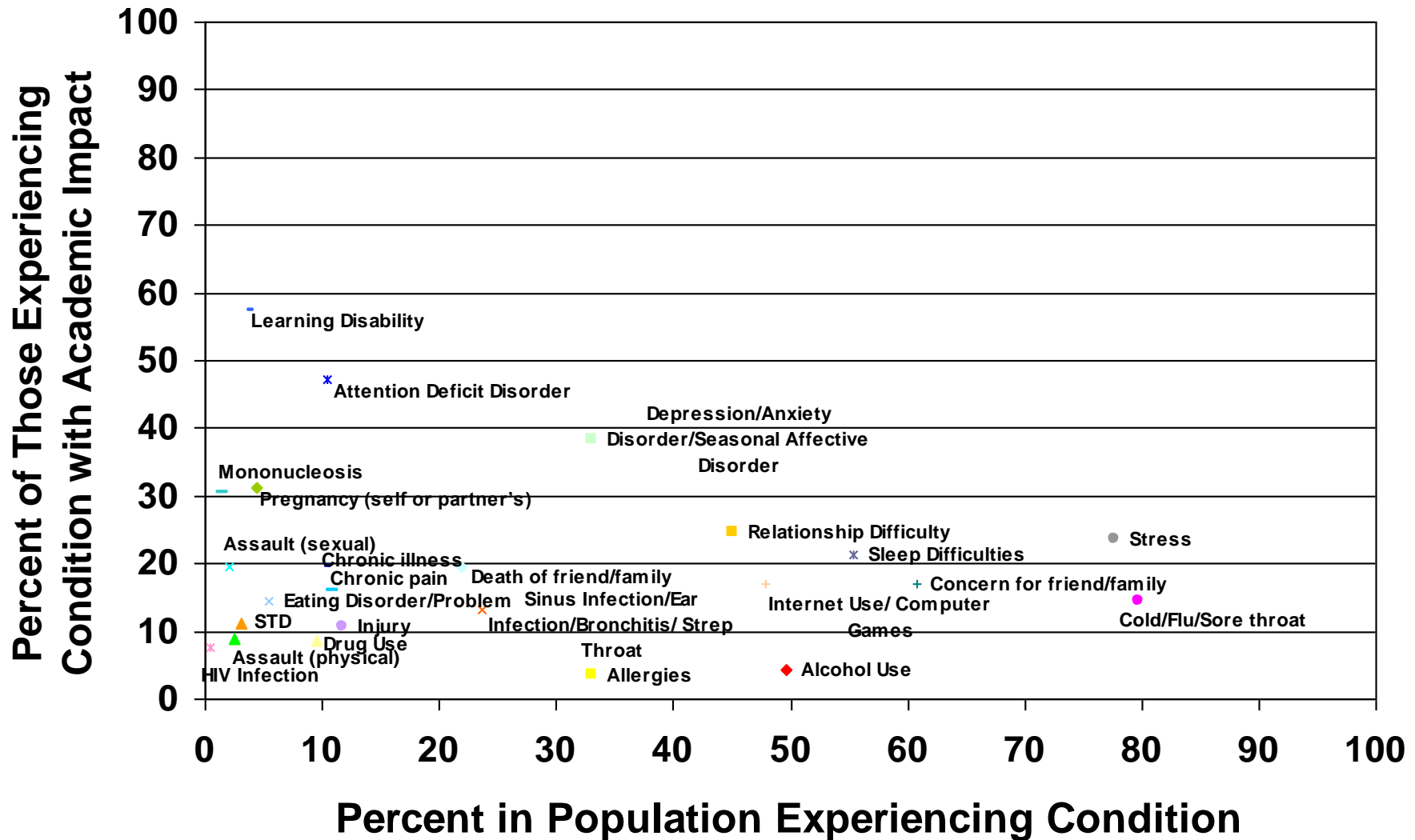
Proposal

Intersection of three dimensions:

- Frequency
- Threat
- Potential for Intervention

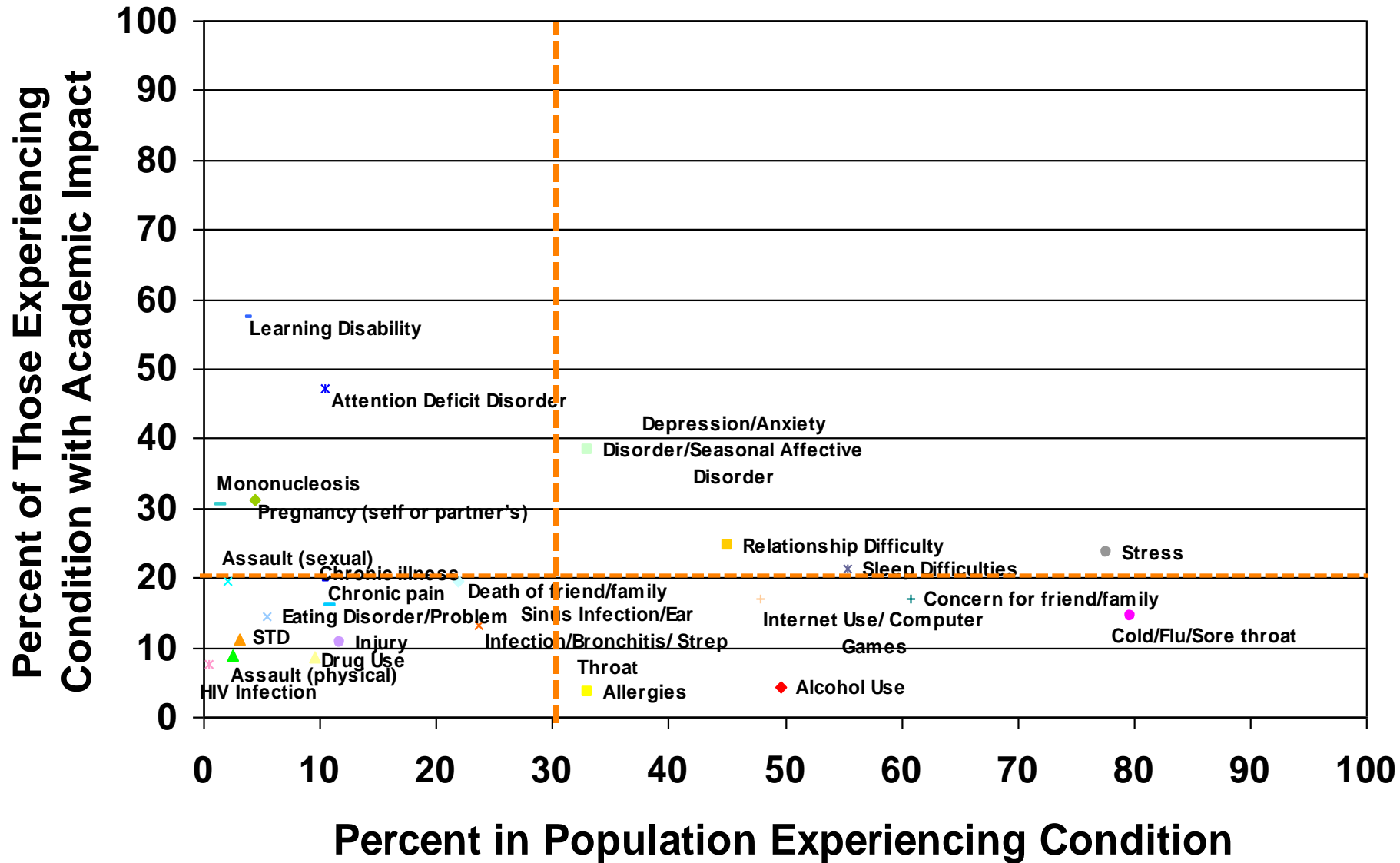


Columbia Morningside Graduate Students



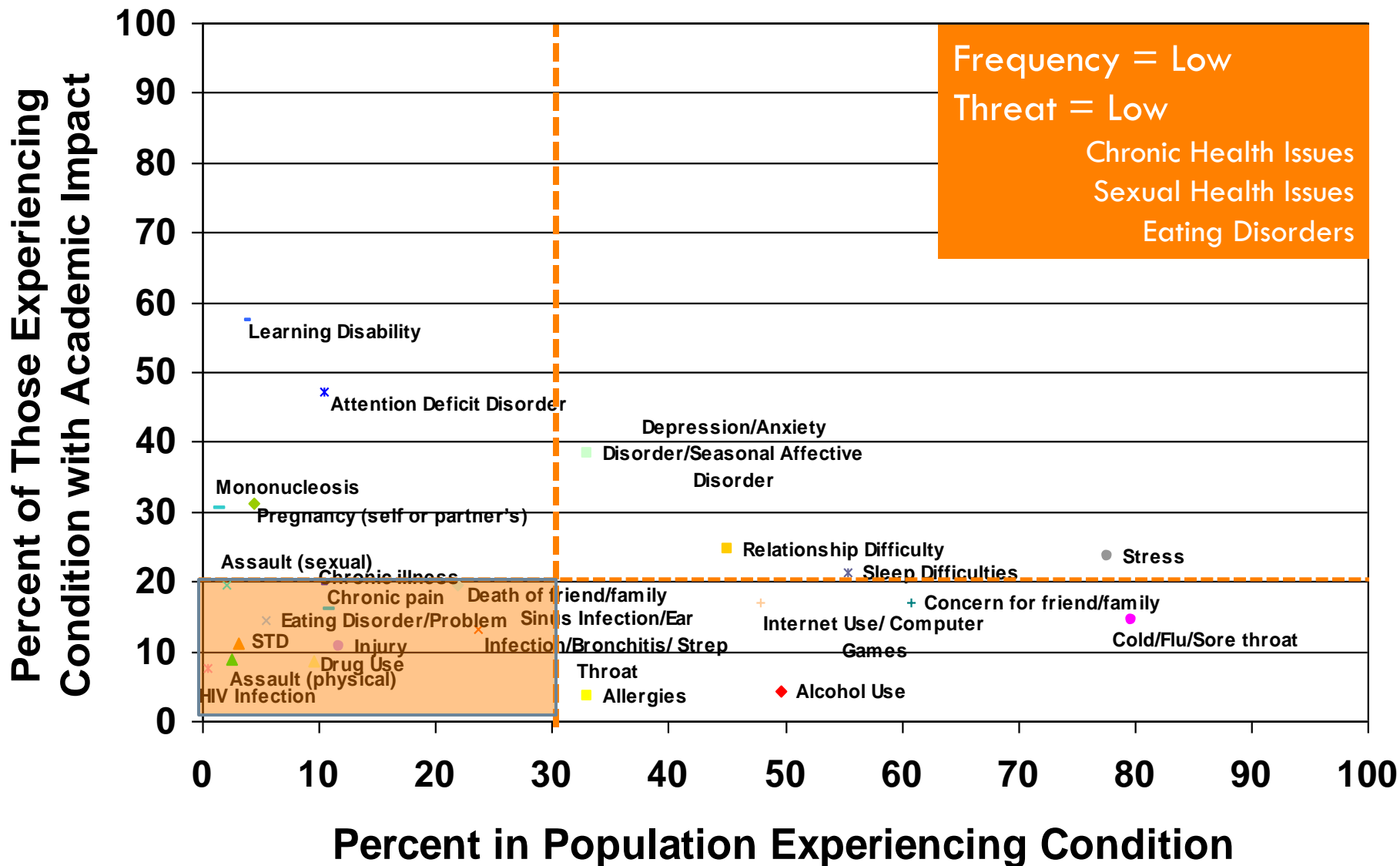
*Graph created by and concept adapted from Melissa Kenzig, MPH, CHES

Columbia Morningside Graduate Students



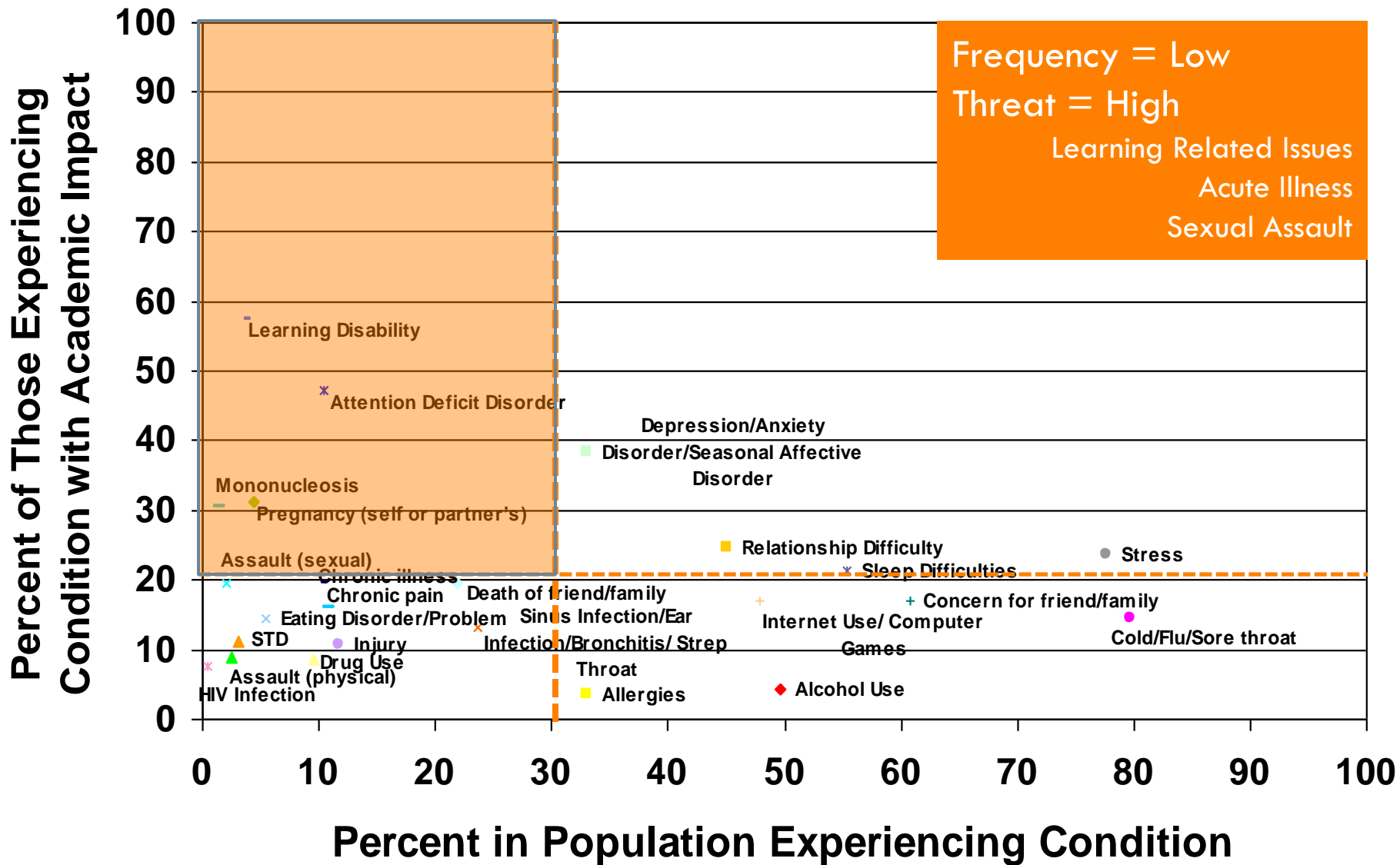
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Columbia Morningside Graduate Students



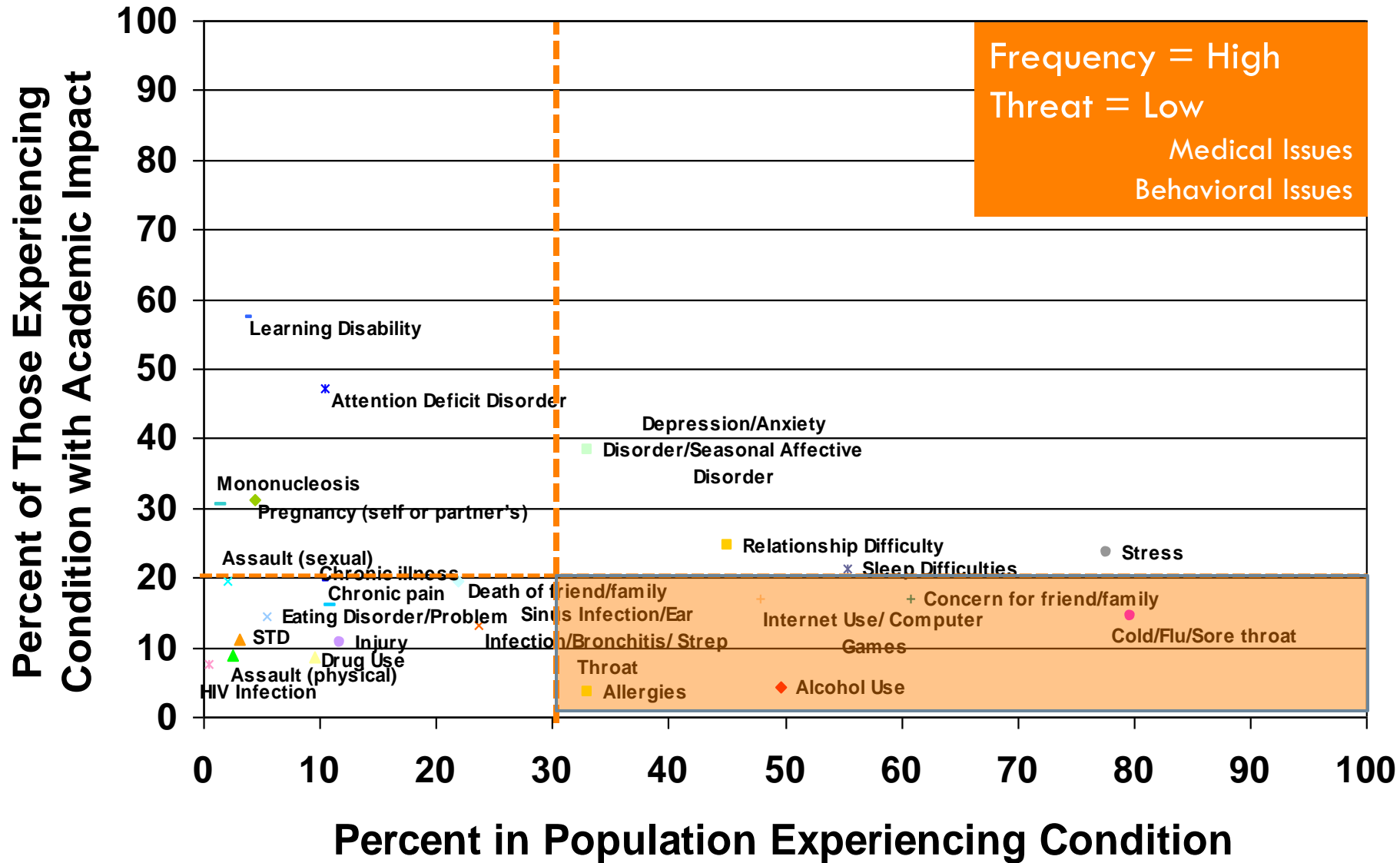
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Columbia Morningside Graduate Students



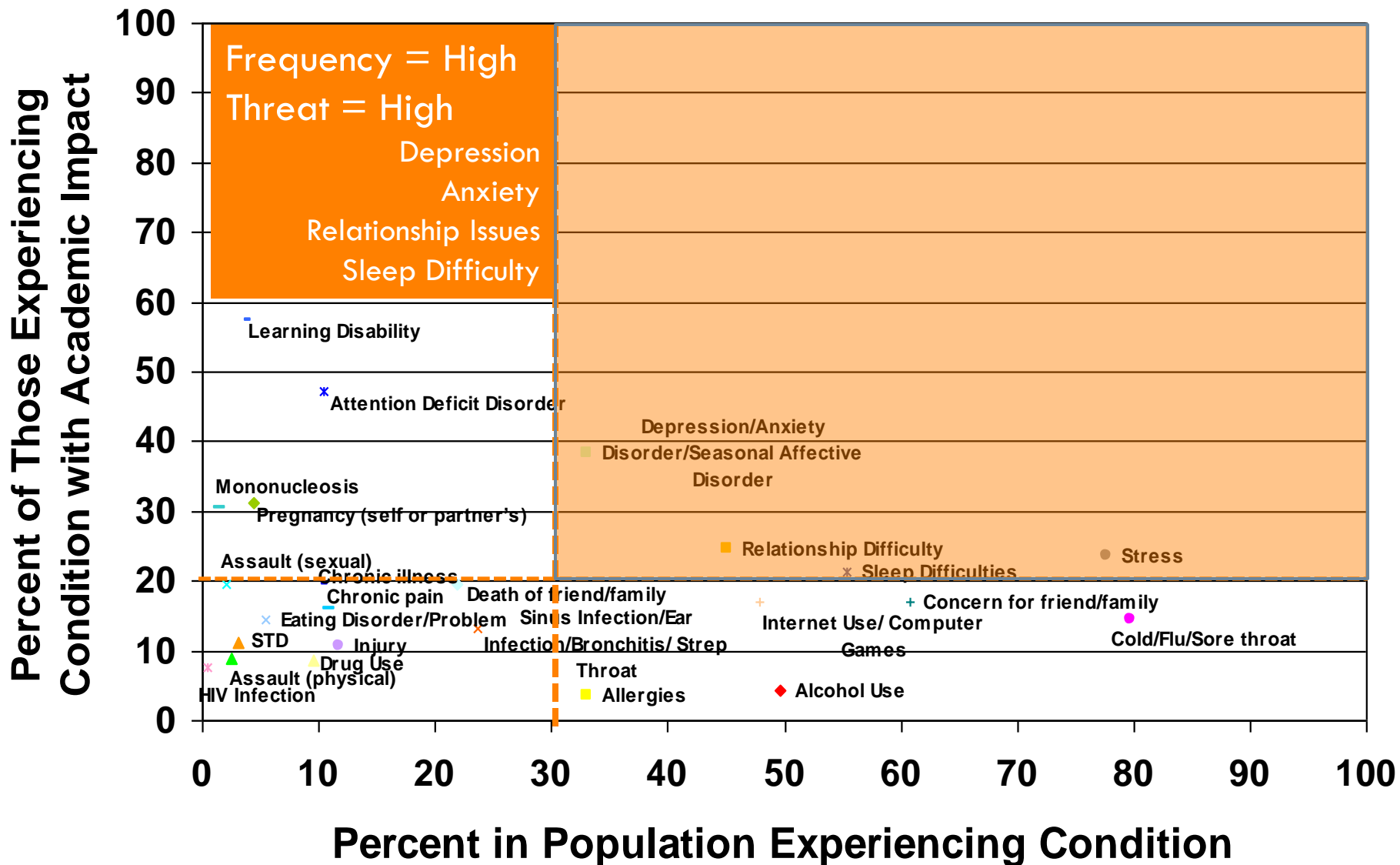
*Graph created by and concept adapted from Melissa Kenzig, MPH, CHES

Columbia Morningside Graduate Students



*Graph created by and concept adapted from Melissa Kenzig, MPH, CHES

Columbia Morningside Graduate Students



*Graph created by and concept adapted from Melissa Kenzig, MPH, CHES

Extrapolation

- Psychosocial issues are both frequent and threatening
- Looking back at the proposed model:
 - ▣ **Frequency x Threat x Potential for Intervention**
- Psychosocial issues are very amenable to intervention...

...when students seek services



Literature Review

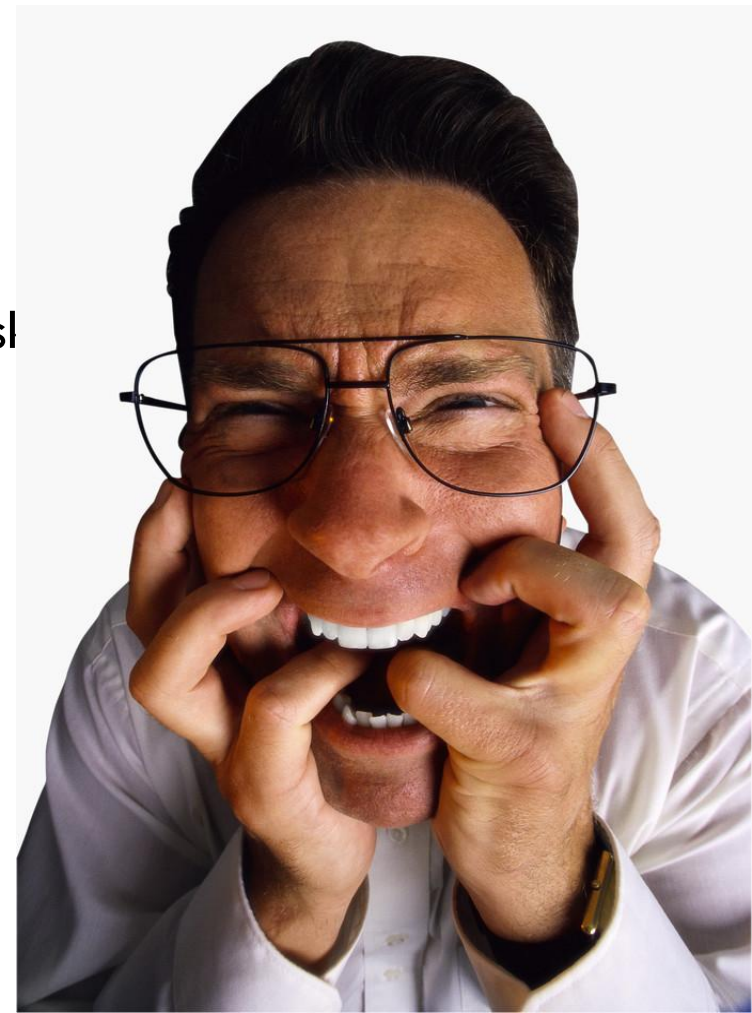
Utilization Concerns

Medical students often believe their professional lives to be in jeopardy if it is learned by others that they have a substance abuse or other mental health issue.*



Barriers to Help-Seeking

- ▣ Stigma
- ▣ Time
- ▣ Cost
- ▣ Confidentiality
- ▣ Diversity
- ▣ Not knowing where to go or who to ask
- ▣ Internal factors
 - My problems are not important enough
 - No one will understand
 - No one can help me with this
 - What if there's something really wrong with me?
 - This will get better on its own,
 - Just suck it up



MHS Utilization Data

- Fall 2008 survey of Students Enrolled in CUMC SHS (N=3,100)
 - N=747 completed survey, 24% response rate
- 16.9% had used MHS in previous year
- Top barriers to using included:
 - Lack of time
 - Fear of confidentiality breach
 - Didn't know how to access; didn't want to leave phone message
 - Lack of Staff Diversity

Caveats

Limitations

- ❑ The NCHA was developed for use primarily with undergraduate college students and is a lengthy questionnaire, posed a moderate degree of respondent burden .
- ❑ Academic impact was assessed by the student's self appraisal of impact for each of the health concerns. This appraisal process is complex, requiring both recall and insight. It is reasonable to assume that some students might underestimate both the frequency and the impact of some health concerns (e.g. alcohol use). A more objective measure of academic impact should be identified.
- ❑ “Stress,” the most common health concern, was not adequately operationalized.

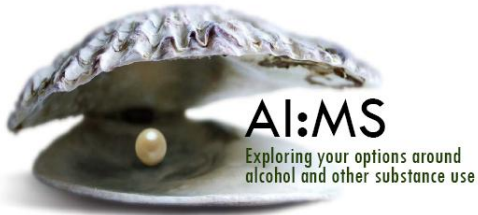
Center for Student Wellness



“In the academic context of an institution of higher education, priority must go to addressing the health needs and concerns that affect students’ ability to learn, succeed, and graduate.”

Richard Keeling

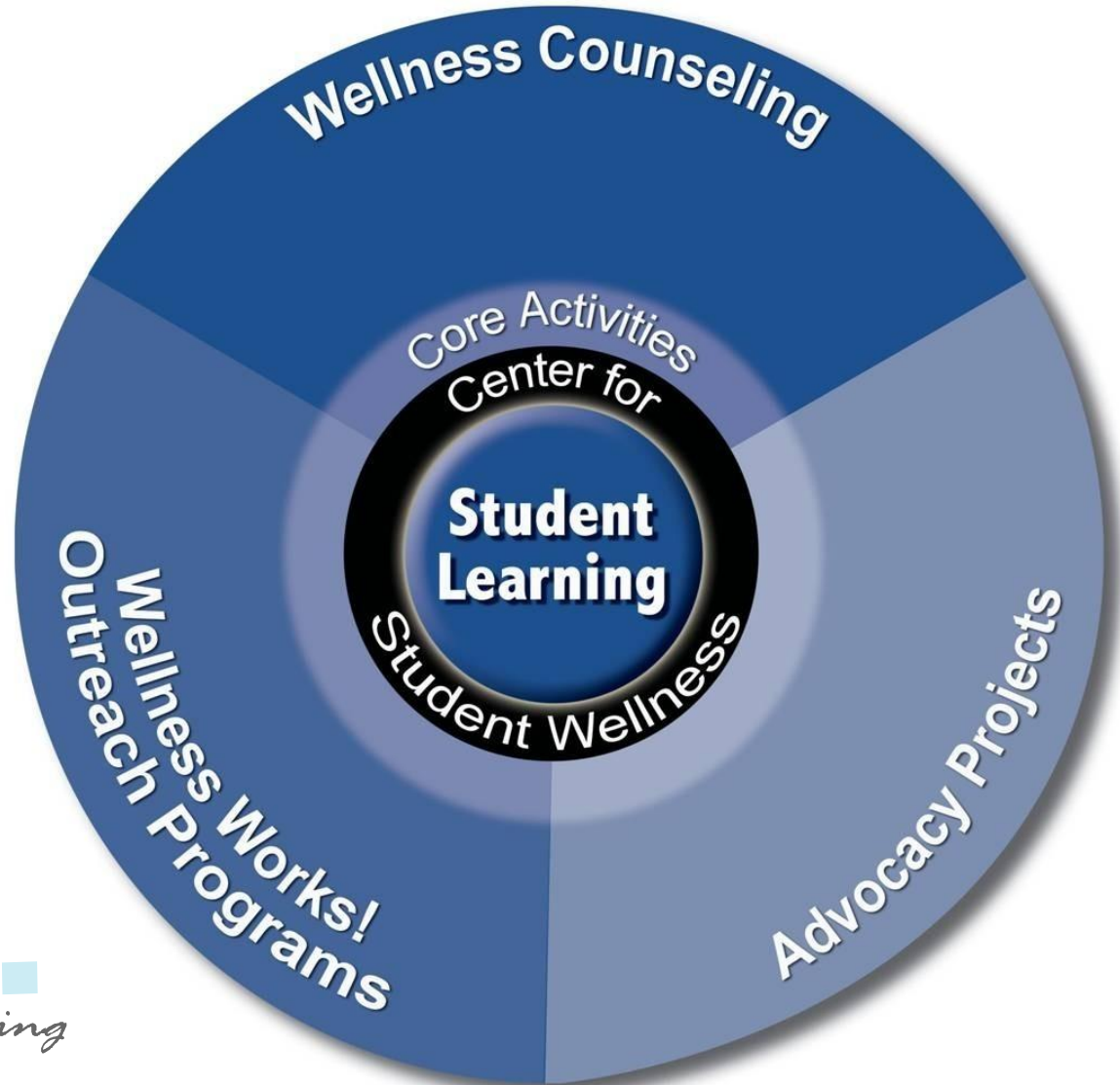
CSW HISTORY



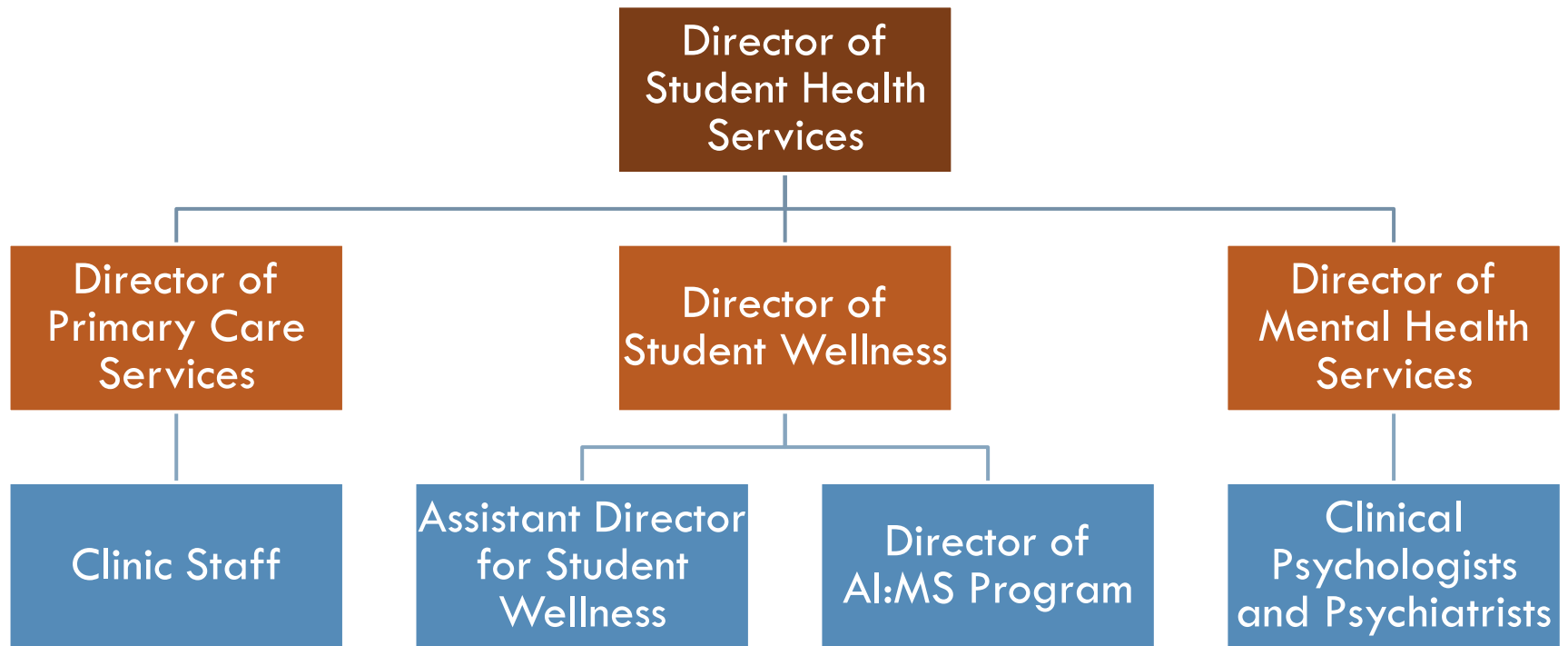
Wellness Counseling

open, safe, confidential

Wellness Works! ■ ■ ■
Strategies for Healthy Living



CUMC STUDENT HEALTH SERVICE



History of CSW: Objectives

1. Increase the number of students seeking mental health treatment

- Identify students earlier in the development of their concern
- Identify students who otherwise would not be seeking services

2. Widen the safety net

- “Multiple Portals of Entry”
- Faculty gatekeepers
- On-line assessment and tools

3. Decrease the barriers to help seeking

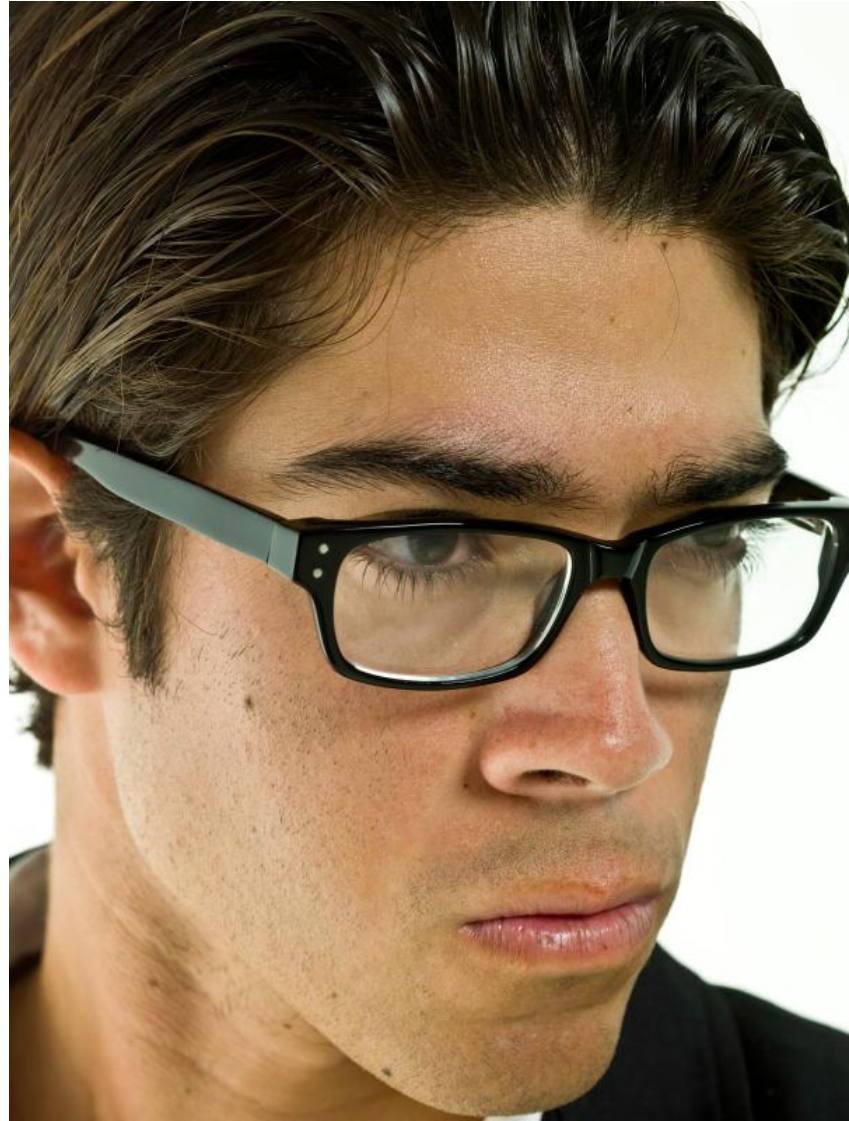
- Financial
- Stigma
- Administrative
- Access

4. Advocate for Policy and Environmental Changes

- Decrease bureaucracy
- Increase wellness

CSW: Terminology

- **Student of Concern**
 - Issues of Safety (self and others)
- **Distressed Student**
 - Mental Health Concerns that impair functioning
- **Student at Risk**
 - Encompasses both of the above
 - Range of Severity is broader
 - Added component of academic vulnerability
- All of these take a much broader perspective than simply the suicidal student



INTERVENTIONS

- These interventions address help-seeking behavior and are “best practices.”
 - **Gatekeeper Trainings** (e.g., QPR, At-Risk)
 - **Interdisciplinary Committees**
 - Student of Concern Intervention Teams
 - Student-at-Risk Committee
 - **Expanded models of “counseling”**
 - Earlier and later hours; weekend hours
 - Services located outside of traditional “center”
 - **Screening programs**
 - National on-site or on-line
 - BASICS
 - **Outreach**
 - Student led (e.g., Active Minds)
 - Health Promotion Programs (e.g., workshops, web-based, curriculum infused)

Literature Review

“Medical education has long over-looked teaching the **normal psychodynamics** of everyday adult life in favor of training in psychopathology.

Proficiency in psycho-normality skills (i.e., emotional competence) includes skilled management of internal emotions, external situations and relationships, and **promotes patient satisfaction and improved healthcare outcomes, as well as better mental health for practitioners.**”*

*Flowers LK (2005). The missing curriculum: Experience with emotional competence education and training for premedical and medical students. *Journal of the American Medical Association* 97 (9), 1280-1287.

WELLNESS COUNSELING and COACHING

□ What is Wellness Counseling?

- A process that allows individuals to increase their capacity to determine their needs as much as possible and to make choices that support and enhance their well-being within the available environment (based on King & Dodd, 1986)
- At the very least, another “portal of entry” with
 - Lower threshold;
 - More accessible to many students (location, hours)
 - Skilled professionals who can:
 - triage and make referrals
 - Build motivation to engage in additional help-seeking
 - Help develop skills to manage daily tasks

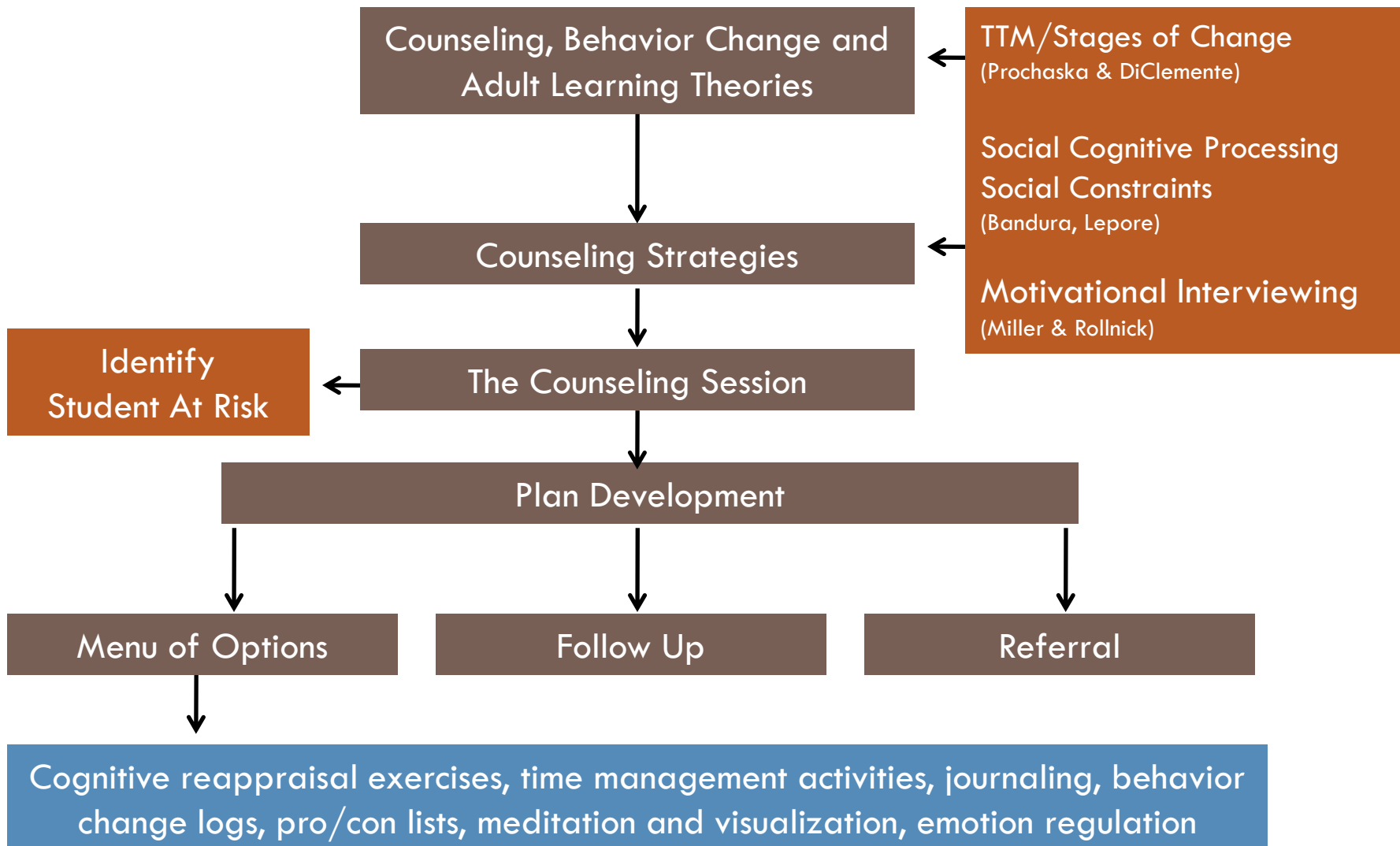


NOT
psychotherapy

NOT intended
to diagnose or
treat

NOT intended
for long term
use

WELLNESS COUNSELING: The Model



WELLNESS COUNSELING: Terms

- The term “counseling” may be problematic for some campus environments
- Focus groups for terms to use
 - ▣ Wellness Consultations
 - ▣ Wellness Coaching
 - ▣ Wellness Counseling

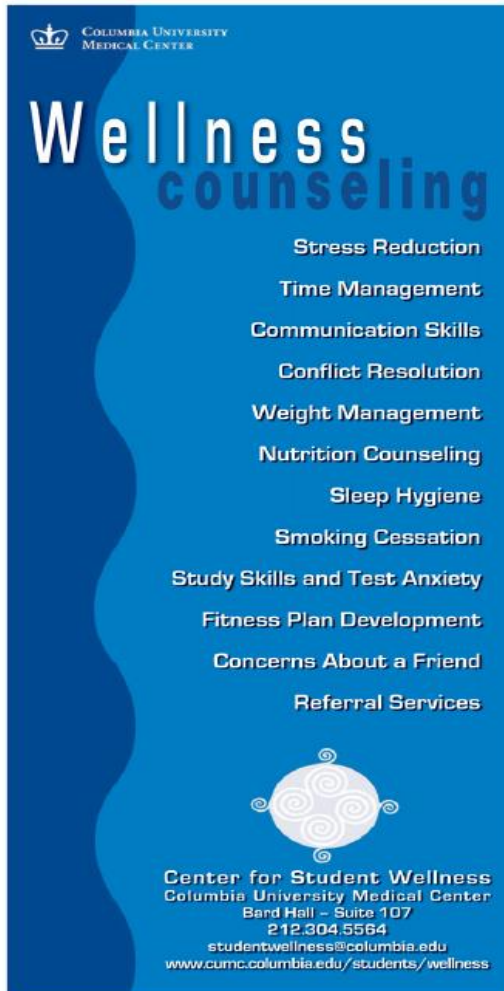


WELLNESS COUNSELING:

Is it a Health Promotion Activity?

- Why are Health Promotion Specialists doing this?
- View Wellness Counseling as an intervention, not a service
 - Uses strategies rooted in behavior change theory
 - Employs strategies to build intrinsic motivation
 - Provides opportunity for individual health education
 - Allows other campus services an alternative to an immediate, sometimes stigmatizing referral to mental health services.
 - Not all concerns are “mental health issues”


WELLNESS COUNSELING: Outreach



COLUMBIA UNIVERSITY
MEDICAL CENTER

Wellness counseling

- Stress Reduction
- Time Management
- Communication Skills
- Conflict Resolution
- Weight Management
- Nutrition Counseling
- Sleep Hygiene
- Smoking Cessation
- Study Skills and Test Anxiety
- Fitness Plan Development
- Concerns About a Friend
- Referral Services



Center for Student Wellness
Columbia University Medical Center
Bard Hall - Suite 107
212.304.5564
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www.cumc.columbia.edu/students/wellness

Advertising / Web / E-newsletter

What issues can the CSW help me with?

Stress Reduction
Time Management
Study Skills
Test Anxiety

Communication Skills
Conflict Resolution
Concerns about a Friend

Nutrition & Weight Management
Smoking Cessation
Sleep Hygiene
Fitness Plan Development

Referral Services

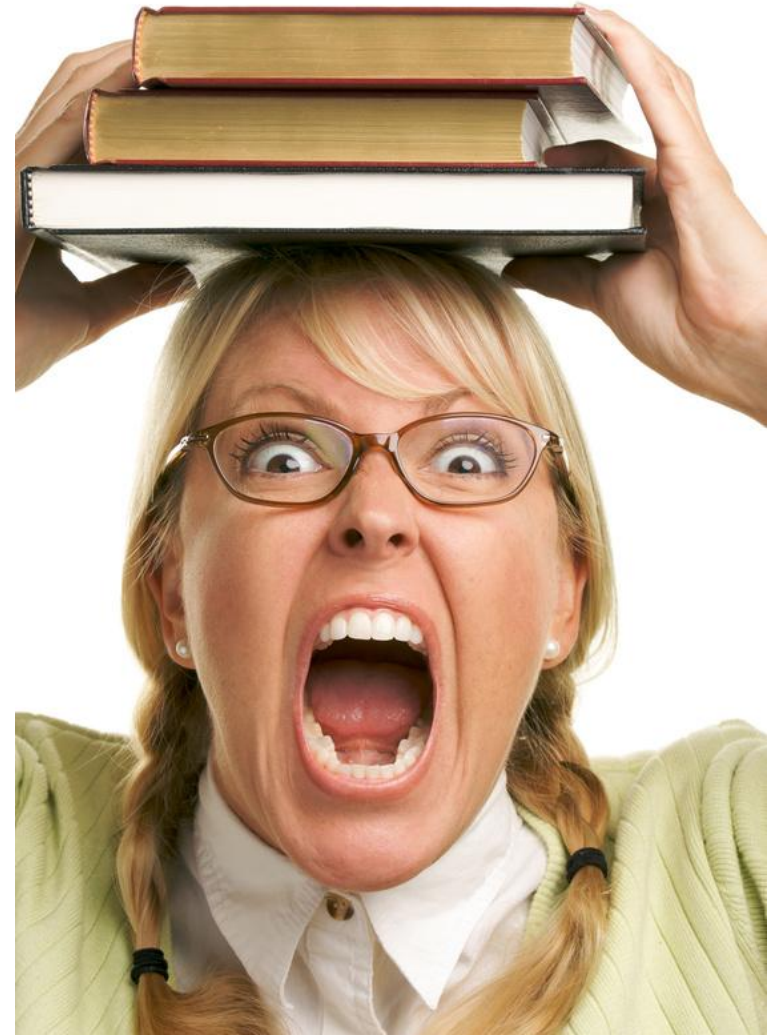
TOP CONCERNS of Student visiting CSW

Parallel those reported on the ACHA-NCHA

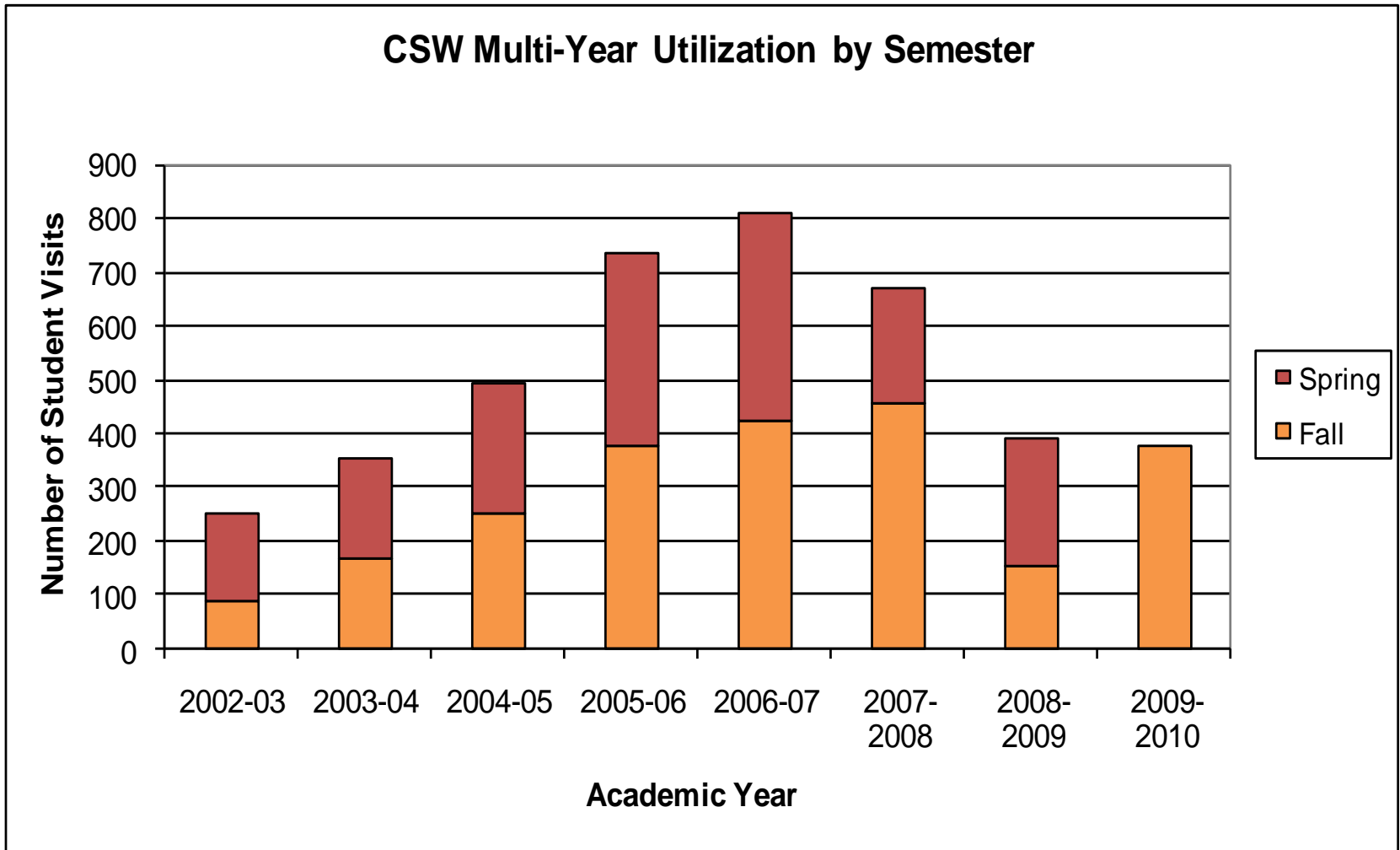
1. Romantic relationships (44%)*
2. Adjustment; Loneliness and Isolation
3. Concerns about a friend/family member or classmate (25%)*

Other TOP CONCERNS

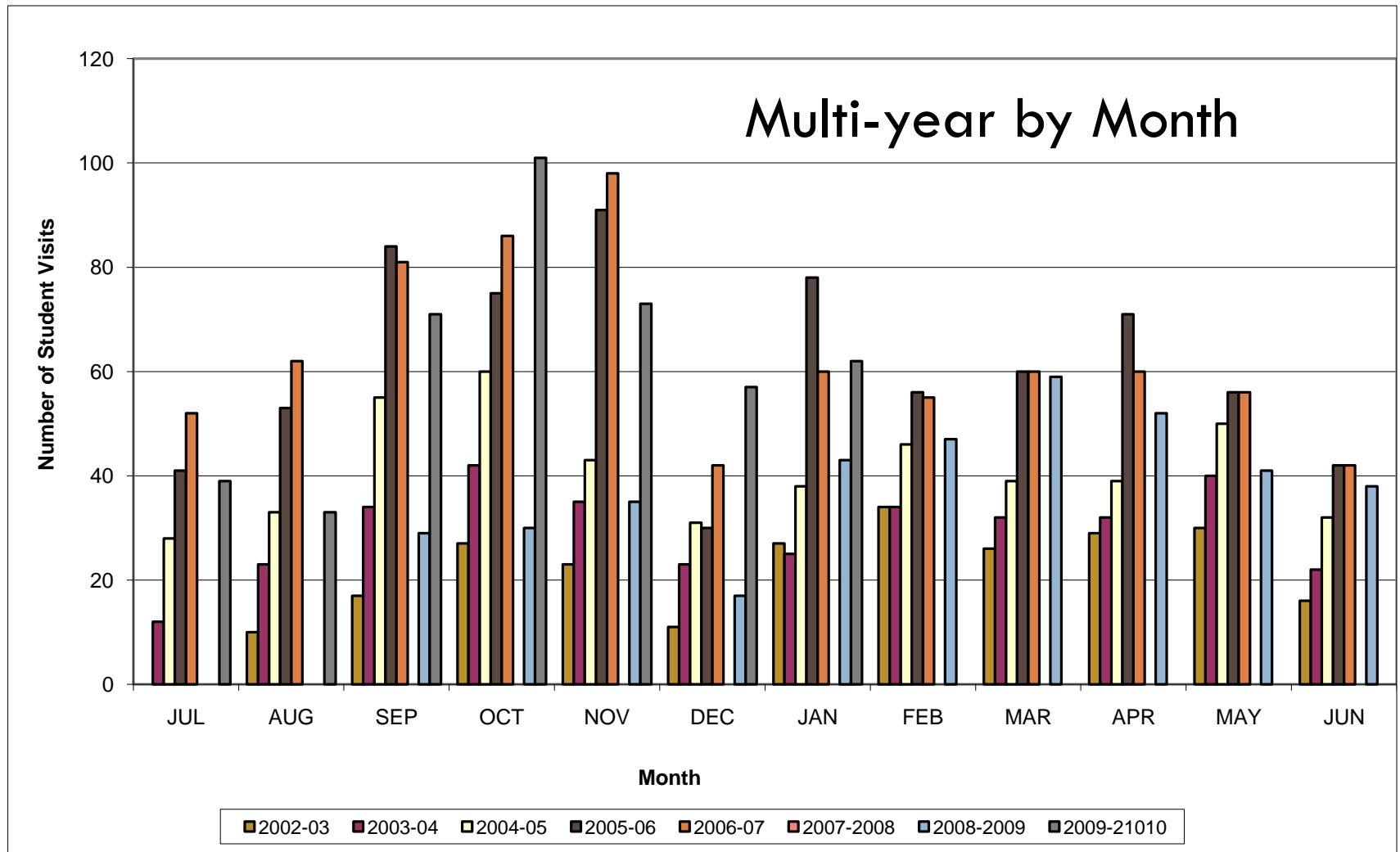
4. Uncertainty about career
5. Sleep disturbances
6. Academic concerns, generally about the volume of reading; workload; time spent in class
7. Anxiety about testing and grading
8. Personal illness: both real and imagined



WELLNESS COUNSELING: Utilization

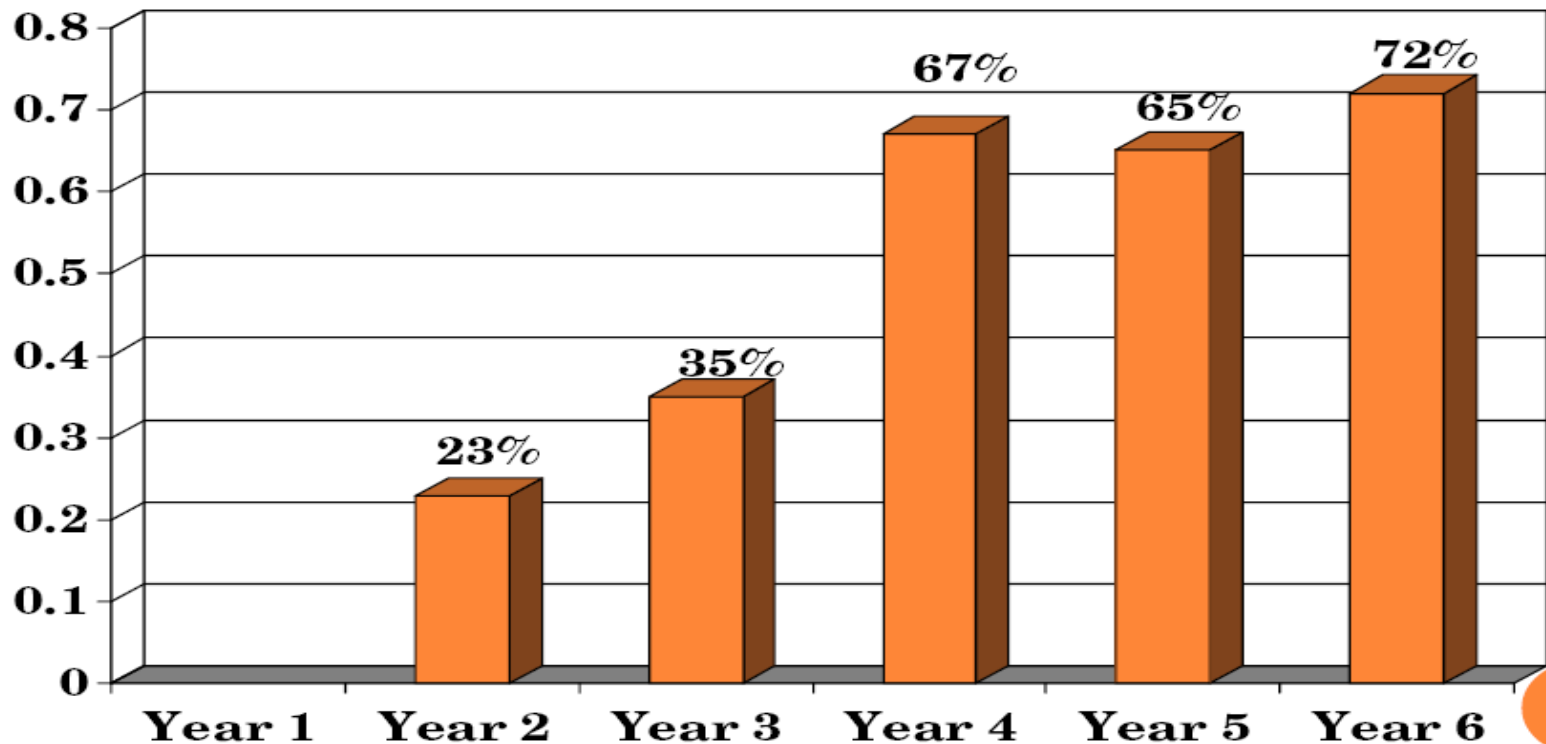


WELLNESS COUNSELING: Utilization



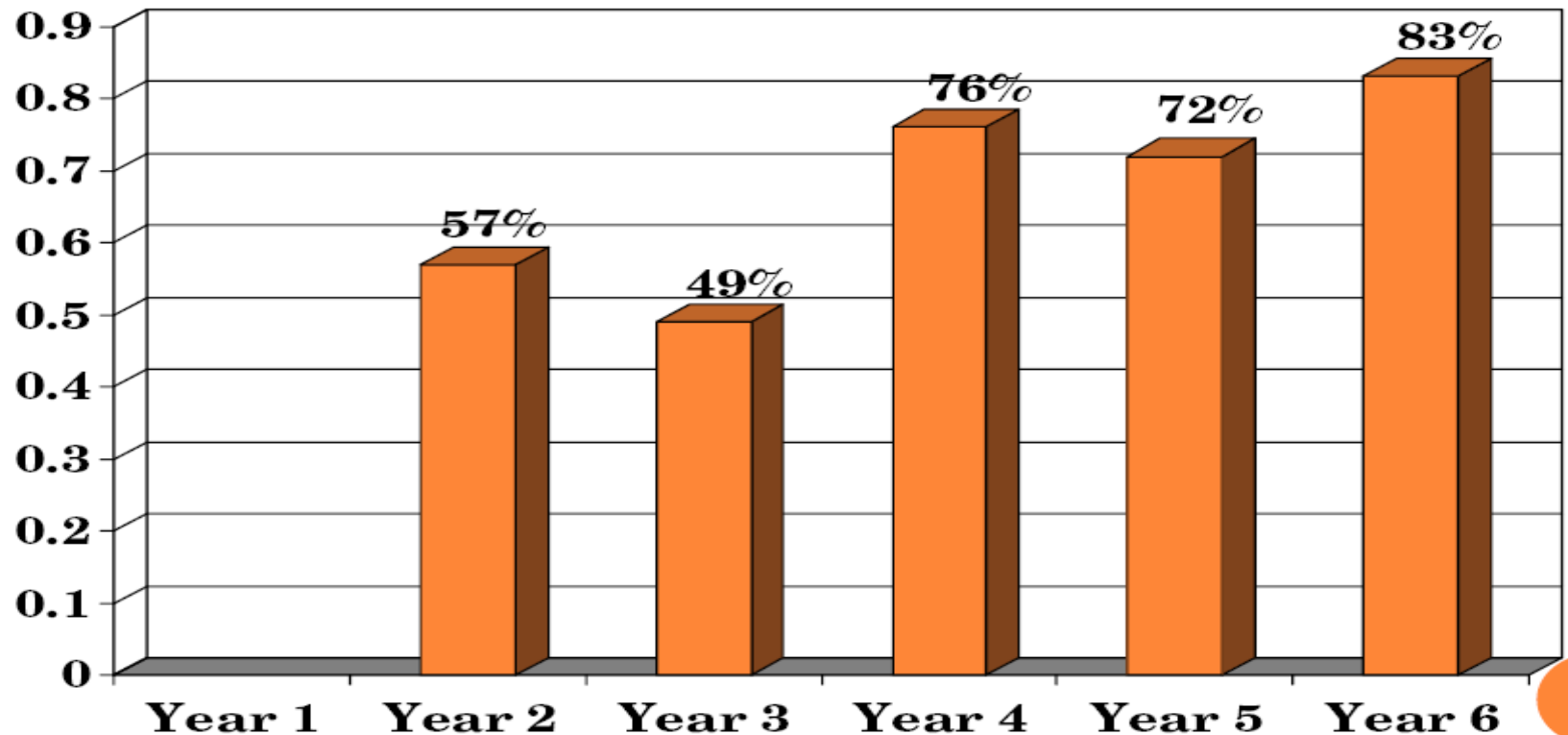
WELLNESS COUNSELING: Referrals

Percent of Contacts Resulting in any Referral



WELLNESS COUNSELING: MHS Referrals

Percent of all Referrals Referred to Campus Mental Health Service



CSW Impact on Mental Health

- Unanticipated Outcome
 - ▣ Cross-referral
- MHS utilization rates have grown steadily for past 15 years
- Change in initial intake
 - ▣ Queried about route of entry to MHS
 - ▣ MHS Director reports that 35-40% of new patients come through CSW. Has remained consistent for the past 5 years
 - Who are these students? Would they have sought treatment anyway?
 - Breaking down barriers?
 - Earlier intervention?

PART THREE: What's Next?



Further Research



- By School:
 - Dental and Nursing
 - Non-clinical students:
 - Public Health and GSAS
- By Demographics
 - Ethnicity
 - Gender
 - International Students
- Sexual Orientation
 - Inter-School Queer Council
 - Mentoring Program

Further Research

- **Relationship Concerns, Anxiety, Sleep** and **Stress** were top issues on NCHA and frequency x threat matrix
 - What about them causes stress for students? Definitions?
 - How to intervene from a personal and environmental perspective?
- What other factors to address based on frequency x threat matrix?
- **Policy Implications?**



Questions? Comments?



Thank You!

CENTER FOR STUDENT WELLNESS

“One Stop Shopping for Support”
No problem is too big or too small



Open, Safe, Confidential and FREE

No reporting of visitors to anyone (faculty, administration, etc.) @ CUMC *

No individual records are kept, no identifying information except Gender, School and Nature of primary concern

Walk-in Hours Daily 10a – 2p/Mon-Tues 5 - 7p

Conveniently located: Bard Hall 107 and 102
(Al:MS)

Contact

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QUESTIONS? COMMENTS? CONCERNS? OTHER?