Student Mental Health and Wellbeing

Prepared for the Council of the Princeton University Community (CPUC)

Calvin R. Chin & John Kolligian
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Which health issue do students report as having the greatest adverse academic impact?

A. Colds/Flu
B. Stress
C. Sleep issues
D. Stomach problems
E. Alcohol use
### Campus-wide Surveys: Top 5 Health Issues Impacting Princeton Students’ Academic Performance (2010-16*)

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<td>Cold/Flu/Sore Throat</td>
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<td>Cold/Flu/Sore Throat</td>
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<td>5</td>
<td>Depression</td>
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*Stress* = most commonly experienced health concern, & reportedly has largest academic impact

- Consistent with national benchmarks
- Academic workload, concerns about future, balancing multiple commitments, & relationships

[*Based on 5,424 Observations; National College Health Assessment]*
By what percentage has the number of Counseling & Psychological Services (CPS) visits increased since academic year 2001?

A. 5%
B. 15%
C. 50%
D. 70%
E. 115%
Utilization of CPS Services Since AY 2001

Total CPS Visits

Number of Visits

Academic Year


4,954 4,954 6,668 7,000 7,300 7,481 8,181 8,841 9,493 10,045 10,567 10,679
Framework for Supporting Mental Health and Wellbeing

The Campus Program Framework

- Policy, Systems & Strategic Planning
- Develop Life Skills
- Connectedness
- Academic Performance
- Student Wellness
- Identify Students at Risk
- Increase Help-Seeking Behavior
- Provide Mental Health & Substance Use Disorder Services
- Means Restriction & Environmental Safety
What percentage of the student body did CPS see last year?

A. 3%
B. 5%
C. 15%
D. 22%
E. 41%
Counseling & Psychological Services - Utilization in AY2017

- CPS serves 22% of the student body
- Princeton’s utilization is comparable to Ivy peers
- Recent utilization is more than double the national average
Our Strategy: Increase Help-Seeking Behavior

**STUDENTS**
- Partner with us in destigmatizing mental health treatment
- Acknowledge vulnerability and encourage your peers to reach out for help when they need it
- Consider that 40% of students have CPS contact at some point

**FACULTY/STAFF**
- Normalize struggles—everyone needs support at times and getting help is also a sign of strength
- Be informed and have information accessible about CPS and other people/resources that comprise our student safety net

**RESOURCES**
- Princeton Distress Awareness & Response; UMatter website; Request CPS/UHS in-service “gate keeper” trainings in this area
What percentage of Princeton students say that they have a responsibility to intervene for someone in mental or emotional distress?

A. 15%
B. 34%
C. 49%
D. 73%
E. 91%
Our Strategy: Identify Students at Risk

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<th>STUDENTS</th>
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<tr>
<td>➢ Get informed about signs of distress</td>
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<td>➢ Be a proactive bystander – reach out</td>
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<td>➢ Speak with your RCA or DSL about notable changes in behaviors</td>
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<td>➢ For undergraduates: when concerned about a student, alert Deans/DSL’s/Residential College staff; call CPS</td>
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<td>➢ For graduate students: when concerned, alert the Deans/Department Administrators/DGS; call CPS</td>
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<td>➢ Host a Princeton Distress Awareness &amp; Response (PDAR) training in your department</td>
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<tr>
<td>➢ Contact CPS for a consult; <em>Kognito</em> At-Risk for Students; Guide--<em>Recognizing and Responding to Students in Distress</em></td>
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What is the average “wait time” for an initial appointment at CPS this semester?

A. 1 day  
B. 6 days  
C. 12 days  
D. 17 days  
E. 22 days
Access to care: “Wait time”

Wait Time - Initial Appointments
09/01/17 - 11/27/17

- Frequency
- Cumulative Contribution

Wait Time (in Days)

- Frequency:
  - 1-2: 140
  - 3-4: 65
  - 5-6: 84
  - 7-8: 144
  - 9-10: 80
  - 11-12: 37
  - 13-14: 27
  - 15-16: 15
  - 17-18: 4
  - 19-20: 4
  - 21-22: 6
  - 23-24: 0
  - 25-26: 1
  - 27-28: 0
  - 29-30: 0
  - >30: 2

- Cumulative Contribution:
  - 0%
  - 20%
  - 40%
  - 60%
  - 80%
  - 100%
  - 120%

Percentage of Students
## Our Strategy: Provide Mental Health and Substance Abuse Services

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<th>DESIGN A NEW CLINICAL TREATMENT COORDINATOR POSITION</th>
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<td>➢ Foster student connections within our service as well as with local providers</td>
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<td>➢ Assist students transitioning to community care, and monitor care of students as needed</td>
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<th>CREATED AN EXCLUSIVE PROVIDER NETWORK</th>
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<td>➢ New network of local mental health clinicians who see Princeton students at reduced fees</td>
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<td>➢ Broadened referral network, improving access to affordable, quality mental health care</td>
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<th>EXPANDED OUTREACH PROGRAMMING</th>
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<td>➢ Seek to destigmatize the use of mental health services, and increase help-seeking behaviors and access to services</td>
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Future Directions

- **Access:** Explore satellite offices for CPS at different sites on campus to further extend service reach.

- **Services:** Develop convenient online options for mental health care ("telemental health") —as a supplement to in-person therapy or as a stand-alone treatment.

- **Outreach:** Expand mindfulness outreach programs and other trainings to promote well-being and resilience in the face of stress and challenges.

- **Diversity:** Identify promising therapeutic interventions that are effective in meeting the needs of our changing student population and those students who do not access traditional services.

- **Education:** Advance community-based prevention programs.
Questions, Comments, Discussion

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What do students say about stress? (2016)

How would you rate the overall level of stress you have experienced (last 12 months)?

- A higher percentage of Princeton students report “more than average stress” than the NCHA reference group.
- There is no difference between the percentage of Princeton students reporting “tremendous stress” vs. the NCHA reference group.
- Princeton students feel the most stress about academics