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Are Campuses Ready to Support Students in Distress?

A Survey of 65,177 Faculty, Staff, and Students in 100+ Colleges and Universities

Co-Authored by

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INTRODUCTION

In fall 2016, 11% of undergraduate students and 6% of graduate students seriously considered suicide. Suicide is the second leading cause of death for college students (as for all those between 10 and 35 years of age), behind accidents which are often caused by alcohol or substance use¹.

In the 2016-7 academic year in a national survey conducted by the Healthy Minds Study 31% of students screened positive for moderate or severe depression, 26% showed evidence of an anxiety disorder, 21% reported non-suicidal self-injury and 36% reported having been diagnosed with a mental illness at some point in the past².

Despite this high prevalence, only about half of students with mental illness seek professional help²

Despite this high prevalence, only about half of students with mental illness seek professional help³. While this reflects improvement from past reports⁴ it is still reflects many students struggling with mental illness not receiving regular care. One of the common approaches to increasing the number of students seeking help has been training faculty, staff and students via in-person workshops and online courses to use proactive strategies such as recognizing signs of psychological distress in students and approaching these students to talk with them about connecting with support services (also known as “Gatekeeper Training”). Student training is a sensible component of this approach and has become a high priority considering that 67% of college students tell a friend they are feeling suicidal before telling anyone else.

While efforts at gatekeeper training have been proliferating in recent years we are still uncertain how widely implemented these programs are and how they are perceived by faculty, staff and students. Do faculty, staff, and students feel adequately prepared to carry out this important task? Are they already connecting students at sufficient levels? Do they think this it is part of their role on campus? The survey below provides data that address the answers to these and other questions.

THE SURVEY

Between February 2012 and June 2017, Kognito surveyed 14,584 faculty and staff members and 51,294 undergraduate students in 100+ colleges and universities in the U.S. Participants were asked to complete the brief online survey as the first step in taking Kognito’s evidence-based and interactive mental health simulation entitled “At-Risk” which was purchased by their institution for purposes of professional development or student education.

Participants were not required to take the survey and were not compensated for their participation.

¹ American College Health Association. American College Health Association-National College Health Assessment II: Reference Group Executive Summary Fall 2016. Hanover, MD: American College Health Association; 2017.

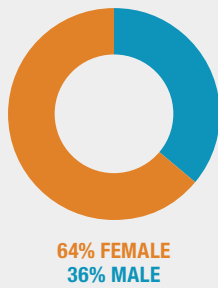
² Eisenberg, Daniel, & Sarah Lipson. Data from the Healthy Minds Network: The Economic Case for Student Health Services. Ann Arbor, MI: University of Michigan, 13 Mar. 2016. Pdf

³ Grasgreen, Allie. “Colleges Don’t Always Help with Mental Health Issues, Student Survey Shows.” Inside Higher Ed, 30 Oct. 2012. Web. 09 Feb. 2015.

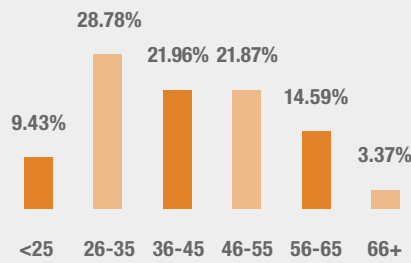
⁴ Framework for Campus Mental Health Promotion and Suicide Prevention. Presented as part of an invited symposium at the SAMHSA Campus Suicide Prevention Grantee Technical Assistance Meeting, Gaithersburg, MD, January 2007.

Demographic information: Faculty and Staff

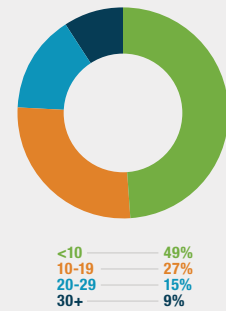
Gender of respondents



Age of respondents

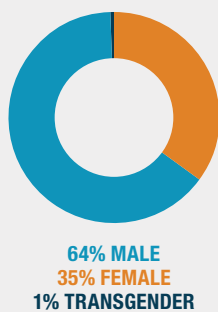


Years in education

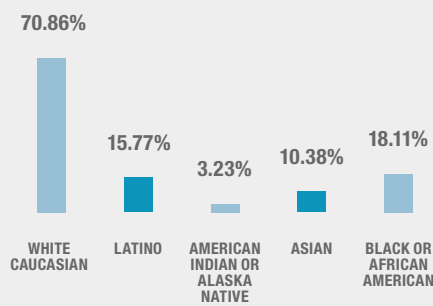


Demographic information: Students

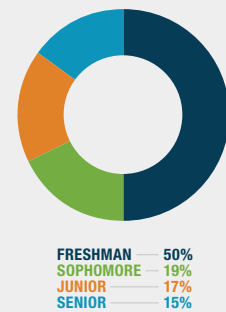
Gender of respondents



Race of respondents



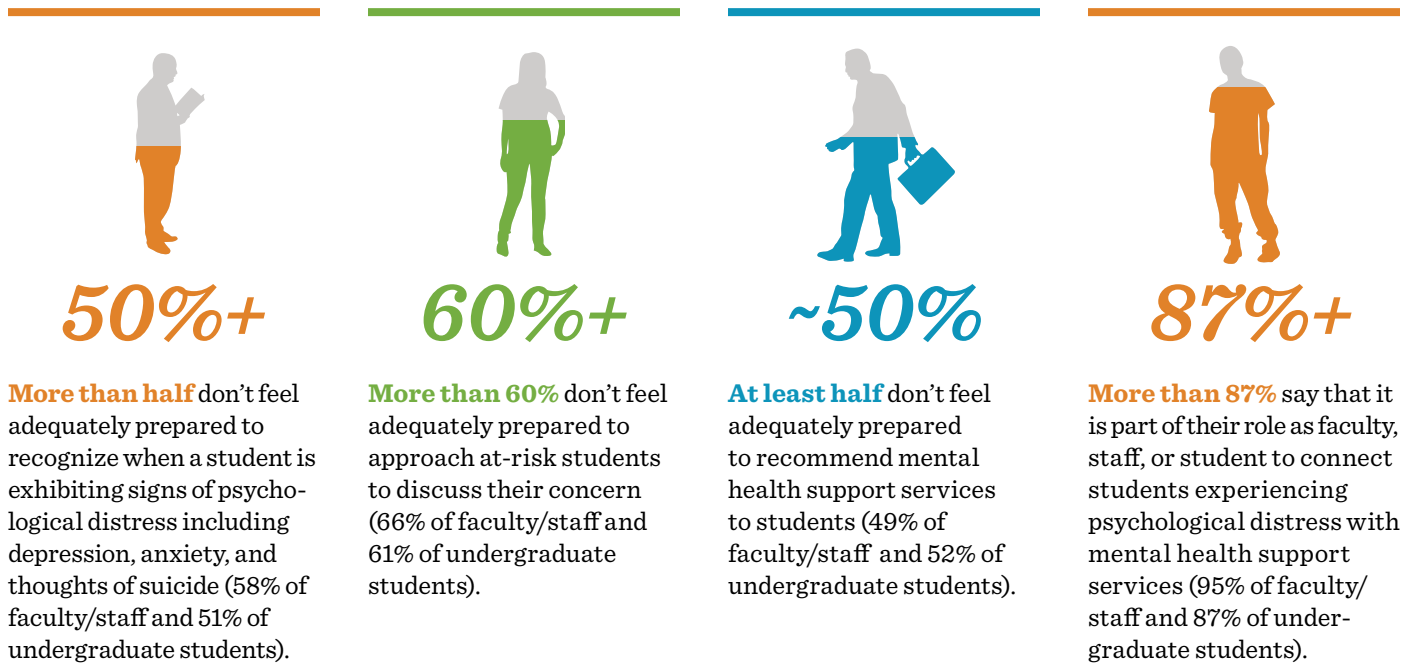
What class are you?



Respondents can provide more than one race

SURVEY HIGHLIGHTS

The survey revealed that for faculty, staff, and students:



This data suggests strongly that while faculty, staff, and students recognize that it is part of their role to recognize, approach, and connect students in psychological distress to mental health support services, that they still report not feeling like they have adequate skills, knowledge, and self-confidence to follow through on these critical tasks.

Data also revealed that:

- **52% or more** did not recognize ANY student exhibiting signs of psychological distress in the months prior to the survey (54% of faculty/staff and 52% of undergraduate students).
- **60% or more** did not approach or refer ANY student exhibited signs of psychological distress to mental health support services (63% of faculty/staff and 72% of undergraduate students).

While it is heartening to note that quite a few survey participants noticed and took steps to refer students in distress, many did not. Considering that national data shows that 1 out of every 3 college students has experienced some form of mental illness, including depression², and many college students who either contemplate or attempt suicide show clear warning signs, there is an evident need to continue and broaden efforts to educate faculty, staff, and administrators on this topic.

AUTHOR BIOS

Glenn Albright, Ph.D.

Co-Founder and Director of Research, Kognito

Dr. Glenn Albright is a clinical psychologist and former chair of the Department of Psychology at Baruch College, City University of New York. He is also co-founder and director of research at Kognito where his research evaluates the efficacy of game-based health simulations designed to bring about changes in health and mental health behaviors and can cost-effectively impact large numbers of geographically dispersed people that would benefit the most from such training. In his spare time, Dr. Albright volunteers his time running an equine psychotherapy practice for veterans with PTSD.

Victor Schwartz, M.D.

Chief Medical Officer, JED

Dr. Victor Schwartz has over 25 years of experience as a psychiatrist working in college mental health. He is a Clinical Associate Professor of Psychiatry at NYU School of Medicine. Victor was medical director of NYU's Counseling Service, established a counseling center at Yeshiva University where he subsequently served as the University Dean of Students. He was an original member of the American Psychiatric Association's Presidential Task Force on College Mental Health, co-chair of the APA working group on legal issues in college mental health and is an APA Distinguished Life Fellow. Victor served as a co-chair of the Group for the Advancement of Psychiatry Committee on the College Student and has served as an advisor to Active Minds on Campus and Gun Free Kids. He is co-editor with Dr. Jerald Kay, of Mental Health Care in the College Community (Wiley, 2010). Victor received a B.A. from Yeshiva College, earned his M.D. from SUNY Downstate Medical College and completed his Residency in Psychiatry at NYU Medical Center-Bellevue Hospital.



About Kognito

Kognito is a developer of role-play simulations designed to prepare people to lead conversations in real life that result in measurable improvements in social, emotional, and physical health. Kognito suite of mental health simulations for PK-12, higher education, primary care, and acute care settings has been utilized by over 500 organizations. Its higher education programs are also listed in the National Registry of Evidence-Based Programs and Practices.

Learn more at kognito.com.

For Questions about the Survey:

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About JED

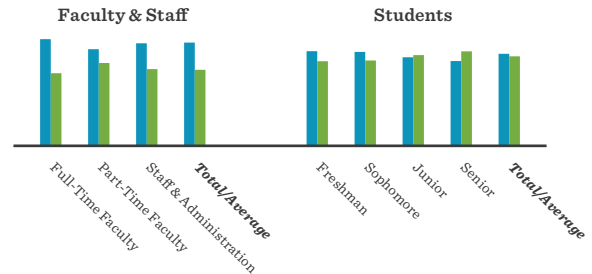
JED is a nonprofit that exists to protect emotional health and prevent suicide for our nation's teens and young adults. JED equips teens and young adults with the skills and knowledge to help themselves and each other; partners with high schools and colleges to strengthen their mental health, substance abuse and suicide prevention programs and systems; and encourages community awareness, understanding and action for young adult mental health. Learn more at jedfoundation.org. Programs include: JED Campus (jedcampus.org), Set to Go (setto.org), ULifeline (ulifeline.org), Half of Us (halfofus.com) and Love is Louder (loveislouder.com).

Learn more at jedfoundation.org.

APPENDIX

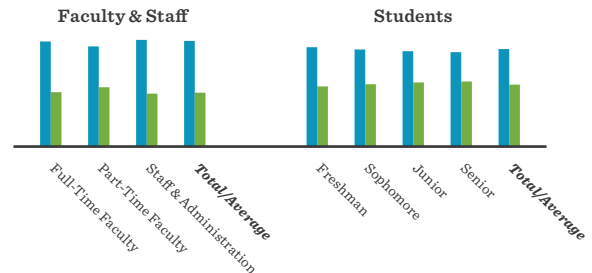
#1: How would you rate your preparedness to recognize when a student's behavior is a sign of psychological distress

Faculty & Staff	Very Low, Low, Medium	High, Very High
Full-Time Faculty	59.50%	40.50%
Part-Time Faculty	53.90%	46.20%
Staff & Administration	57.20%	42.80%
Total/Average for Faculty/Staff	57.59%	42.41%
Students	Very Low, Low, Medium	High, Very High*
Freshman	52.80%	47.20%
Sophomore	52.40%	47.60%
Junior	49.40%	50.60%
Senior	47.30%	52.70%
Total/Average Undergraduate Students	51.34%	49.93%



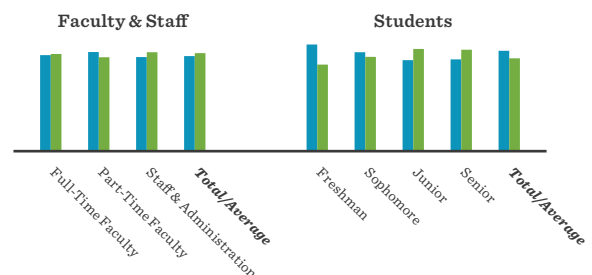
#2: How would you rate your preparedness to discuss with a student your concern about the signs of psychological distress they are exhibiting

Faculty & Staff	Very Low, Low, Medium	High, Very High
Full-Time Faculty	65.90%	34.10%
Part-Time Faculty	62.80%	37.20%
Staff & Administration	66.90%	33.20%
Total/Average	66.27%	33.79%
Students	Very Low, Low, Medium	High, Very High*
Freshman	62.30%	37.70%
Sophomore	60.90%	39.10%
Junior	59.80%	40.20%
Senior	59.20%	40.80%
Total/Average	61.16%	38.84%



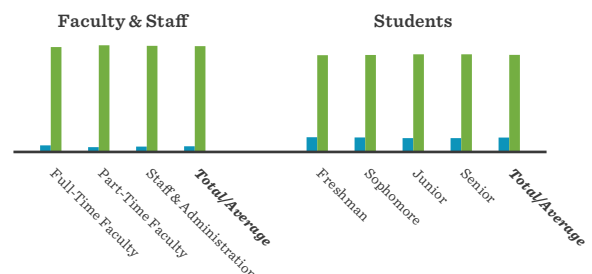
#3: How would you rate your preparedness to recommend mental health support services (such as the counseling center) to a student exhibiting signs of psychological distress

Faculty & Staff	Very Low, Low, Medium	High, Very High
Full-Time Faculty	49.70%	50.30%
Part-Time Faculty	51.30%	48.60%
Staff & Administration	48.70%	51.20%
Total/Average	49.20%	50.73%
Students	Very Low, Low, Medium	High, Very High*
Freshman	55.20%	44.80%
Sophomore	51.20%	48.80%
Junior	47.10%	52.90%
Senior	47.50%	52.50%
Total/Average	51.95%	48.05%



#4: Part of the role of faculty, staff or student is to connect students experiencing psychological distress with mental health services

Faculty & Staff	Strongly Disagree, Disagree	Agree, Strongly Agree
Full-Time Faculty	5.90%	94.10%
Part-Time Faculty	4.30%	95.70%
Staff & Administrators	4.80%	95.20%
Total/Average	5.08%	94.92%
Students	Strongly disagree, Disagree	Agree, Strongly Agree
Freshman	13.20%	86.80%
Sophomore	13.00%	87.00%
Junior	12.40%	87.60%
Senior	12.40%	87.60%
Total/Average	12.91%	87.09%

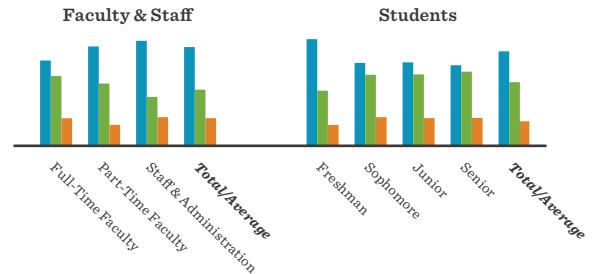


APPENDIX

#5: How many students have you been concerned about due to their psychological distress in past two academic months

Faculty & Staff	0	1 or 2	3+
Full-Time Faculty	46.70%	38.20%	15.10%
Part-Time Faculty	54.40%	34.10%	11.50%
Staff & Administration	57.50%	26.80%	15.70%
Total/Average	54.08%	30.75%	15.17%

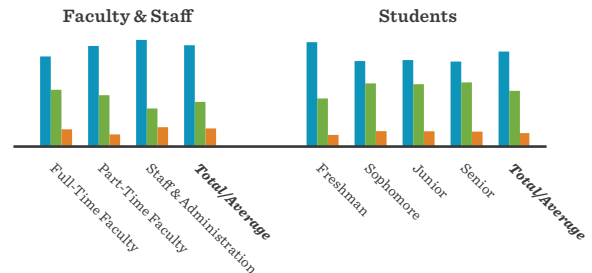
Students	0	1 or 2	3+
Freshman	58.40%	30.20%	11.40%
Sophomore	45.40%	38.90%	15.70%
Junior	45.70%	39.10%	15.20%
Senior	44.10%	40.60%	15.30%
Total/Average	51.73%	34.86%	13.42%



#6: How many students have you approached to discuss your concerns about their psychological distress in past two academic months

Faculty & Staff	0	1 or 2	3+
Full-Time Faculty	54.90%	34.60%	10.50%
Part-Time Faculty	61.30%	31.30%	7.40%
Staff & Administration	65.00%	23.20%	11.80%
Total/Average	61.74%	27.22%	11.05%

Students	0	1 or 2	3+
Freshman	63.60%	29.30%	7.10%
Sophomore	52.10%	38.50%	9.40%
Junior	52.70%	38.00%	9.30%
Senior	51.80%	39.10%	9.10%
Total/Average	57.88%	33.93%	8.20%



#7: How many students have you referred to support services in past two academic months

Faculty & Staff	0	1 or 2	3+
Full-Time Faculty	59.60%	31.50%	8.90%
Part-Time Faculty	69.20%	25.10%	5.70%
Staff & Administration	64.30%	23.10%	12.60%
Total/Average for Faculty/Staff	63.34%	25.72%	10.94%

Students	0	1 or 2	3+
Freshman	78.70%	18.10%	3.20%
Sophomore	67.70%	27.40%	4.90%
Junior	65.70%	28.70%	5.60%
Senior	64.10%	30.10%	5.80%
Total/Average Undergraduate Students	72.30%	23.39%	4.31%

