

Anxiety, Depression, Suicidal Ideation, and Mental Health Service Use Among College Students

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Mental Health Trends in College Students

- Prevalence of mental health problems rising (Twenge et al., 2010)
- Anxiety disorders about 12% and mood disorders 11% (Blanco et al., 2008)
- 6% of undergraduate and 4% graduate students report seriously considering suicide (Drum et al., 2009)
- 1.1% report an attempt over past year (Drum et al., 2009)
- 8% of undergraduates and 5% graduate students report a suicide attempt over lifetime (Drum et al., 2009)

College Mental Health Treatment

- Low rates of service use
- Among college students considering suicide, over half had not received help (Drum et al., 2009)
- Only 20% who died by suicide sought help at counseling center (Gallagher, 2011)
- Counseling and health centers have increased capacity
- Barriers: lack of problem recognition and time, lack of urgency to seek services, and stigma (Eisenberg et al., 2012)
- More college resources without slowing demand or documentation of efficacy

State of Online Interventions

- Several online interventions have been developed for anxiety and depression and heightened suicide risk
- Online and computer-delivered interventions potentially beneficial
- Studies mostly no-treatment or waiting list controls
- Less programs tested for suicidal ideation and behavior
- Low uptake and retention

Purpose of Current Study

- To assess rates of anxiety, depression and suicidal ideation in an ethnically and culturally diverse sample of college students
- To assess reported use of traditional and online intervention services
- To explore the use of a well-known online intervention available at the university
- To assess awareness and perceptions of online interventions when readily accessible

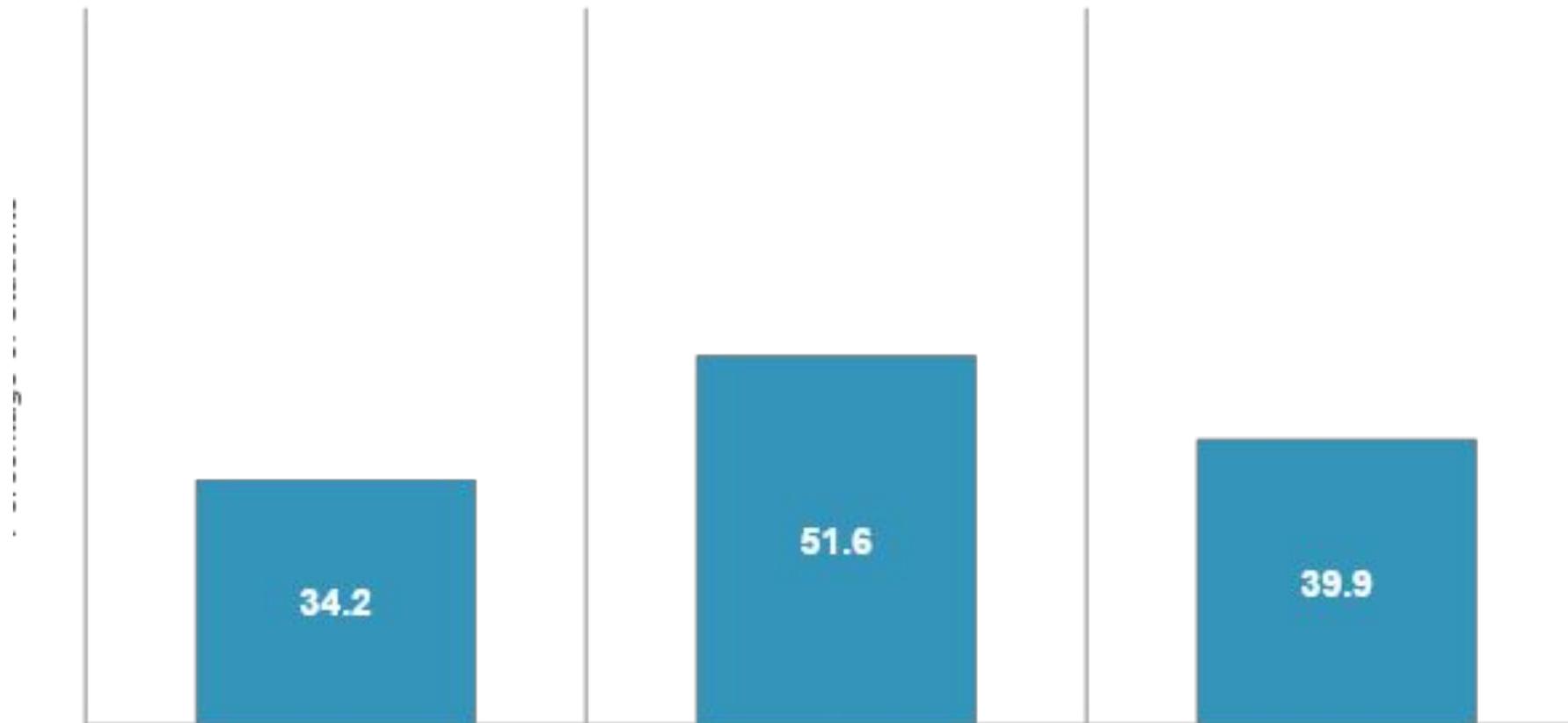
Participants

- N = 437 undergraduate students
- Age: 18 to 30 (M = 19.6 ± 1.8 years)
- Sex:
 - 78% Female
 - 1% Other / Prefer not to disclose
- Ethnicity/Race:
 - Hispanic/Latino: 28.4%
 - White: 27.6%
 - Black: 13.5%
 - American Indian: 0.9%
 - Asian: 7.8%
 - Native Hawaiian or Pacific Islander: 0.7%
 - Other: 30.1%

Measures

- Patient Health Questionnaire-9 (PHQ-9)
 - Measures depression severity in the last 2 weeks (9 items)
 - Range: 0-27; Cutoff score: 10
 - “Little interest or pleasure in doing things”
- Screen for Adult Anxiety Related Disorders (SCAARED)
 - Measures anxiety symptoms in the last 3 months (44 items)
 - Generalized Anxiety Disorder - Range: 0-26; Cutoff score: 12 (e.g. “It is hard for me to stop worrying”)
 - Social Anxiety Disorder - Range: 0-14; Cutoff score: 7 (e.g. “I feel nervous with people I don’t well”)
- Beck Scale for Suicide Ideation (BSS)
 - Measures severity of suicidal ideation in past week (21 items)
 - Range: 0-38
 - “I have no/a weak/ a moderate to strong wish to die”; “I have no/weak/moderate to strong desire to kill myself”
- Treatment Use Survey: measures use of traditional mental health services
- Mental Health App Survey: measures use of mental health apps

Depression & Anxiety



N = 148/433
Range: 0-27
Cutoff: 10

N = 222/430
Range: 0-26
Cutoff: 12

N = 172/431
Range: 0-14
Cutoff: 7

Suicidal Ideation

15.4% (n= 67) thoughts that they would be better off dead or hurting themselves over the last 2 weeks (PHQ-9 item 9)

- Several days: 9.5% (n = 40)
- More than half the days: 2.8% (n = 12)
- Nearly every day: 3.5% (n = 15)

13.5% (n = 59) were classified as “suicide ideators” (BSS)

- Endorse active and/or passive suicidal contemplation in past week
- Mean BSS score: 7.9 ± 6.3 (range 1 to 27); Median: 6

21% (n = 91) students with SI per PHQ-9 and/or BSS

- 12.1% (n = 11) did not score above any clinical cutoffs
- 4.4% (n = 4) scored above depression cutoff
- 14.3% (n = 13) scored above anxiety cutoff
- 69.2% (n = 63) scored above both depression and anxiety cutoffs

Traditional Mental Health Service Use

- Thought they needed mental health treatment
 - **45.5%** (n = 172/378) of those who scored above clinical cutoffs (anxiety and/or depression)
 - **68.1%** (n = 62/91) students with SI
- Received mental health treatment in past 12 months
 - **21.2%** (n = 80/378) of those who scored above clinical cutoffs
 - **30.8%** (n = 28/91) of SI
- Of those who thought they needed mental health treatment, saw a mental health professional in past 12 months
 - **46.5%** (n = 80/172) of those who scored above clinical cutoffs
 - **41.9%** (n = 26/62) of SI

Mental Health App Use

- Would be open to using a mental health app
 - **66.1%** (n = 250/378) of those who scored above clinical cutoffs
 - **74.7%** (n = 68/91) of SI
- Used a mental health app (e.g. Talkspace, SAM, Moodkit, CBT-I Coach, Operation Reach Out, Optimism)
 - **15.9%** (n = 60/378) of those who scored above clinical cutoffs
 - **24.2%** (n = 22/91) SI
- Would prefer mental health app over traditional services
 - **43.9%** (n = 166/378) of those who scored above clinical cutoffs
 - **38.5%** (n = 35/91) SI

TAO Self-Help App

- Aware of Therapy Assistance Online (TAO) self-help app
 - **10.3%** (n = 39/378) of those who scored above clinical cutoffs
 - **12.1%** (n = 11/91) SI (1 of whom scored above no clinical cutoffs)
- Of those who knew of TAO app, had used it
 - **15.4%** (n = 6/39) of those who scored above clinical cutoffs
 - **36.4%** (n = 4/11) SI (all of whom scored above clinical cutoffs)

Reasons for not using TAO app (n = 45 who knew of it)

- No current mental health needs: n = 24, 53% (1 SI)
- Unsure of efficacy: n = 10, 22% (4 SI)
- Too impersonal: n = 2, 4%
- Too inundated with technology: n = 2, 4% (1 SI)
- Other: n = 16, 36% (4 SI)

Conclusions

- Prevalent anxiety and depressive symptoms and suicidal ideation
- Problem recognition seems important
- Research shows some promise of online interventions
- Uptake and retention large barriers; Engagement interventions
- Some level of support is likely required
- Test online resources as support or adjunct for waiting lists and in between appointments
- Stepped care model