

Depression Screening in College Students

Privacy vs. Protection: The Case of College Student Suicide

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Challenges of Screening College Students for Suicide Risk

1. The frequency of suicidal behavior among those "at risk" is very low.

Felt so depressed it was difficult to function	45 %*
Seriously considered suicide	10 %*
Attempted suicide	1.4 %*
Died by suicide [1/13,000]	.008 %

* National College Health Assessment, American College Health Association, 2004



... Another Challenge

2. Those most in need are largely unknown to mental health service providers.

17.2-19.7% of college students who died by suicide in last three years were past or current clients of their school's counseling center.

(National Survey of Counseling Center Directors, Association of University & College Counseling Center Directors, 2002-2004)



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Why Don't Students in Need Seek Help? *

- > 25% of depressed young adults express "intent not to accept a diagnosis of depression" due to:
 - Negative beliefs and attitudes toward depression causation and treatment
 - Beliefs that depression should be hidden from family, friends, employers
 - Lack of past helpful treatment experiences

* Van Voorhees et al., *Annals of Family Medicine*, 2005



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...Other Reasons for Not Seeking Treatment

Even when need for treatment is accepted, depressed students may be:

- mistrustful of confidentiality of services
- concerned about losing control of their choices
- concerned about potential costs
- too overwhelmed to take necessary steps to seek help



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Implications for College-Based Screening Programs

- Problem is not informational in nature.
- Focusing on identifying symptoms as consistent with depression and providing information about treatment availability is likely to be insufficient.
- Barriers to help-seeking also need to be addressed.



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The AFSP College Screening Project

- Development began in 2002.
- Project has been implemented and pilot-tested at two universities: Emory University and the University of North Carolina at Chapel Hill.
- Based on formative evaluation data, procedures have been substantially refined.



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Project Procedures

- Students are invited to participate through an e-mail from the university.
- Link is provided to a secure website; project procedures are explained on Welcome page.
- Students sign up with self-assigned User ID and password.
- Complete a screening instrument adapted from the Patient Health Questionnaire (Spitzer et al., 1999, 2000)



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Screening Instrument

Questionnaire includes:

- a 9-item Depression Scale + items on:
- current suicidal ideation and past suicide attempts
- affective states such as anxiety, rage, desperation and loss of control
- use of alcohol and other drugs
- symptoms of eating disorders
- assessment of overall impact of problems on functioning
- current therapy or medications



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Student Identification

- Students are assured of anonymity, short of a clear threat to life of self or others.
- Questionnaire responses are identified only with the student's User ID.
- Students are asked to provide an e-mail address which is encrypted and stored in the computer system.



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Feedback to Students

- Computer system classifies respondents into tiers: 1A (suicide risk), 1B (other high risk) 2 (moderate risk) or 3 (low/no risk).
- A counselor receives an e-mail with a link to student's questionnaire.
- Confirms tier and writes a personalized response, normally w/in 24 hours.
- Students receive an e-mail when the counselor's response is posted on website, with direct link.



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Counselor's Response

- Emphasis in the response is on making a connection with Tier 1 and 2 students and offering relief from distress.
- Tier 1 and 2 students are urged to meet face-to-face with the counselor (identified by name, position, full contact information)
- All students are invited to anonymously "dialogue" with the counselor on the website.
- All Tier 1 and 2 students receive multiple e-mail reminders.



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Clinical Evaluation and Treatment

- Face-to-face sessions continue to build the therapeutic relationship.
- Screening counselor is available to provide treatment.
- Students are asked to consent to have evaluation report and monthly treatment reports provided to project (identified by User ID only).
- Evaluation report assesses role of screening, feedback and dialogues in bringing student in.
- Treatment reports are used to monitor adherence and outcomes.



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Pilot Test Results

For every 1,000 students invited to take the screening:

- 80 (8%) complete the questionnaire (40=Tier 1, 28=Tier 2, 12=Tier 3)
- 72 access the clinician's feedback
- 20 engage in on-line dialogues (1-15x)
- 15 come for clinical evaluation
- 11 enter treatment



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Project Requirements

- One full-time clinician per 12,000 students to respond to questionnaires, conduct online dialogues, conduct initial evaluations, and do some treatment.
- Website technology (including interactive features and data collection capacity).



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Project Impact

- Most students brought into treatment are at high risk (70% = Tier 1).
- Over 90% of those who come in say help-seeking was due to the clinician's encouragement.
- Project contributes to a campus culture supportive of help-seeking.
- Interest of the clinician may be having a positive impact on at-risk students who don't comply with clinician's recommendations (Motto & Bostrom, *Psychiatric Services*, 2001)



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Ethical and Legal Issues Related to Campus-Based Screening

1. Does screening increase suicide risk among students?

No evidence that asking students questions about suicide increases distress or suicidal thoughts (Gould et. Al., *JAMA*, 2005)



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...Ethical and Legal Issues

2. Anonymity vs. confidentiality

Implications for:

- students' right to privacy
- university liability for identifying an at-risk student and not preventing suicide
- parental notification of identified suicide risk



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...Ethical and Legal Issues

3. Universal vs. selective screening

Implications of targeted screening of groups at increased risk:

- Asian-Americans?
- engineering students?
- students with pre-college mental health problems?



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Conclusions

- Campus-based screening for depression and suicide risk is a complex but potentially helpful intervention – particularly when implemented as part of a comprehensive suicide prevention plan.
- An ideal system is one that can be modified to fit the needs, concerns resources and limitations of an individual institution.
- Future AFSP efforts will concentrate on working with campuses to incorporate some or all components of the program, and on continuing to document impact.



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