Depression Screening in College Students

Privacy vs. Protection: The Case of College Student Suicide

April 21, 2005

Ann Pollinger Haas, Ph.D., Research Director
American Foundation for Suicide Prevention

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)*

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*
...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

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.
The AFSP College Screening Project

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

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)
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

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.
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.

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.
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.

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
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).

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)
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)

...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
...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?

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.
Contact Information

Bethany Koestner
Research Administrator
American Foundation for Suicide Prevention
120 Wall Street, 22nd Floor
New York, NY 10005
(212) 363-3500, Ext. 15
bkoestner@afsp.org