GLS ON COLLEGE CAMPUSSES AND THE USE OF BEHAVIORAL HEALTH SERVICES

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SESSION CAMPUS BREAKOUT 2C
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THE ISSUE

2.9 million 18-25 year olds (8.3%) had serious thoughts of suicide in the past year (2015 National Survey on Drug Use and Health, NSDUH)

Suicide continues to be an issue on college campuses with about one-third of students seen in college counseling centers having seriously considered suicide (APA)

Zero Suicide best practices recommend students be assessed for suicidal thoughts and a risk formulation completed (SPRC)
WHAT DID WE WANT TO LEARN?

- Is there an increase of behavioral health service use as a result of GLS implementation?
- Did behavioral health service use increase as a result of screening programs implemented by campuses?
- Is there an increase in behavioral health service use increase on campus over years?
**WHAT DATA DID WE USE?**

<table>
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<tr>
<th>Management Information System (MIS)</th>
<th>• Number of students using behavioral health services</th>
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| Student Behavior Health Form (SBHF) | • Number of students using behavioral health services  
|                                      | • How campus implemented Screening programs           |
| Prevention Strategies Inventory (PSI)| • Implementation of screenings programs               
|                                      | • Implementation of Public Awareness Campaigns        |
| Training Activity Summary Page (TASP)| • Number of people trained on campus (students/staff/faculty) |
| Integrated Postsecondary Education Data System (IPEDS) | • Number of students enrolled  
|                                      | • Number of faculty/staff on campus                   |
WHOSE DATA DID WE USE?

112 Campuses from Cohorts 5-9 submitted data from academic year 2007-08 through academic year 2015-16

- During year 1 (baseline) grantees submitted data separately for five academic years, including the current/most recent year and four previous years
- On average they provided three years of data before and two years of data after GLS implementation
HOW DID WE LOOK AT THE DATA?

- Implementation of Screening Programs
- % of Students Trained in Suicide Prevention
- Implementation of Public awareness Campaigns
- % of Faculty/Staff Trained in Suicide Prevention

Outcome of Interest

Behavioral Health Service Use
DID BEHAVIORAL HEALTH SERVICE USE CHANGE?

- Average percent of students, faculty, and staff trained on campus
- Total Average percent of students receiving behavioral health services on campus
- Average percent of students receiving behavioral health services on campuses with no Screening
- Average percent of students receiving behavioral health services on campuses with Screening

Pre GLS Funding
Post GLS Funding

4 years prior to funding 3 years prior to funding 2 years prior to funding 1 year prior to funding Funding year 1 Funding year 2 Funding year 3
Sixty-five percent of campuses, out of the 212 campuses funded through GLS are implemented screening programs to identify youth in need of mental health services.

Early identification screening programs involve the administration of a screening instrument to identify at-risk youth, such as depression screening, Interactive Screening Program (ISP), or other online training tools.
SCREENING STRATEGIES ON GLS CAMPUSES

- 81.8%: All students entering the counseling center
- 34.5%: All students entering the health/wellness center (including physical health)
- 50.9%: All students with an identified behavioral health concern
- 5.5%: All freshmen or first year students
- 32.7%: Other

Source: Student Behavior Health Form; Campus Cohorts 7 to 9; n=55 campuses
MEANS TO CONDUCT SCREENINGS

Source: Student Behavior Health Form; Campus Cohorts 7 to 9; $n=55$ campuses
SCREENING INSTRUMENTS USED ON CAMPUSES

Suicide Behaviors Questionnaire (SBQ-R) | 4.5%
Behavioral Health Screen (BHS) | 4.5%
Suicide Assessment Five Step Evaluation and Triage (SAFE-T) | 6.8%
Other instruments | 9.1%
Columbia Suicide Severity Rating Scale (CSSR-S) | 9.1%
Ask Suicide Screening Questions (asQ) | 15.9%
Counseling Center Assessment of Psychological Symptoms (CCAPS) | 52.3%
Patient Health Questionnaire (PHQ-9) | 63.6%

Source: Student Behavior Health Form; Campus Cohorts 7 to 9; n=49 campuses
YES! Campuses that implement screening programs show significantly more students receiving behavioral health services during the third year of GLS implementation ($p=.0291$), and approaching significance during the first year and second year of GLS implementation.
SUMMARY

• Evidence supports the increase in behavioral health service use over years, however, no strong increase after GLS implementation.

• The increase of behavioral health service use on campuses that implement screening programs indicates that these efforts have been effective in connecting students to the services they need.
SUMMARY

• Campuses who are not currently using a screening program should consider ways to incorporate it into their campus to identify students and link them to services.

• Future analysis will look into information on how campuses conduct screenings and assess if there are outcome differences between screening approaches.
THANK YOU!

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