STRATEGIES TO ENGAGE PARENTS AS GATEKEEPERS

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- Integrated care model
  - Health services
  - Counseling Services
  - Disability Services
  - Health Promotion

- 4,000 undergraduates
- SAMHSA grant- 2009-2011
Who Are the Gatekeepers?

- Students
- RA’s, Landlords
- Faculty
- Advisors
- Staff
- Athletes, Greeks, Student Leaders
- But what about the PARENTS
Among College Students…

- 18% of undergraduates reported having seriously considered a suicide attempt at some point;

- 6% reported serious suicidal ideation in the past 12 months (Drum et al., 2009).

- 80% of students who die by suicide never received services at their campus counseling centers (Kisch, Leino, and Silverman, 2005).
Healthy Minds Study (Altoona, n=860), 2010

- **64% (2 out of 3)** of our students would first talk to their parents if they were experiencing emotional distress
- Of those who seek help, only **36%** do so with parental encouragement
- **51% (1 out of 2)** experienced academic difficulty due to MH symptoms in past 4 wks.
Parent Data
Literature Review

Parents’ attitudes toward therapy influence help seeking, engagement, retention, and outcome. They are based on perceptions related to benefits/risks. (Morrissey-Kane & Prinz, 1999 & Vogel et al., 2009)

Parents are more willing to refer a friend’s child to professional help than their own. (Raviv et al. 2009)

50% of parents believe that a student can “pull themselves together” if they have an MH problem. (Locke & Eichorn, 2008)
Parents are less comfortable talking about mental health than about other health concerns. (Locke & Eichorn, 2008)

There is still a high level of stigma around mental health. (Locke & Eichorn, 2008)

Most parents believe professional help is useful for mental health issues, but most would refer to a general practitioner first. (Jorm et al., 2007)
Parents’ attitudes toward help seeking play a role in their students’ intentions to seek psychological help; also the quality of the relationship is significant as to if the student adopts the parental attitudes (Vogel, et al., 2009)

N=1,007-parents/guardians of 16-20 yr. olds (38% parents of college students, 90% Caucasian)

- **One third** thought that others would avoid their student if MI was discovered.
- **20%** believed MH problems should be handled privately; parents are less comfortable discussing suicidal thoughts than other health topics.
• 64.5% (2 out of 3) related that they had not received any information on MH services from their school, 9% didn’t know.

• Most parents (53.9%) would refer to a family doctor, 26.1% counselor, 21.3% clergy
80% are confident that they could identify a MH problem; although only 3.4% identified suicidal thoughts as a sign of depression, and only 15% were able to name more than one or two signs.

Almost $\frac{2}{3}$ do not think their children are likely to experience a MH problem in college—although they believe any person can develop a problem.
Limitations of Research

- Limited replicated studies on mental health and the parent population in higher education.

- Little is known about how parents want health information from their student’s university.

- Little data on the correlation between parental knowledge/attitudes with intention to intervene and refer. Especially with cultural, geographic differences.
Best Practices - Public Health Approach

1. Identify Students at Risk
2. Screen
3. Increase Help Seeking behavior
4. Provide MH and Crisis Services
5. Restrict Access to Lethal Means
6. Promote Development of Life Skills
7. Promote Social Engagement

Jed Foundation/SPRC
Parents As Gatekeepers
Student Barriers To Help-Seeking
(Healthy Minds Study n=860, 2010)

50% believe that most people think less of those with MH problems
- 54% believe that most people see tx. as a sign of weakness
- 51% believe that stress is normal
- 45% do not perceive the need
- 37% believe that problems will resolve themselves

Hypothesis:
- Some of the same barriers to help-seeking identified with students will relate to parents as well. Parents hold great influence
Research Questions

What factors correlate with increased referral to counseling?

What is most related to tendency to refer?

What most impacts willingness/comfort in talking with students about issues?

Is parent’s willingness to talk about mental health concerns a mediator?
Willingness to intervene and Refer

- Belief of helpfulness of therapy
  - Beliefs about mental health and Services
  - Beliefs about suicide and signs of depression
- Knowledge of mental health issues
- Confidence in abilities to know how to seek help
Study Design

- Conduct a random sampling of parents from two distinctly different schools

- Look at geographic, ethnic and cultural differences -
  - A rural small liberal arts school - 4,000
  - An urban multi-culturally diverse school - 15,000
Study Design

- Sample size 300
- $10 incentive- gift card, metro card
- Phone surveyors
- Structured training
- Statistical analysis – Descriptive statistics using linear regression, correlation and multivariate analysis
Potential Outcomes

- An understanding of the educational needs of parents
  - Perceived risks and benefits to intervening
  - Knowledge base regarding symptoms and referral options

- Development of products and strategies which seek to decrease barriers to help-seeking
Demographics

- 75% of respondents were mothers
- 64.7% of respondents were ages 45-54
- 59% of respondents were White; 20% Black/African American; 21% Hispanic
- 27% of respondents live in rural areas; 43% urban, 28% suburban
Demographics

- Income: 25% 100,000 or more, 29% 50,000 to less than 100,000, 15.5% less than 20,000
- Education: 27.7% some college, 10% technical school, 33.7% college
- Diversity: 21% Hispanic, 20% black, 60% white, 1% Asian, 19% other
- Urban- 43%, suburban 28%, rural 27%
- 25% were not born in US
Communication Preferences
(Somewhat to very interested)

- Parent Web-site (75%)
- Parent Newsletter- mailed (79%); emailed 69%
- Web-based training (59%)
- Parent Training during orientation (79%)
- Video or CD accessed on-line or mailed (50%)
Communicating With Students

Communication

- 70% cell
- 64% in person
- 58% text
- 15% Email
- 7.7% Social Media
Frequency of Communication

Communicating - 93% 2 to 3 times/wk; 70% Daily

- More Than Once a Day 30%
- Daily 40.7%
- Two or Three times a week 22%
- About Weekly 5.7%
- Two or Three Times a Month 1.3%
Communicating - 83% 2 to 3 times per week (data does not represent those living at home)

- More Than Once a Day 8.1%
- Daily 27.6%
- Two or Three times a week 47.2%
- About Weekly 13.8%
- Two or Three Times a Month 3.3%
More Frequent Communication

Is Positively Related to:

- Referral to Counseling and intervening
- Comfort in talking about MH problems
- Talking to their student about drugs, alcohol, eating disorders and suicidal ideation
Parents report - Top three signs of depression

- Withdrawn-18.5%
- Change in weight-17.9%
- Sleeping- too much-14%

- Thoughts of suicide- 3.8%-second to the last (drop in grades-2.9%); non-whites more likely to list this.
Understanding of Mental Health

• Over 50% of parents believe they know the signs of depression, substance abuse, anxiety, suicide. (cutting - urban)

• Less than 50% believe they know the signs related to eating disorders, bipolar disorder, cutting behaviors, schizophrenia

• 25% (1 out of 4) think it’s unlikely or somewhat unlikely that their student will voluntarily tell them if they were experiencing MH symptoms.
Understanding

- 35% indicate that they know little about depression

- 42% (2 out of 5) are not aware of one crisis hotline
• One out of ten are uncomfortable talking to their student about suicide

• 20% (1 out of 5) do not feel confident that they know where to find info for help

• 32% (1 out of 3) were not aware of one campus resource
18% are unlikely or somewhat unlikely to refer to the counseling center
Barrier-Beliefs (somewhat agree/agree)

- One out of ten would think less of a person who has received MH TX-( 11%)

- One out of ten believe people with MH problems just need to “pull themselves together” (non-white pop. more likely to agree)
Barriers (Somewhat agree/agree)

- Services may not be confidential - 41%
- Records might impact future plans - 37%
- Providers may not be sensitive to cultural issues - 28%; Religious beliefs - 32%
- Lack of knowledge about services - 30%
• 18% (1 out of 5) think that if you talk to someone about suicide they are more likely to do it.

• 19% (1 out of 5) think that those that talk about “it” just want attention.

• Prefer to handle things within the family- 29%
48% (2 out of 5) believe that receiving treatment for MH carries social stigma (Negative relationship with referral for counseling; males more likely)

23% would not accept a person who received treatment as a friend of my student; urban were 4 times more likely to accept.
• One out of ten did not think it is likely that someone with depression would experience suicidal thoughts

• 32% (1 out of 3) believe that those that talk about “it” don’t do it

• 30% do not think that those who use alcohol in a high risk manner are more at risk for suicide
Social Stigma

- **85%** believe that anyone could develop a mental health problem at any time; although
- **61%** believe that people will see a person in a less favorable way if they know they received treatment; *(slightly more than 3 out of 5)*

- Treatment carries stigma
  - White 32% less likely to agree with this
  - Urban 29% less likely to agree
<table>
<thead>
<tr>
<th>Students</th>
<th>Parents</th>
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<tbody>
<tr>
<td>• Stress is normal in college; (40%)</td>
<td>• Stress is normal in college (42%)</td>
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<tr>
<td>• Prefer to deal with issues on my own; (42%)</td>
<td>• Services may not be totally confidential (41%)</td>
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<tr>
<td>• How serious my needs are; (30%)</td>
<td>• There might be a record of services that may impact future plans (37%)</td>
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<tr>
<td>• Problem will get better by itself; (18%)</td>
<td>• Providers not sensitive to cultural needs (32%)</td>
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<td>• Lack of insurance coverage</td>
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What Impacts Likelihood of Referral

- **Significant impact:**
  - Knowledge of mental health problems and symptoms; awareness of hotline
  - Not seeing MH as a sign of failure
  - Disagreeing with the statement that people with MH problems need to pull themselves together
Referral

- Family Doctor or Health Center- (3.7)- 93% (non-white, urban more likely)
- Counseling (3.3)- 82%; 1 out of 6 did not think counseling is helpful
- Talk to family/friends (3.2)-75%
- Clergy (3.02)- 72%
- Web-site (2.9)- 66%
- Ignore it - 19% (male, non-white, urban more likely)
- Talk them out of it - 75%; (3 out of 4)
Bottom Line

- Parents, guardians, significant others - matter
- Gatekeeper training is important with parents
- We need to find ways to:
  - Combat misperceptions and knowledge deficit
  - Communicate that we want them as partners
  - Develop strategies for them to have access to training and information
Parent DVD

- Contracted with a professional educational media company. info@academic-channel.com
- Created the content-themes
- Distributed the DVD to all parents fall 2011
- Completed a web-based evaluation spring 2012
Parent DVD Objectives

- Identify warning signs
- Learn how to approach/talk to your student
- Refer, seek services of a professional
- Themes:
  - Asking about suicide doesn’t plant the seed
  - Treatment is effective
  - It is your responsibility to be aware as a parent
  - Psychological issues can happen to anyone
Parent DVD Follow-up Survey

- 78 Parents responded to the survey via an email invitation sent on the parent listserv.
- The survey was open for three weeks and two reminder emails were sent.
Results

- 86% of parents reported watching the DVD.
- 99% of the parents had freshman students.
- 83% of the parents that responded were female.
- 97% of parents rated the DVD as good, very good, or excellent.
Results

- 89% able to identify signs of suicide/distress
- 88% comfortable talking to my student
- 88% believe tx. for depression is valuable
- 92% believe MH issues can affect anyone
- 88% believe that asking about suicide will not give their student the idea
- 96% believe that it’s their job to know what’s going on with their student
Additional Parent Strategies

- Parent Web-site
- Parent newsletters each semester- mailed to the home and on-line
- New Student Orientation, parent session
- Parent List-serve messages
- Anti-Stigma campaign
Parents of College Students

College can be an exciting time for your student but it can also present many challenges. The transition to college can be associated with stress. As a parent it can be difficult to know when and how to help your student. When issues stray beyond the typical roommate conflicts and academic adjustments the distinction between interference and active support may be hard to see. The following information is provided to help you recognize signs of distress in your student and learn how to intervene appropriately.

Services Available at the Health and Wellness Center

Other Ways to Offer Support

Helpful Links

Helpful Books

Health and Wellness Center Newsletters

Parent Resources
Thank YOU

FAMILY INFORMATION

After much work and effort the telephone survey is complete. We couldn’t have done it without your participation - thank you! Some of the results are as follows:

- Most parents prefer to have information posted on the parent Web site - www.altoona.psu.edu/stress/parents - and to receive a mailed newsletter.
- Most parents are comfortable addressing suicide and mental health issues with their student.
- Forty-three percent (43%) of parents thought their student would tell them if they were experiencing a mental health problem. Actually, most suicidal students don’t tell anyone about it and if they do disclose that information they are most likely to tell a peer or significant other (Drum, et al. 2009).
- The belief that areas are normal in college and campuses are not totally confidential are the top barriers that prevent parents from referring their students to services. It is important to note that although some stress is normal in college, if it interferes with your student’s ability to function, talking to a counselor could be beneficial.

In addition, Penn State Altoona’s Health and Wellness Center staff is held to the same national privacy protection standard (HIPAA) as all other medical and mental health professionals. All consultations, test results, diagnoses, etc. are confidential. No information is released without a signed consent.

COMING SOON

Based on your feedback from the Parent Telephone Survey, the Health and Wellness Center has created a 6-minute CD containing information related to mental health issues and useful tips for you as parents. Watch for your CD to arrive in the mail in October.

Penn State Altoona

814-949-5560 | www.altoona.psu.edu/healthwellness | Sheetz Family Health Center
UPCOMING EVENTS • ENCOURAGE YOUR STUDENT TO ATTEND

NATIONAL SUICIDE PREVENTION WEEK
September 4 - 10, 2011
Encourage your student to complete the AI-Risk online training simulation to learn how to help a friend in distress.
Go to http://aars.uky.edu. Enrollment key: psudf

NATIONAL DEPRESSION SCREENING DAY
October 6, 2011 | Noon - 1 p.m.
Sheerz Health Center, room 110
Students may get a free and confidential screening for depression, and have an opportunity to meet and talk with personnel from the Health and Wellness Center.

FLU CLINIC
October 18, 2011 | 9 a.m. - 1 p.m. and October 29, 2011 | 4 - 7 p.m.
Flu vaccinations available for registered students. Fee applies.

OUR SERVICES
Health Services
- General medical clinic (most appointments are scheduled within 24 hours)
- Immunizations
- Allergy shots
- Medications
- Lab work

FREE Disability Services
- Assumes that individuals with verifiable disabilities are protected from discrimination and are provided equal access
- Classroom accommodations are provided to registered students

FREE Counseling Center Services
- Short-term individual counseling
- Psychological assessment services
  "First-time applies. Students may be hit that charge amount.
- Case management services

Health Education Programs
- Know Your Numbers
  - Cholesterol, blood pressure, body fat screen, and discussion of results
- Connect
  - Program designed to help students develop healthy eating and exercise habits
- Freedom's from Smoking
  - Free smoking cessation counseling

Maximize and support your student’s college experience
Model strong communication skills. According to the American College Health Association, seventy-two percent (72%) of students get most of their health information from their parents.
Listen. Learn to be an active listener. Have balanced, open conversations.
Interview. Refer to professional help if needed.

FOR IMMEDIATE HELP IN MENTAL HEALTH EMERGENCIES
Community Crisis Center (Altoona) 1-800-833-2411 or 509-910-4080
Suicide Prevention Lifeline (National) 1-800-273-TALK (0230)
For more information, visit www.altoona.psu.edu/stress online.
Most of You......

- (82%) would refer to counseling services if you thought that your student had a mental health issue.

- (60%) Know that counseling services are completely confidential

- (68%) Know that counseling services are sensitive to the cultural and religious beliefs of your students.
Did you Know......

- **1 out of 4** of you do not think that your student would tell you if they were experiencing mental health difficulties. SO.... **ASK THEM...BE INFORMED.....REFER....814-949-5540** (Counseling Center)

- That there is a **24 hour hotline** if your student needs assistance with a mental health crisis. **Call 1-800-273-TALK**
Challenges

- Access- tap in to web-sites, processes that are in place (orientation); or create them
- “Just in time” information
- Attitude of inclusion
Questions