Partnering with Parents as Mental Health Gatekeepers: Strategies and Interventions.

2012 Garrett Lee Smith Combined Campus, State and Tribal Grantee Meeting

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PENN STATE ALTOONA

Health & Wellness Center

- Four year liberal arts
- 4,000 students
- SAMHSA grant 2008-2011
- Residential
- Rural
- Integrated Health, Health Education, Counseling and Disability Services Center
Literature Review

• 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)

• Almost 80% of parents were confident they would be able to tell if their teen were experiencing a mental health problem. (Locke & Eichorn, 2008)
Literature Review

• 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 therapy influence help seeking, engagement, retention, and outcome. (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)
Literature Review

- 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)

• Half thought the person with MI could pull himself together if he wants to.
• One third thought that others would avoid their student if MI was discovered.
• 20% believed MI problems should be handled privately; parents are less comfortable discussing suicidal thoughts than other health topics.
JED continued

• Most indicated that a school’s mental health services were not a factor at all in the selection of schools (52.3%)

• 64.5% 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 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 identification of risk factors, intention to intervene/refer with knowledge/stigma/barriers and cultural differences.
Parent Study 2011

- Randomized control study- parents/guardians
- Two diverse institutions: urban/rural; culturally diverse
- n=300, telephone survey- trained surveyors
- Attitudes toward tx. are often based on an evaluation of the anticipated outcomes (knowledge, barriers, stigma, risks). Parents play an important role in this process.
Parent Research Study (2011-2012)

Healthy Minds Study (n=860, 2010)

- 64% of our students would first talk to their parents if they were experiencing emotional distress
- Of those that seek help, only 36% did so with parental encouragement
- 51% experienced academic difficulty due to MH symptoms in past 4 wks.
- 50% believe that most people think less of those with MH problems
- 54% believe that most people see tx. as a sign of weakness

Hypothesis

- Some of the same barriers to help-seeking identified with students will relate to parents as well.
  - 51% believe that stress is normal
  - 45% do not perceive the need
  - 37% believe that problems will resolve themselves
- Parents hold great influence
Research Questions

1. Determine if parents are less likely to talk about MH compared to other illnesses

2. Compare results of barriers to seeking help for students with that of parents.

3. Assess parent’s understanding of MH symptoms and warning signs.

4. Examine various correlations involving parent’s willingness to address and intervene with factors such communication patterns.
Research Questions

5. Examine correlations of referral with factors such as knowledge of campus resources, belief about benefits of therapy, etc.

6. Determine what factors (knowledge, etc.) are predictors of parent’s referral.

7. Determine what factors have the greatest impact on willingness of parents to talk with their student regarding MH.

8. Examine a mediation model - parent’s communication pattern/beliefs about suicide and referral.
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
Demographics Penn State
Altoona Data

• 72% of respondents were mothers
• 64.7% of respondents were ages 45-54
• 93.3% of respondents were White
• 54.7% of respondents live in rural areas
• 58% had some college education
Communication Preferences

- Parent Web-site (60%)
- Parent Newsletter- mailed (57%)
- Parent Newsletter- emailed (43%)
- Parent Training during orientation (41%)
- Video or CD accessed on-line or mailed (45.3% somewhat to very interested)
Communicating with Students

In person: 40%
Text: 57%
Phone: 65%
Understanding of mental health

• Only 39.3% of parents are sure they would know how to help their student for depression.

• Only 43.3% of parents are sure they would know how to help their student for other mental health issues.

• Over 50% of parents believe they know the signs of depression, substance abuse, anxiety, suicide

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

• 43.3% reported their student would likely tell them about a mental health issue; and 22% believe the college would inform them.
• Almost 30% of respondents were not aware of at least one resource on campus.
• 52% were not aware of at least one crisis hotline.
• Less than half (43.3%) are sure that they would know when to seek help.
• Over 80% believe that they would be comfortable talking to their student about MH issues.
• 75% would refer to primary care provider.
Barriers to help seeking, intervening, and referral

- 50% reported if their student was experiencing emotional distress it is likely they would try to talk them out of it.

- 68% would likely ask them to talk to family or friends.

- Only 6.7% identified suicidal ideation as a symptom of depression.

- 47.4% do not believe that their attitudes about counseling has an impact on their student’s behavior.
Beliefs that may be barriers

• Stress in college is normal (32.6%)

• Services are not totally confidential (28%)

• Prefer to handle issues like these on my own (27%)

• Lack of knowledge about services (23.3%)

• Receiving TX. for MH problems carries social stigma (61.4%)
Beliefs about mental health services

• 61% believe people will see a person in a less favorable way if they have received treatment for mental health issues.

• 72.7% know friends or family that have sought treatment for mental health issues.

• 25.4% believe that people who threaten suicide don’t do it

• 25.3% think that people who talk about suicide, just want attention

• Almost 20% do not think that people who are depressed are more likely to attempt suicide
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
- Identify signs of depression, 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: Please rate how much you agree or disagree with the following statements

- I am able to identify signs of...
- I am comfortable talking to...
- Treatment for depression...
- It is my job as a parent to be...
- Asking about suicide won’t...
- Depression/mental health...

[Bar chart showing percentage agreement for each statement]
Additional Parent Strategies

- Parent Web-site
  www.altoona.psu.edu/stress
- Parent newsletters each semester- mailed to the home and on-line
- New Student Orientation, parent session
- Parent List-serve messages
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
FAMILY INFORMATION

Thank YOU

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 issues in college and services 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 4-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.

814-949-5340 | www.altoona.psu.edu/healthwellness | Sheetz Family Health Center
Parent Newsletter

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://ausr.kroghilo.com. Enrollment key: psu57

NATIONAL DEPRESSION SCREENING DAY
October 6, Noon - 1 p.m.
Sheetz 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 19, 2011 - 9 a.m. - 1 p.m. and October 29, 2011 - 4 - 7 p.m.
Flu vaccinations available for registered students. Flu 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
- Psychotherapy/medication assessment
- "Last day applies. Students may hit their annual maximum.
- 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 healthier eating and exercise habits
- Freedom 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.
Intervene. Refer to professional help if needed.

FOR IMMEDIATE HELP IN MENTAL HEALTH EMERGENCIES

Community Crisis Center (Altoona)
014-809-2141 or 911-504-4090
Suicide Prevention Lifeline (National)
1-800-273-TALK (0230)

For more information, visit www.altoona.psu.edu/stress online.
APPLYING THE RESEARCH
Question of the Month

Survey Results for March 2012

What topics are most difficult for you to discuss with your student?

- Sex
- Romantic relationships
- Mental/physical health
- Career planning
- Finances
- Academics
- Safety
- Religion
Perception of College Parents

**Names**
- Helicopters
- Lawn mowers
- Stealth bombers
- Submarines
- Tiger Moms

**Image**
- Overly involved
- Intrusive
- Manipulative
- Barrier to student development
Reasons For Family Involvement

• Parents are told to be involved
• Financial impact of a college education affects family
• Technology makes communication easy
• Students initiate involvement
• No Child Left Behind mandates parental involvement at K-12 level
Frequent communication does not equate to dependence

- Most parents offer suggestions but leave decisions to student
- Intervention is primarily related to finances and bills (14%), mental health (4%), safety (2.5%), and physical health (1.4%)

*NASPA study*
Student Development Theory

**Traditional**
Chickering, Tinto, Erickson

**Family Theory**
Family Systems Theory, Attachment Theory

**Emerging**
Women, Cultural, Millennial theories
Family Communication

• 2012 U of M Survey data
  • 15.5% of U of M parents are in touch with their student by cell phone one or more times a day; another 67.6% are once a week or more.
  • 27.1% are in touch by text one or more times a day; 53.5% once a week or more.

Pew Research study: Nationally, 82% of 18-25 year olds talked to parents “yesterday,” and half see their parents at least once weekly.
When do we *need* parents?

- Physical health
- Mental health
- Finances
Parents and Mental Health

Parents are the best source for

- Knowing the student’s history
- Knowing the family history
- Providing just-in-time information
How Can We Work with Parents?

FERPA, HIPAA—Not necessarily a barrier to working with parents

U of M’s philosophy of working with parents

The University of Minnesota Parent Program provides communication between the University and parents of our students in order to

• support student success,
• generate goodwill for the University,
• and promote an appropriate role for parents within the campus community.
Working with Parents

Parent initiatives related to mental health

• Quarterly newsletter includes Q & A article by counselor
• Adjustment issues discussed at Parent Orientation
• Biweekly listserv includes reminders of resources, what’s “normal”
• Response to parent e-mail and phone questions
• Online “Workshop for Parents” on Mental Health and the College Student
• Online “Workshop for Parents” on Alcohol on Campus, Student Finance
Working with Parents

Parent partnerships on mental health

- Parent Program representation on Provost’s Committee on Mental Health
- Parent Page on University’s Student Mental Health website (http://www.mentalhealth.umn.edu/)
- Collaborate with campus offices on creating parent messages
  - How to raise a sensitive subject
  - Sex and sexuality
  - Portrait of the quiet student
Working with Parents

Results of parents’ mental health workshop

- 1,000 hits on website in first 2-1/2 weeks
- About 4,000 hits in the first year
- Increase in parent questions re: mental health (5 in all of 2004-05; 7 in December 2005)
“For some reason I was unaware of the existence of this website. Wow it is nice to put this in words. It has been a frustrating scary time with our son. He went from a great student, captain of football, basketball, AAA winner in highschool to a student who is barely surviving in college.

“....he went to the dr in January and was diagnosed depressed, told to exercise.”
What Parents Need

• Knowledge that mental health conditions are not unusual among college students
• Information about resources for the student
• Talking points for conversations
• An understanding that a couple of action steps may be all their student can handle
• Goal: Destigmatize mental health conditions
Summary

• Parents and family members have a legitimate interest in their student’s college experience
• It’s helpful to parents if we explain how we work with students on mental health conditions
• They will support and reinforce our messages to students when they know what we’re saying and why we’re saying it
Contact Information

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Parent site: www.altoona.psu.edu/stress/parents.php

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Discussion

• Who are the families of your students?
• How can the families of your students support your mental health messages? How can they be helpful?
• How can you partner with family members?
  • Who on campus (or off) can get the word to your families?
  • What overall messages do you want families to receive?