

Improving Mental Health Screening in a Student Health Center

Rebecca Mischel BSN, RN, FNP-DNP Student
American Republic Student Health Center Drake University, Des Moines Iowa

Introduction

- **Problem-** College aged-students have the highest prevalence of mental illness compared to other adult age groups, but most students who screen positive are not receiving treatment^{1,2}
- 53.1% of college students report feeling hopeless and 10.9% of students reported seriously considering suicide in the last 12 months³
- Utilization of validated and reliable mental health screening tools improves provider satisfaction with care.⁴
- Nonpharmacologic interventions and resources lead to decreased symptom severity, increased rates of mental health service utilization, and decreased use of emergency services.⁵

Purpose

Purpose: To increase identification of anxiety, depression, and substance abuse in the college student population and increase access to treatment and mental health resources for college students struggling with mental illness.

Objectives:

- 1) Increased provider knowledge about utilization of screening tools for mental illness and available referral and support interventions for students
- 2) Improved provider attitude towards utilization of screening tools
- 3) Increased screening rates for anxiety, depression and substance abuse disorders
- 4) Increased rate of students who screen positive receiving appropriate follow-up evaluation, resources, treatment and referrals

Methods

- This project was deemed not Human Subjects Research
- **Setting:** American Republic Student Health Center
- **Population:** Providers at ARSHC

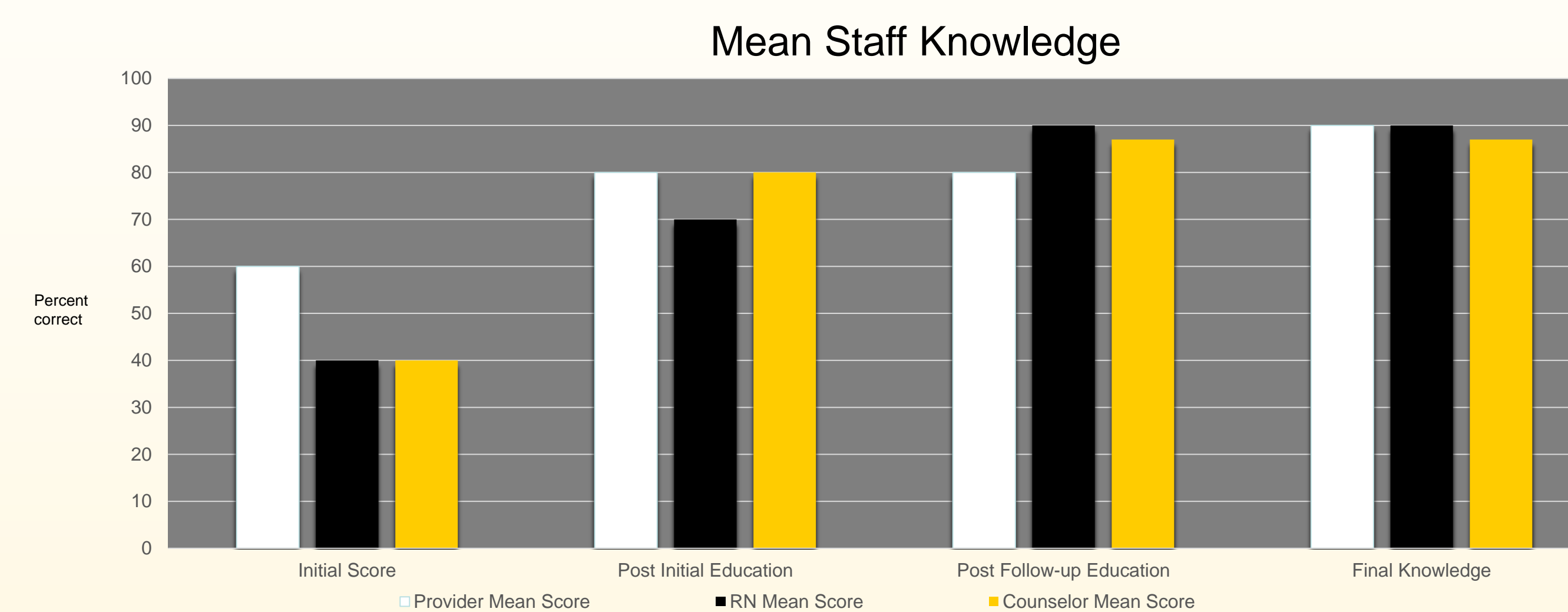
Current Practice Assessment

Training and Resource Toolkit Development

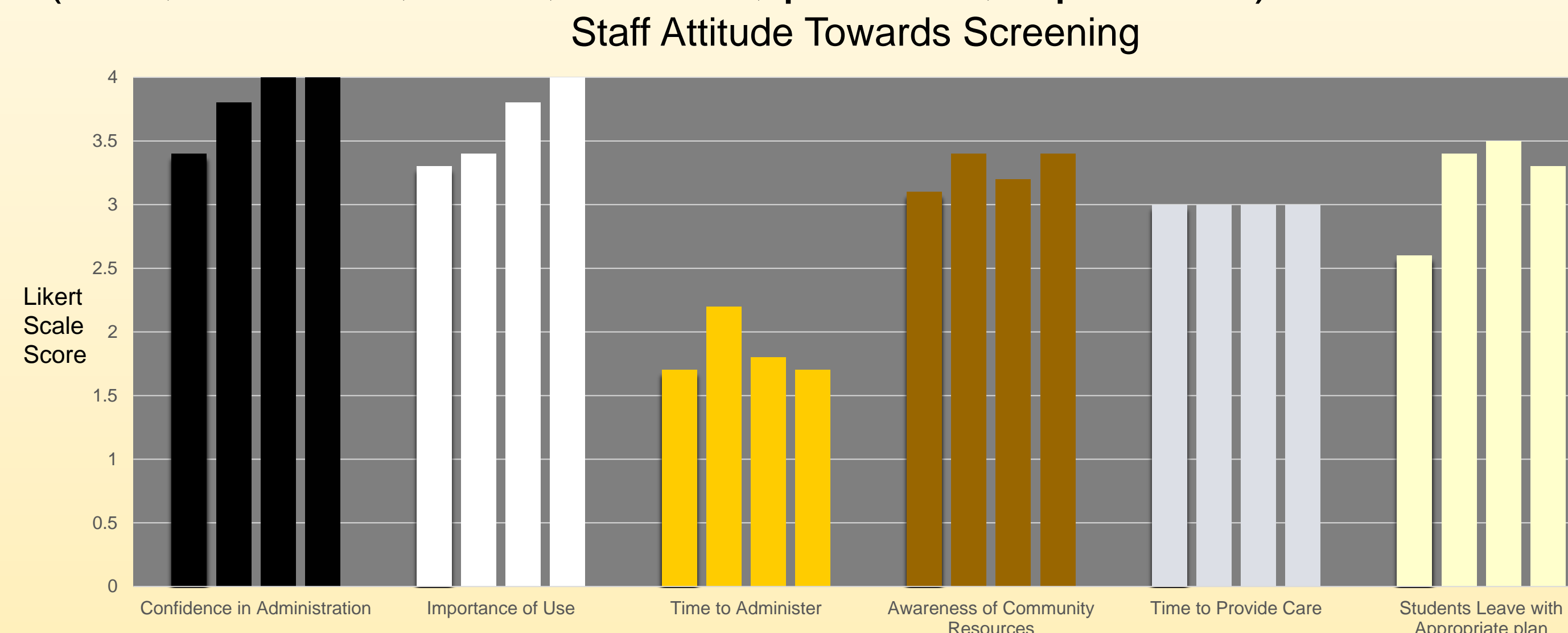
Implementation of PSQ Screening Tool

- Staff interviews identified need for standard screening tool, standardized use, and resource toolkit
- Delivery of staff education and training sessions, creation and distribution of resource toolkit
- PSQ tool administration to all students presenting for mental health concerns at every visit
- Staff surveys pre and post education sessions

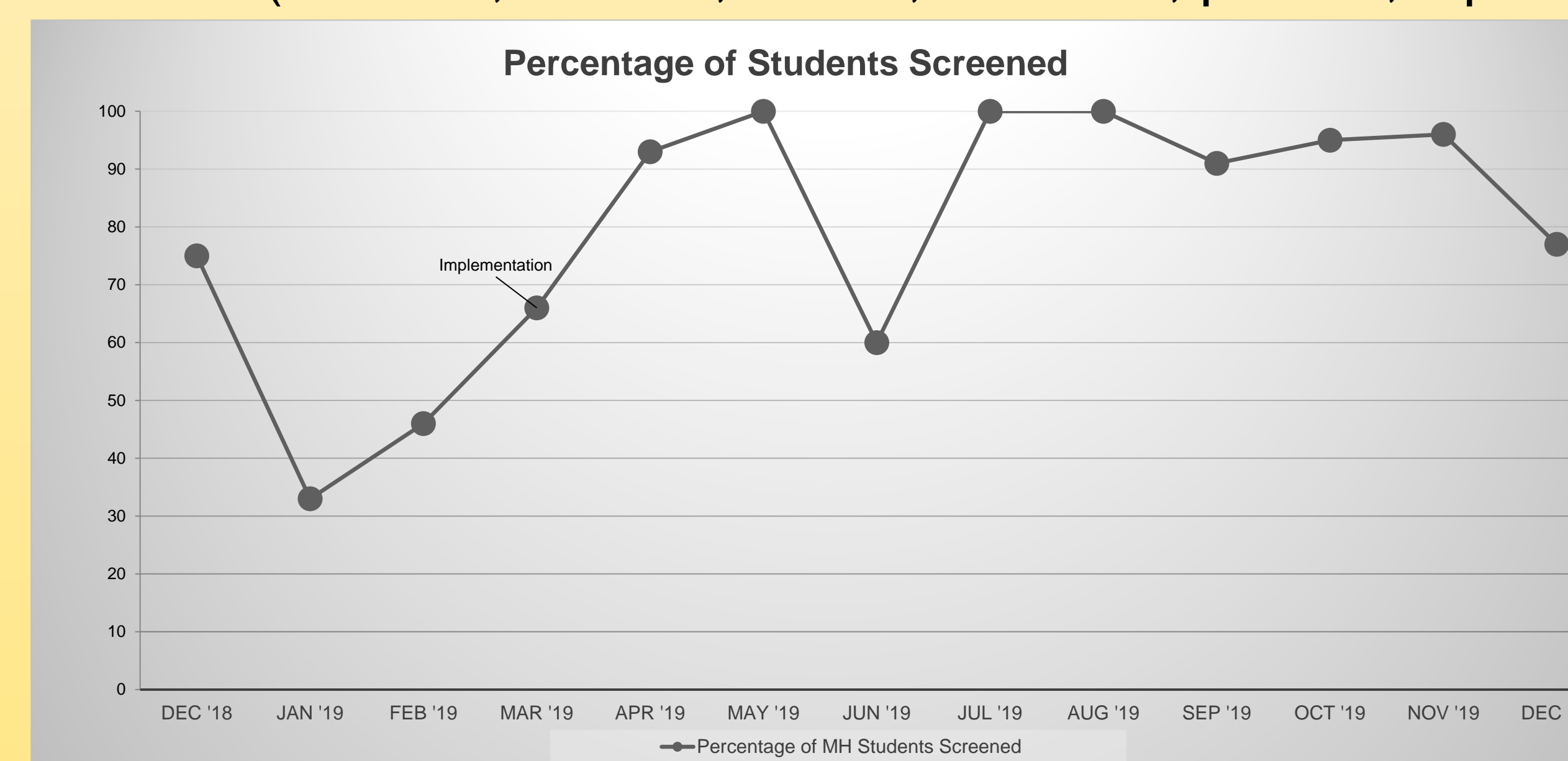
Outcomes



Mean staff knowledge of the five staff present throughout project was found to have significantly increased using Wilcoxon Signed Rank Test (W=0, Z= -3.29, N =5, Ties= 0, p=.0001, alpha=0.2)



Change in staff attitude of five staff present throughout implementation was not found to be statistically significant using Wilcoxon Signed Rank Test (W=69.5, Z= -1.3, N =20, Ties= 10, p=.183, alpha=.05)



- Rate of screening was found to have significantly improved using Welch's t-test. $t(2)=3.09$, $p=.034$, $d=2.27$
- 97% (57/59) of students who screened positive using the PSQ and diagnosed with psychiatric illness received treatment and intervention. This could not be determined to be significant from baseline using Welch's T-Test. $t(2)=1.78$, $p=.108$, $d= 1.83$
- 23 students screened as at risk for drug or alcohol problem and 100% of them received counseling or intervention
- 40 students referred for counseling services, 7 psychiatric referrals, 10 plans included non-pharmacological interventions and 56 students were started on or continued medications

Evaluation

- Increased staff knowledge about screening tools with no significant change in staff attitude observed. Staff comments indicated improved efficiency, follow-up care, and ease of use
- Significant and sustained improvement in screening rates and consistent rate of students receiving appropriate treatment

Project Limitations

- Small sample size, staff turnover, manual documentation of visit numbers could contribute to errors

Future Recommendations

- Expansion to other Student Health Centers for larger sample size
- Expanded screening to include all students at every visit

Conclusions

- Staff education and training increases provider knowledge towards utilization of screening tools for psychiatric illness and substance abuse
- Creation of resource toolkit, interdisciplinary collaboration and system change supports increased services and referrals for students with mental health disorders within the Student Health setting
- Screening tools can be integrated into routine use within the Student Health setting
- Plan for manuscript submission to the Journal of American College Health in March 2020.

References

- 1-National Institute of Mental Health. (2017). Mental Illness. Retrieved from: <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>
- 2-Ketchen Lipson, S., Gaddis, S. M., Heinze, J., Beck, K., & Eisenberg, D. (2015). Variations in Student Mental Health and Treatment Utilization Across US Colleges and Universities. *Journal of American College Health*, 63(6), 388-396. doi:10.1080/07448481.2015.1040411
- 3-American College Health Association. (2017). American college health association-national college health assessment II- undergraduate student reference group data executive summary Fall 2017. Hanover, MD: ACHA.
- 4-Funderburk, J.S., Fielder, R.L., DeMartini, K.S., Flynn, C.A. (2012). Integrating behavioral health services into a university health center: patient and provider satisfaction. *Families, Systems and Health*, 30(2), 130-140. doi: 10.1037/a0028378
- 5-Kroshus, E. (2016). Variability in Institutional Screening Practices Related to Collegiate Student-Athlete Mental Health. *Journal of Athletic Training (Allen Press)*, 51(5), 389-397. doi:10.4085/1062-6050-51.5.07

Acknowledgements

This project would not have been possible without Janet Fink ARNP, my mentor at ARHSC. I would also like to thank the counseling and nursing staff at ARHSC, Dr. Richard Bogue, Dr. Jessica Anderson, Dr. Kerri Rupe and Dr. Andrea Achenbach. There are no conflicts of interest to disclose.