



Sixth Annual College Symposium
Creating a Campus Commitment to Substance Abuse
Prevention and Assisting Students in Distress
Mark A. Levine, MD – Commissioner

Objectives

- ❑ Welcome!
- ❑ Frame the discussion
- ❑ Overwhelm you with data
- ❑ Provide perspective
- ❑ Leave the solutions and action plans to you

Who Are You?

- Faculty
- Student affairs and academic assistance leadership and staff
- Counseling professionals
- Health and wellness, residential and student life professionals
- Community coalitions and prevention professionals

Why Are We Here?

- 1 in 5 youth and young adults experience a mental health condition.
- 75% of all mental health conditions begin before age 24.
- 2013 survey – Association for University and College Counseling Center Directors:
 - 36.4% of college students experienced some level of depression, #1 reason for dropping out.

Why Are We Here?

- National Alliance on Mental Illness data
 - One in four students have a diagnosable mental illness.
 - 40% do not seek help – perhaps more African American students/stigma.
 - 80% feel overwhelmed by their responsibilities.
 - 50% are so anxious they struggle in school.
 - 30% report they felt so down (in prior year) it was difficult to function.

Why Are We Here?

- UCLA Higher Education Research Institute
 - 47% of freshman consider their mental health to be above average compared with peers.
- Center for Collegiate Mental Health at Penn State
 - Seriously considered suicide:
 - 2010 – 2011 23.8%
 - 2015 – 2016 33.2%

Why Are We Here?

- National Institute for Alcohol Abuse and Alcoholism
 - 60% of college students consumed alcohol in past month.
 - 2/3 of those binged.
 - Almost 20% met Alcohol Use Disorder Criteria.
- 2012 National Survey Drug Use and Health
 - 21% of 18 – 25 year old use illicit drugs.
 - 3.8% use psychotherapeutic drugs for non medical purposes.

What are the Causes?

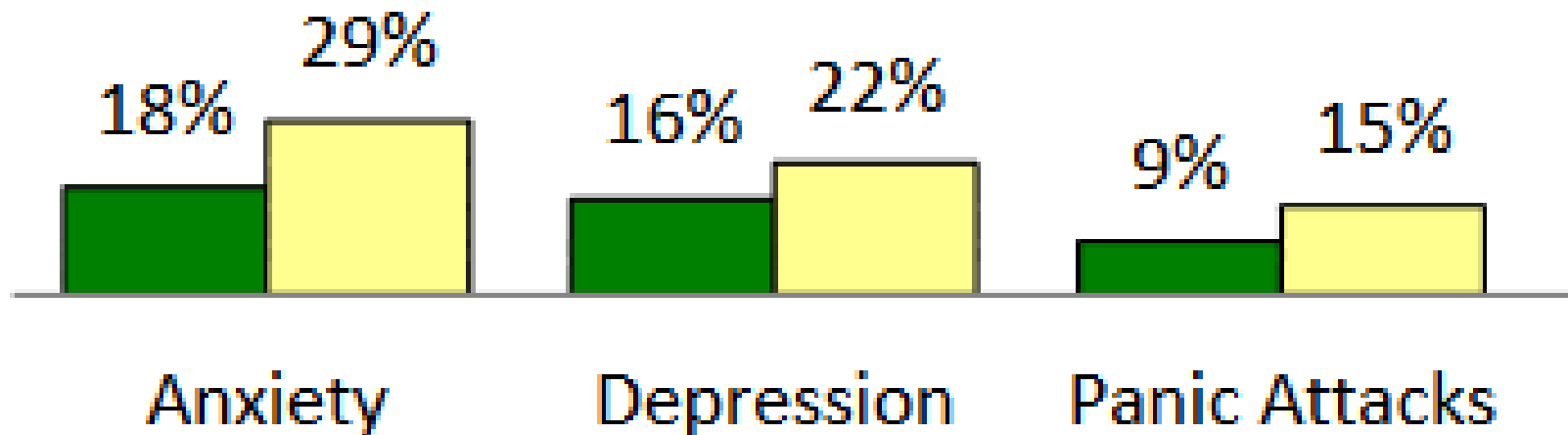
- ❑ Overprotection, have not built coping skills.
- ❑ We are better able to diagnose and treat.
- ❑ Life is more complex and families are more complex.
- ❑ Economic anxiety (price of college)
- ❑ Grade expectations
- ❑ Social media
- ❑ Greater need for resilience training – can be taught.
- ❑ ACEs as a predictor for students at high risk for mental health deterioration when combined with number of stressors.

Vermont Data

2016 College Health Survey (9 Schools)

Mental health and Other Health Diagnoses or Treatment Received, Last 12 months

■ 2014 ■ 2016



More Vermont Data – Mental Health

- More than one in 5 reported anxiety, depression, relationship issues and internet use led to them not focusing on their school work and skipping classes.
- 35% of students reported overwhelming stress in the last 2 weeks and 11% of students reported moderately severe or severe symptoms of depression

More Vermont Data – Substance Use

- ❑ During past 30 days:
 - ❑ 60% of Vermont college students consumed alcohol.
 - ❑ 30% used marijuana.
 - ❑ 15% smoked cigarettes and 7% used electronic vapor products.
- ❑ Adverse consequences: academic performance, unprotected sex, sexual assaults, physical injury.

But There is Good News

- While student mental health and substance use have increasingly become issues of concern on college campuses, the call to action has never been louder.
- Preemptive use of surveys and data collection has increased.
- Increased focus on health and wellness and resilience building.
- Faculty awareness is heightened.

But There is Good News

- Colleges can implement multiple strategies (individual and environmental) to reduce alcohol and other drug use and the risks associated with use.
- VT Colleges are addressing substance abuse and mental health issues using a number of different strategies that actively engage faculty and staff. Some examples will be presented in afternoon.



Source: <http://www.hazecam.net/camsite.aspx?site=burlington>

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