The webinar will begin shortly.

Audio: Audio for this event will be through the computer speakers. Use of external computer speakers or headphones are recommended for optimal sound quality.

Please note this presentation will be recorded.
Supporting Effective Transitions into Postsecondary

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Ms. Yifeng Wei (PhD candidate)
September 30, 2015
First Kick at the Can

WHAT IS MENTAL HEALTH?
Mental health is ...

• The individual’s capacity to successfully adapt to life circumstances and to develop the ability to do so in a manner appropriate to the individual’s age and capabilities. It does not mean the absence of negative emotional states. Mental health is not the antithesis of a mental disorder and exists across all states of mental distress, mental health problem and mental disorder.

• Simply Put: Mental Health is Brain Health
SEMANTIC CONFUSION

Mental health condition
Mental health issue
Mental health illness
Mental wellness illness
Mental illness
Mental health
Mental wellness
Mental well-being
Mental wholeness
Mental and social well-being
Mental health problem
Mental disorder
Mental happiness and well-being
UNDERSTANDING MENTAL HEALTH STATES: WHAT THE WORDS MEAN

- Mental Disorder/Illness
- Mental Health Problem
- Mental Distress
- No Distress, Problem or Disorder
Clarity is essential: “depression”

**Distress**
- Unhappy
- Disappointed
- Disgruntled

**Problem**
- Demoralized
- Disengaged
- Disenfranchised

**Disorder**
- Depressed
Mental health state & type of action

Enhancement of wellbeing
- Health Promotion

Addressing Distress
- Helping build resilience
  avoiding protection from stress

Addressing mental health problems
- Enhancing Supports,
  Prevention

Addressing mental health disorders
- Prevention, Best in Class
  Care
YOGI BERA-ism:

You can observe a lot just by watching
Proliferation of Grey Matter Through Development

Lenroot & Giedd (2006)
WORLD: DALYS IN 2012 ATTRIBUTABLE TO SELECTED CAUSES BY AGE

<table>
<thead>
<tr>
<th>Selected causes</th>
<th>Age 0-4</th>
<th>Age 5-14</th>
<th>Age 15-29</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular Diseases</td>
<td>3.86%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malignant Neoplasms</td>
<td></td>
<td>4.26%</td>
<td></td>
</tr>
<tr>
<td>Neuro-Psychiatric Conditions</td>
<td>9.12%</td>
<td></td>
<td>31.39%</td>
</tr>
</tbody>
</table>

ABSOLUTE DALYS ATTRIBUTED TO MENTAL, NEUROLOGICAL & SUBSTANCE USE DISORDERS, BY AGE, 2010

Note: DALYS = disability-adjusted life years.
CROSS-NATIONAL COMPARISONS OF THE ONSET OF PSYCHIATRIC DISORDERS

Age of Onset Distribution for any Anxiety Disorder

Age of Onset Distribution for any Mood Disorders

Age of Onset Distribution for Substance Use Disorders

Brazil
Canada
Mexico
Netherlands
USA
Turkey
Age of Diagnosis of Major Mental Disorders

- PDD/ Autism
- ADHD
- Anxiety Disorder
- Obsessive Compulsive Disorder
- Substance Use Disorder
- Anorexia Nervosa
- Major Depressive Disorder
- Bipolar Disorder
- Schizophrenia
- Bulimia Nervosa

Source: DSM-5, 2014
Untreated mental illnesses are strong independent predictors of reduced life expectancy due to associated medical conditions, such as diabetes, heart diseases and stroke, respiratory conditions, and suicide.

Canada Suicide Rates Per 100,000 (1950-2009)

Source: Statistics Canada
Number of Suicides by Age Group in Canada, (2007-2011)

Number of Suicides By Age Group 2007-2011

Source: Statistics Canada
MH – sober considerations

• National study (Canada) on “complete mental health” : Canadian Community Health Survey
• 76.9% are FLUORISHING; 21.6% are MODERATE; 1.5% are LANGUISHING – better than USA, Netherlands. S.Africa, France, Korea
• Those with mental disorders more likely to show languishing or moderate levels but most still are flourishing

• Gilmore, Health Reports. Stats Canada, 2014
IF THERE ARE NO UPS AND DOWNS IN YOUR LIFE IT MEANS YOU ARE DEAD
Canadian youth mental health today

MOST CANADIAN’S MENTAL HEALTH STATUS IS FLUORISHING
(ABOUT 80% - Stats Canada, 2014)

OUR MAJOR CHALLENGE: EQUITABLE ACCESS TO EVIDENCE BASED CARE

1) Youth access to mental health care (1 in 4 in 1975; 1 in 3 in 2015)

2) Increasing use of ER as an entry point for common disorders (anxiety and depression) easily treated in primary care (CIHI; 2015)

3) No comfort in the quality or reproducability of mental health care received (amongst communities/institutions and within communities/institutions)

4) Shameful pockets of despair not care (homeless youth; first nations youth; youth in poverty; refugee youth; justice youth)
POPULATION HEALTH STATUS x INVESTMENT

Kutcher, 2014
The sky is falling! The sky is falling!
The College Student Mental Health Crisis: Today's college students are suffering from an epidemic of mental illnesses.

Campus Crisis: Why are suicide rates rising among university students?

The Mental Health Crisis On Campus: Canadian students feel hopeless, depressed, even suicidal.

The State of Mental Health on College Campuses: A Growing Crisis.
Some representative campus mental health data:

• 1992-2007 – 32% increase in student enrollment but 320% increase in students using Access/Disability services: especially Mental Health Accommodation
• Canadian Counseling Survey 2005: 92% centers reported increase in students presenting with severe psychological “issues”
• McMaster University: Health Center visits up by 13%, MH from about 5% to 7.5% of all visits
Impact on School Performance

• Survey of post-secondary institutions in Ontario (2009):
  – Three most common factors affecting academic performance:
    1. Stress (38%)
    2. Sleep difficulties (26%)
    3. Anxiety (26%)

• Depression predictive of lower GPA and higher probability of dropping out of school (Eisenberg, 2005)
• Treated Depression does not show this same pattern of drop-outs (Hysenbegasi, 2005)
American College Health Survey 2013

• 88% describe health as good to excellent
• Info on: cold/flu 43%; alcohol/drugs 47%; depression/anxiety 52%; STI/assault 49%
• Last time party: 41% <4 drinks; 20% 5-6
• Diagnosed or treated for: Anxiety 13%; Anorexia 1%; ADHD 3%; Bipolar 1%; Depression 10%; Panic Attacks 6%; Substance Abuse 1%; Schizophrenia 0.2%

HOW DO YOU INTERPRET THIS DATA?
American CHS 2013 (stress dilemma)

Overall level of stress in last 12 months

<table>
<thead>
<tr>
<th>Stress Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>1%</td>
</tr>
<tr>
<td>Below average</td>
<td>7%</td>
</tr>
<tr>
<td>Average</td>
<td>35%</td>
</tr>
<tr>
<td>Above average</td>
<td>45%</td>
</tr>
<tr>
<td>Severe</td>
<td>12%</td>
</tr>
</tbody>
</table>

**HOW DO YOU INTERPRET THIS DATA? COMPARED TO LAST SLIDE?**
Reasons for increases in mental health concerns (context)

Greatest worries among college students:

• **20 - 30 years ago:** Nuclear war
• **15 - 20 years ago:** AIDS pandemic and violent crime
• **Present:** Admissions and grades

(Kruisselbrink-Flatt, 2013)
Hierarchy of needs to direct what we do

- What is easy to do and what is popular to do does not mean that it is the most important thing to do.
- Our major campus mental health challenge is helping young people who have a mental disorder or substantial mental health problem by identification and assisting them in obtaining rapid access to effective evidence based care.
- The steps on this journey are: Awareness Building (eg: the Jack Project); Enhancing Mental Health Literacy (eg: Transitions); Providing Mental Health Care (on campus or effectively linked to off campus).
Mental Health Journey: Steps to the Destination

- Mental Health Awareness
- Mental Health Literacy
- Identify Self-care Access to Care
- Effective Treatments
- Good Outcomes
Impact of Health Literacy

“a stronger predictor of an individual’s health status than income, employment status, education and racial or ethnic group”. WHO; 2013
Mental Health Literacy: what is it *EXACTLY*?

- Understand how to obtain and maintain good mental health
- Understand and identify mental disorders and their treatments
- Decrease stigma
- Enhance help-seeking efficacy: know where to go; know when to go; know what to expect when you get there; know how to increase likelihood of “best available care” (skills and tools)

Kutcher and Wei; 2014; Kutcher, Bagnell and Wei; 2015: Kutcher et al, in press CJP.
YOGI BERA-ism
IT WAS IMPOSSIBLE TO GET A CONVERSATION GOING, EVERYBODY WAS TALKING TOO MUCH
TRANSITIONS: Mental Health Literacy for Post-secondary Education
MHL for Post-Secondary Education

- Mental health challenges may be intensified during transition into post-secondary schools
- Isolation and anxiety, especially for students, who may have left home for the first time for a prolonged period of time + life span illness risk
- MHL must be DEVELOPMENTALLY APPROPRIATE: support PERSONAL responsibility for health maintenance and self-care AS PART OF USUAL LIFE SKILLS DEVELOPMENT/APPLICATION
Purpose of Transitions

• Create a developmentally appropriate resource for incoming post-secondary students that would enhance their mental health literacy without mental health hoorah (integration not segregation)
• Holistic approach addressing the key domains that incoming post-secondary students needed to know about – life skills resource with embedded mental health literacy
• MENTAL HEALTH BY STEALTH
Development of Transitions

• Began development in 2005 – prior to broad national interest in campus mental health – Version 1 (2007)
• Areas of concern identified by post-secondary students, campus student service providers, and mental health professionals
• Written and reviewed by students, educators and mental health experts; field tested and revised
Impact of Transitions

• Version 1 (2007) – 25 post-secondary institutions in Canada
• Evidence of Impact Data – Key Findings

95% Liked the Materials
40% Discussed what they read with a Friend
16% Sought help for mental illnesses because of what they learned

Potvin-Bouchard et al. Journal of College Student Dev. 2008
Further Development of Transitions

- Feedback Received from end users – used to create version 2
- Version 2 (2014) uses a harm reduction approach, updated evidence-based content, and a more conversational tone
- Redesign based on student feedback
- Added other formats to enhance usability for all
- Evidence for Impact research – wider domains assessed
First evidence based resource of its kind in Canada
- Provides first-year students with information on topics including time management, relationships, sexual activity, mental illness, suicide and addictions: mental health by stealth
- Includes mental health self-help information and contains recommendations where students can go to get help on their campus.
- Available in multiple formats:
  - Large Print resource
  - Small Print resource
  - eBook for the iPad
  - App for the iPhone
MENTAL HEALTH & DISORDERS

HOW TO DEAL WITH ROOMMATES

AVOID CONFLICT BY MAKING A WRITTEN AGREEMENT FIRST!

Your agreement should include:

- List of responsibilities and expectations for each person.
- Clear guidelines for communication.
- How to handle disagreements or conflicts.
- Rules for quiet hours, noise levels, and cleaning.
- A plan for how to handle emergencies or unexpected situations.
- A mechanism for amending the agreement as needed.

Your agreement should exclude:

- Personal relationships beyond the roommate relationship.
- Financial matters and who pays for what.
- Personal opinions and biases.
- Decisions about the college or community events.

Your agreement should be:

- Clear and concise.
- Fair and equitable.
- Flexible to accommodate changes or joys.
- Enforceable and signed by all parties.

Mental Health & Disorders

1. Your family
2. Grandparents
3. Independence
4. Elder abuse
5. Schizophrenia
6. Anxiety
7. Eating disorders
8. Undiagnosed addictions
9. Tobacco

Moving In: How to deal with roommates

1. Neighbors can help.
2. Consider your comfort and well-being.
3. Communicate openly and honestly.
4. Set boundaries and respect them.
5. Keep an open mind and be flexible.
6. Seek support from friends, family, or counseling services.

Transitions

Print, book, app, online
1 Month of TRANSITIONS

Available on Amazon.com and the Apple iBookStore. The App is free for download at the Apple App Store & online: teenmentalhealth.org/resources/entries/transitions

Print version: 3166 Copies
Online Version: 3371 Reads, 13499 Impressions
Apple App Store: 421 Downloads
Apple iBook: 24 Downloads

6000 incoming students receive App & eBook
RESEARCH RESULTS: IMPACT OF TRANSITIONS

- Transitions being helpful: 87.80%
- More prepared for college/university: 64.60%
- Recommending Transitions to others: 89.10%
- Improved mental health knowledge: 72%
- Comfortable having someone with mental illness in class: 84.20%
- Most people with mental illness can live a productive life: 85.40%
- Improved treatment knowledge about mental illness: 74.40%
- Would suggest someone get help for mental illness: 85.30%
- Comfortable seeking help for my own mental health concern: 83%
Research results in summary

Exposure to the Transitions Resource resulted in:

- Improved understanding about mental health and how to obtain and maintain it
- Improved knowledge about mental disorders and their treatments
- Decreased stigma related to mental health/mental disorders
- Enhanced help-seeking efficacy: for self and for others

Kutcher et al, in press (report on website)
How can you use transitions?

- Copies can be made available in key spots around campus (e.g., residences, student services, health clinics, libraries, departmental common areas)
- Information can be used to improve the MHL of key individuals on campus who frequently interact with students (e.g., Resident Advisors)
- Copies (or links to online/mobile versions) can be provided to first-year students in frosh kits
- Resource can be introduced in large first-year classes/included on the syllabus as an additional support
- Available for free at: www.teenmentalhealth.org
YOGI BERA-ism

IT AIN’T OVER TILL ITS OVER
Join Ontario's Campus Mental Health Community of Practice
http://connects.campusmentalhealth.ca/