



Identifying Mental Health Emergencies on College Campuses and at Schools: Risk Assessment and Prevention

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Learning Objectives (What I Hope Tell You)

Campus/school shootings, especially mass shootings are NOT mental health emergencies. They are the result of many factors in our society that require policy and public health interventions.

Suicide, depression, substance abuse and other mental illnesses are the mental health emergencies/epidemics on our campuses.

Resources are needed to assure that all students have access to treatment.

School/Campus Shootings

-May 18, 1927-Bath, MI- 45 dead-perpetrator dies by suicide

-April 16, 2007-Virginia Tech- 32 dead-many wounded-gunman dies by suicide

-August 1, 1966-U Texas, Austin-14 dead, 31 wounded gunman killed by police

-April 20, 1999-Columbine HS-12 students and one teacher dead-2 gunman die by suicide

Responses to Virginia Tech

- Review of campus security measures
 - Notification systems
 - Concealed weapons
 - Lock down capability
- Individual privacy vs. community safety
 - FERPA review
 - Admissions screening
- Mental health services on campus including availability of involuntary treatment. Concerns about inability to predict and prevent acts of violence
- Extent to which institutions can really protect community members

Risk Factors: What did those who committed these crimes have in common?

Male, middle-class, rural or suburban

Bullied, humiliated, isolated

Access to weapons

Suicidal wish

Family conflict/lack of social support or connections

Poor anger management/poor communication/conflict resolution skills

Risk Factors in the Literature

Biologic/Personal Factors

- Male sex
- Neurotransmitters
- Mental illness (ADHD in children, other mental illness in adults)
- Alcoholism
- Substance abuse
- Fascination with violence

Risk Factors in the Literature

Social Factors

- Gangs

- Television

 - Amount, Content, News

- Video games and internet

- GUNS

- History of abuse

- Culture of violence

School based risk factors

Urban setting

Presence of guns

School size

Over-crowding

Transient students

Changes in leadership

Poor resources for learning

Lack of connectedness

Some (reassuring?) statistics

Most common violence in schools is beatings or fights, not involving weapons.

Less than 1% of all homicides of children occur in school

Estimated risk of a child being killed in school is 1 in a million

School is the safest place for urban children to be

A scary statistic

Almost all of the increase in youth homicide in the last 3 decades can be accounted for by the increased access to guns.

Removing the guns will not eliminate the violence, but it will greatly decrease the lethality in both homicide and suicide.

Assessing risk in individuals

There is NO evidence to suggest psychiatrists or social scientists are able to predict which individual who meets the above described profile will act out in a violent manner.

What can we do?

Address those personal, psychological, and societal issues that predispose to the violence:

Control access to guns

Decrease exposure to media violence

Strengthen our schools

Assure all youth have access to psychiatric care

Shield children from violence/family chaos

The Mental Health of Youth and Young Adults- **Crisis on Campus**

- **Nearly 18 million students attend colleges/universities**
- **More students asking for help**
- **More students presenting with acute or serious disturbances**
- **More students matriculating with mental disorders**
- **Campus administrators turning to mental health services for**
 - **Binge drinking**
 - **Student stress**
 - **Suicide risk**
 - **Gender issues**
 - **Psychological trauma**
 - **Eating disorders**

Crisis on Campus

**American College Health Association
Survey 2004 (N=20,000)**

58.5% of students feel hopeless at times

**44.7% felt depressed to the point that it
was difficult to function**

95% feel overwhelmed at times

9.2% considered suicide

Crisis on Campus

Kadison, 2005

In the last 15 years:

- **Depression doubled**
- **Suicidal behavior tripled**
- **Sexual assaults quadrupled**
- **45% of students self report depression**
- **10% of students report suicidal ideation**
- **44% binge drink**

Crisis on Campus

Health Insurance

- **Only 40% of schools require proof of insurance**
- **80% of schools provide direct health care but typically charge fees to support these services. May not include psychiatric care.**
- **Of schools offering insurance, most do not include inpatient psychiatric care and require supplementary coverage**

Crisis on Campus

**Student Care Patterns University of Michigan (N=2,843)
(Eisenberg Medical Care, 2007)**

- **15% sought counseling or took medication**
- **9% took psychiatric medication**
 - 48% got prescription from primary care doctor
 - 31% from psychiatrist
 - 13% from other MH professional (nurse specialist)
 - 9% got medication without a prescription
- **Those receiving psychotherapy/counseling**
 - 50% went to university professionals
 - 25% went to local non-university professionals
 - 35% saw professionals in other communities (hometown)
 - Majority, therefore, are not treated on campus

Crisis on Campus

Substance Abuse-Alcohol (Kadison, 2005)

- **44% met criteria for binge drinking (Binge drinking as defined by 5 or more drinks in one sitting in the past 2 weeks)**
- **41% did something they regretted**
- **31% forgot what they did**
- **10% had unprotected sex**
- **17% were physically injured**

Crisis on Campus

Suicide on Campus in the News

2000- Elizabeth Shin at MIT

2003-4- Four suicides at NYU

Crisis on Campus

Suicide on Campus (Silverman et al, 1997)

- **261 suicides on 12 campuses**
- **Overall rate of 7.5%/100,000**
- **Greatest risk group is graduate students**
 - **Women less than 25 years 3.2%**
 - **Women greater than 25 years 9.4%**
 - **Men less than 25 years 7.9%**
 - **Men greater than 25 years 15.6%**
- **Second leading cause of death on college campuses**

Responses to Campus Suicides

- **Jed Foundation**
- **Garrett Lee Smith Memorial Act and funds for suicide prevention projects**
- **Policies to protect institutions by forcing suicidal students off campus**

Other Responses are Needed to Decrease Student Suicides

Increased funding for mental health care

Health insurance that covers psychiatric care

Better control of access to weapons

**Research/public health approach to substance use risk
reduction**

Funds/development of programs to decrease stigma.