



Data Collection and Evaluation

Matthew B. Wintersteen, PhD

Thomas Jefferson University

Department of Psychiatry & Human Behavior

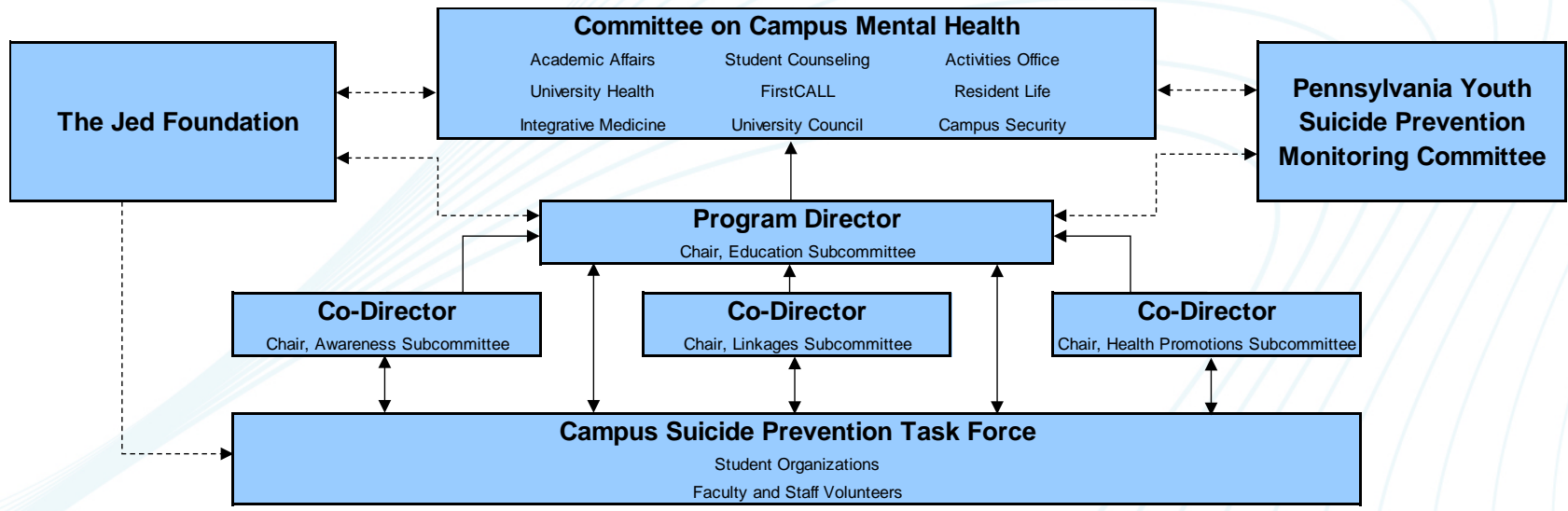
What was the Problem?

- Suicide is a significant public health problem and is believed to be the second leading cause of death among American college students
- Medical students face an increased risk of suicide compared to controls
 - Depression rates between 10-25%
 - Burnout
 - Reluctance to use mental health services
- Similar risk factors, including compassion fatigue, also exist for students in other health professions

What was the Goal?

1. Assess campus mental health needs for possible expansion of Student Personal Counseling Center
2. Collect pilot data to justify need in SAMHSA GLS campus grant application
3. Purely academic...

Jeff*HELP* Organizational Chart



How Do We Accomplish the Goal?

- Campus-wide assessment of mental health history, symptoms, current needs, and barriers to service utilization
- Administrative approval
- IRB approval
- Assistance from Registrar's office to email survey invitations
- Provide crisis information for students completing survey



Student Survey

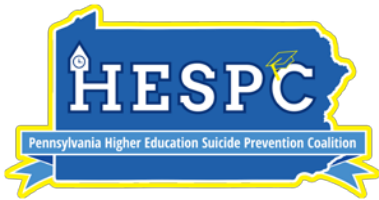
Section A: Demographics and Various Risk and Protective Factors

- Marital status
- Children
- Religion
- Living alone
- Access to gun/firearms

Student Survey

Section B: Mental Health History

- History of counseling or medication
 - For what?
- Morbid ideation
- Suicidal ideation
- Suicide plans and attempts (what)
- Hopelessness
- Self-injury (what and why)
- Violence, abuse
- Alcohol and substance use
- Family history of MH, suicide attempts and death (including who)
- Friends who have attempted and died by suicide



Student Survey

Section C: Help Seeking

- Social support (family and friends)
- Personal strategies
- Help-seeking beliefs
- Do you know how to access services at [campus]?
- Barriers to help-seeking



Results

Demographics

Characteristic	Non-Med Students		Med Students		t or X ²	p
	n = 989	%	n = 522	%		
Age	27.2		24.9		6.16	.000
Male	183	18.5	230	44.1	120.11	.000
White*	744	72.0	344	71.5	0.04	.852
Married	222	21.6	69	12.9	17.70	.000
Children	173	17.7	11	2.1	85.44	.000
Live Alone	130	13.3	162	31.2	70.30	.000
Previous Tx	457	47.1	200	38.8	9.36	.002

* More African American non-med students; more Asian American med students

Prevalence and Differences

Outcome	Non-Med %	Med %	OR	95% CI	p
Morbid Ideation	34.7	26.9	.98	.73 – 1.32	.90
Suicidal Ideation (ever)	22.4	18.0	.90	.64 – 1.28	.56
Previous Attempt	7.0	1.6	3.97	1.61 – 8.49	.00
NS Self-Injury	13.5	9.4	.90	.57 – 1.42	.66
Hopelessness	40.5	29.5	1.30	.98 – 1.73	.07
Depression Tx	24.9	16.9	1.21	.87 – 1.68	.25
Abuse Hx	20.3	10.9	1.06	.71 – 1.57	.79
Substance Abuse	31.1	28.1	.89	.66 – 1.19	.42
Family Attempt	19.3	14.5	1.11	.77 – 1.60	.57
Family Suicide	12.0	8.4	1.35	.87 – 2.10	.18
Friend Attempt	30.2	32.5	.71	.53 – .96	.02
Friend Suicide	16.4	15.1	1.04	.71 – 1.50	.86

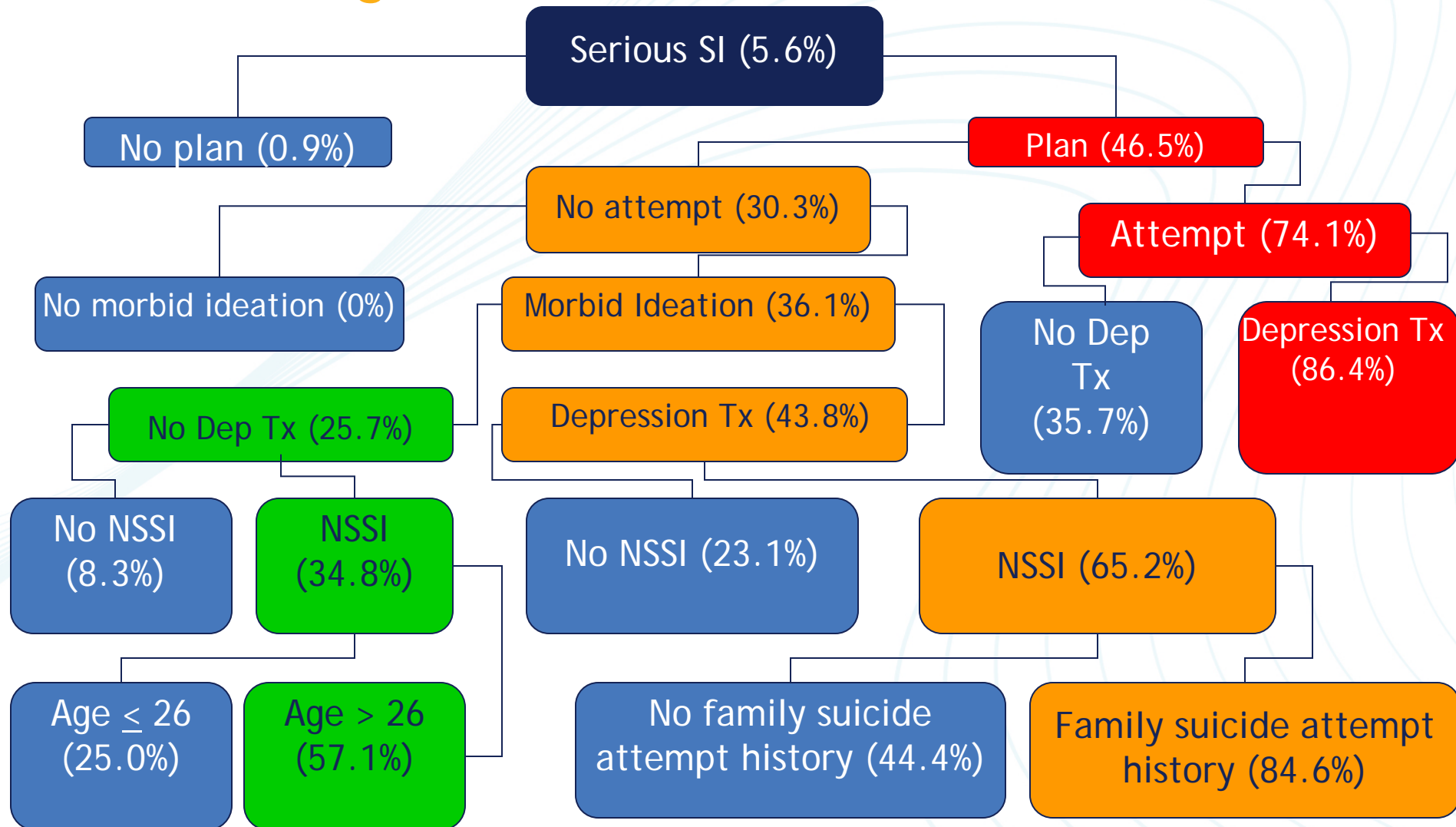
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Predicting Serious Suicidal Ideation (CART)



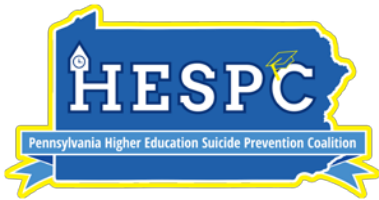
What Difference Did It Make?

1. Students showed increased need for services = increased staffing for SPCC
2. Data demonstrated high risk for students on campus = justification of need for SAMHSA grant application
3. Eventually collaborated with 6 campuses on survey and developed focused team



Thank you!

Questions?



For more information:

Matthew B. Wintersteen, Ph.D.
Associate Professor, Director of Research
Thomas Jefferson University
Department of Psychiatry & Human Behavior
Division of Child & Adolescent Psychiatry
833 Chestnut Street, Suite 210
Philadelphia, PA 19107

(215) 503-2824 - phone

(215) 503-2852 - fax

matthew.wintersteen@jefferson.edu