Using a Large Scale Outreach Screening Event to Promote Wellness, Connect Students with Treatment, and Increase Counseling Center Visibility

Jillian L. Neill, PhD
Wake Forest University Counseling Center
Objectives

- Participants will be able to identify benefits of large-scale events in promoting mental health and wellness on campus.
- Participants will be able to define "outreach as intervention" and consider how they might use outreach creatively to promote mental wellness on campus.
- Participants will be able to plan for how they might use screening events on their campuses to increase reach.
Outreach Historically

- In the past, outreach has focused on either making students aware of the counseling center or delivering targeted programming when requested.
- However, as utilization rates and the severity of concerns on our campuses increase (Xaio et al. 2017, Center for Collegiate Mental Health, 2019), we are called on to address these concerns in creative ways.
- And not only detect and address mental health issues, but work to improve mental wellness on our campuses.
Outreach as *Intervention*

- Instead of just viewing outreach as a means to get people in the door, can we view outreach as a level of *intervention* that prevents them from needing to come in to the Counseling Center in the first place (Golightly et al. 2017)
- Some of the activities Golightly and colleagues describe are:
  - *Large scale events* where higher numbers of the campus population can be reached in a short period of time
  - *Campus partnerships* that emphasize emotional well being as an important component of success for college students
- Can we engage in outreach that allows us to address multiple levels of intervention and prevention?
Levels of Prevention

- **Primary Prevention**: targeted towards reducing the number of new incidences of an illness or issue
  - Can we promote mental wellness on campus and encourage students to make it a priority
  - Can we destigmatize taking care of your emotional health
- **Secondary Prevention**: work to lower prevalence rates of an issue by targeting those at risk or in early stages of an illness
  - Can we catch those who might be starting to struggle and help them “right the ship”
- **Tertiary Prevention**: work to reduce the impact of an existing or possibly chronic issue
  - Can we provide treatment to those who are dealing with the impact of mental health conditions?
Our role as outreach professionals

- How can we use a screening outreach to intervene at all three levels
- **Tertiary:** Use screening to help detect students who may need our services and cannot or do not come in
  - Connect them with care and treatment
- **Secondary:** Can we address issues early on and encourage students to do what they identify might help
  - Identifying possible areas of intervention with the student
- **Primary:** Use screening as a means of *promoting* mental wellness on campus
  - Can we encourage students to take a moment to think about their mental and emotional wellness?
  - Can we destigmatize taking time to take care of yourself and conversations about mental health?
A Comprehensive Approach

- Viewing mental health through this lens allows us to address several different areas we know are important for promoting health and preventing suicide:
  - Developing Life Skills
  - Identifying Students at Risk
  - Increasing Help-Seeking Behavior
  - Providing Mental Health Services
So...how do *we* do it?
Signs of Stress Week

Screenings occur throughout the week at different times of day, each day with a different incentive for students to participate:
Partnership

- We partner with our Office of Wellbeing, which is tasked with promoting various forms of wellbeing on campus.
- Both our office and their office are involved in the planning, promotion, funding, and execution of these events.
- Student Mental Health Ambassadors and PEERS Leaders also participate in events.
- Pairing with different entities throughout the school so we are capturing a wide variety of students, including ones we may be less likely to see.
AGITATION
Stress is the #1 academic impediment for Wake Forest students.

PERSONALITY CHANGE
Stress can alter your personality in the short-term, and your character in the long-run, if it’s not managed properly.

HOPELESSNESS
49% of Wake Forest students rated their stress levels as “more than average” within the last 12 months.
Harvard National Depression Day Screening (HANDS)

<table>
<thead>
<tr>
<th>Over the past two weeks, how often have you:</th>
<th>None or little of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
<th>For staff use only</th>
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<tbody>
<tr>
<td>1. been feeling low in energy, slowed down?</td>
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<td>2. been blaming yourself for things?</td>
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<td>3. had poor appetite?</td>
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<td>4. had difficulty falling asleep, staying asleep?</td>
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<td>5. been feeling hopeless about the future?</td>
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<td>6. been feeling blue?</td>
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<td>7. been feeling no interest in things?</td>
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<td>8. had feelings of worthlessness?</td>
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<td>9. thought about or wanted to commit suicide?</td>
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<td>10. had difficulty concentrating or making decisions?</td>
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Baer et al. 2000
## Generalized Anxiety Disorder Screener (GAD-7)

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<th></th>
<th>Feeling nervous, anxious or on edge</th>
<th>Not being able to stop or control worrying</th>
<th>Worrying too much about different things</th>
<th>Trouble relaxing</th>
<th>Being so restless that it is hard to sit still</th>
<th>Becoming easily annoyed or irritated</th>
<th>Feeling afraid as if something awful might happen</th>
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We also ask...

- Basic Demographic information
- Status with the university counseling center
- Why they attended the screening
- “Can you tell us what you do to manage anxiety and stress?”
Role of Technology

- Tech has made this MUCH easier
- All screenings administered on tablets and automatically scored
  - Set up through Qualtrics
- Also gather information about disposition, demographics etc. very easily
- Make sure to highlight suicide question
- Can schedule appointments using laptops
- However, we ran into a few issues with it
  - Network connectivity issues
  - Students progressing too quickly through pages and we’ve lost some data this way
After they’re finished...

- Everyone who takes a screening, regardless of score, sits down with a counseling center clinician
- Connect
- Review scores
- Make recommendations
  - Could be a UCC referral - individual or group
  - Could be encouraging them to engage with or continue engaging in various forms of stress relief and self-care
  - Could be referral to another resource on campus
Viewing this as a moment for intervention...

- Can we highlight healthy habits the client may be engaging in?
- Can we get the student to think about and make some commitment to taking care of themselves?
- Can we remind them of ways that they already know how to take care of themselves?
- Can we connect them with a resource they may not know about or may not have connected with?
  - Including but not limited to treatment
S.O.S. Week
Oct. 1-5, 2018

Screening Recommendations

**Depression**
- No follow-up recommended
- Further evaluation w/UCC or other mental health professional recommended

**Anxiety**
- No follow-up recommended
- Further evaluation w/UCC or other health professional recommended
- Mindful Awareness Group Oct. 10-31 (Wed. 4-5p)

You have a follow-up appointment at the Counseling Center on:

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<th>Monday</th>
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Date: November 11    -   336-758-5273

Resources and Tips for Anxiety and Depression

**ANXIETY**

UCC Mindfulness website ([counselingcenter.wfu.edu/mindfulness](counselingcenter.wfu.edu/mindfulness))

Web: calm.com
Apps: Insight Timer; Stop, Breathe, Think

Some things you might try to help manage anxiety include:
- Watch out for signs of stress overload
- Know your stress triggers
- Exercise/Move your body
- Relax
- Manage your time well
- Be realistic
- Curb your caffeine
- Don’t self-medicate
- Yoga/Meditation/Deep breathing

How we each respond to and manage stress varies, so try a few different techniques until you find combinations that works best for you. If you try lots of things and feel they aren’t working, talk to a therapist.

**DEPRESSION**

Half of Us ([halfofus.com/defeating-depression](halfofus.com/defeating-depression))

Depression Toolkit ([depressiontoolkit.org/takecare](depressiontoolkit.org/takecare))

Some things you might try to help manage depressed mood include:
- Challenge negative thoughts
- Build a strong support network and use it
- Get enough sleep
- Eat nourishing food
- Exercise/Move your body
- Limit substance use
- Quiet the inner critic, positive self-talk
- Reach out

Depression is different from sadness and when untreated for too long can get worse and lead to suicidal thoughts. Please reach out and seek help immediately if you experience this.

Suicide Prevention Lifeline: 24 hours a day, 7 days a week
Call 800-273-8255 (TALK) OR Text START to 741-741
- For Hearing and Speech Impaired with TTY Equipment: 1-800-799-4TTY (4889)

WFU Counseling Center: Call 336-758-5273 M-F 8:30am-5p for walk-in crisis or triage. Call after hours for 24/7/365 access to a licensed mental health professional.
By the Numbers

115 Contacts
40 Screenings

380 Contacts
58 Screenings

150 Contacts
72 Screenings

71 Contacts
71 Screenings
Reason for Participating

- Curious about Mental Health: 36%
- Attracted by animals/activity: 32%
- Free Food: 16%
- Someone invited to participate: 11%
- Other: 5%
By the Numbers

In Fall 2018, over the course of 4 days (8 hours total) we completed:

- 242 total screenings
- Average HANDS (depression) score: 5.29
- Average GAD score: 3.60

Of those screened:

- 71% reported they had never been to the Counseling Center
- 17% reported being current clients
By the Numbers

**HANDS Score**
- 0-8: 194
- 9-16: 37
- 16+: 11

**GAD-7 Scores**
- 0-7: 205
- 8+: 37
Disposition

Student Disposition

- Scheduled Follow-Up: 8%
- Referred to Group: 14%
- Recommended Follow-up, None Scheduled: 2%
- No Follow-Up: 5%
- Current Client: 71%
Disposition

- Of those who scored in the highest range on the HANDS, everyone was either a current client or agreed to follow-up

- Of those who scored in the mid-range on the HANDS:
  - 55% no follow-up appointment
  - 27% scheduled a follow up appointment
  - 11% declined follow-up
  - 5% already UCC clients
  - 5% referred to group

- Of those who scored in the elevated range on the GAD-7
  - 44% no follow-up appointment
  - 30% scheduled a follow up appointment
  - 3% declined follow-up
  - 20% already UCC clients
  - 3% referred to group
Moving Forward

- Finding ways to track students who are brought in through SOS
- More potential follow-up options
  - Additional groups or workshops
- More nuance in looking at student referrals
- Continuing to increase reach and partnerships
- Making sure technology is used effectively and efficiently
- Additional tracking of:
  - Demographic data
  - Time spent with clinician
- Continuing to think creatively about activities to attract students
How might this approach be modified?

- Which populations might you like to reach on your campus? Who might you partner with?
- Would you need to make adjustments if you have staff limitations that make this hard to do?
- What budgetary constraints might you have?
  - With whom could you partner for support?
- How could you get your administration on board?
- What might partnerships look like on your campus?
  - Is this something peer counselors might do?
Questions?
neilljl@wfu.edu
References


References
