



CALCIANO SYMPOSIUM

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QUESTIONS TO PONDER

Is Anxiety Increasing in College Students?

If so, why?

How are UC students doing?

How about UCSC?

Impact of Identities?

How are we Assessing?

How are we Treating?

What research is being conducted?

SOURCES OF DATA

National College Health Assessment (NCHA)

Counseling Center Assessment of Psychological Symptoms (CCAPS)

Clinician Index of Clinical Concern (CLICC) from the Center for Collegiate Mental Health (CCMH)

The Healthy Minds Survey (HMS) is an annual web-based survey examining mental health, service utilization, and related issues among undergraduate and graduate students. While the survey does not utilize random sampling methods, the study has been administered at over 180 colleges and universities across the world, with over 200,000 survey respondents, since its launch in 2007.

Student Questionnaire (SQ)-form students complete when starting services at CAPS throughout the UCs

The GAD-7 is a 7-item, self-report anxiety scale that is used as a screening tool for **generalized anxiety disorder** in alignment with clinical diagnosis. For further info, see: <https://www.ncbi.nlm.nih.gov/pubmed/16717171>.

A GROWING TREND

Nationally, the percentage of students who reported being diagnosed or treated for anxiety disorder in the last 12 months **doubled between 2008-2016** (NCHA data)

Scores for students who present to college counseling centers have increased steadily between 2010-2018 on Generalized Anxiety, Social Anxiety, and Depression (CCAPS)

The annual Healthy Minds Survey (HMS) has found that among college and graduate students, the percentage who screened positive for anxiety by the GAD-7 criteria rose from **17% in 2013 to 26% in 2017.**



On the Clinician Index of Clinical Concern (CLICC) from the Center for Collegiate Mental Health (CCMH) from 2018-2019, anxiety was reported as one of the concerns for 62.7%, while 43.6% were stressed. Clinicians indicated that the top concern was anxiety for 23.5% of the students they saw. A further breakdown of this top concern showed the following:

- Generalized Anxiety-14.7%
- Social Anxiety-3.8%
- Panic Attacks- 2.2%
- Unspecified/Other Anxiety-2.0%
- Test Taking Anxiety-0.4%
- Specific Phobia-0.3%



The 12-month prevalence of an anxiety disorder by 18-29 year-olds was 22.3% in 2007. Estimates of true prevalence today are 40%.

From 2008-2016, anxiety disorder grew more than two times as fast as all other mental health disorders on both UC and all campuses. Anxiety disorder holds the dubious distinction of expanding more quickly than other mental health disorders, pointing to a singular and pressing issue on college campuses.

Teenagers report higher levels of stress than adults

UNIVERSITY OF CALIFORNIA

At UC the rate increased even further, ending nearly 2.5 times higher in 2016 than in 2008 (NCHA)

UC NCHA data from Spring 2019. In the last 30 days:

- 73% felt overwhelmed by all they had to do
- 72% felt exhausted (not from physical activity)
- 49% felt very lonely
- 53% felt very sad
- 46% felt overwhelming anxiety



UC students in the last 12 months reported the following being traumatic or very difficult to handle (NCHA):

- Career-related issues-33%
- Death of a family member or friend-15%
- Family Problems-35.6%
- Intimate relationships-33.8%
- Other relationships-36.1%
- Finances-37%
- Health of family member or partner-23.3%
- Personal appearance-37.9%
- Personal health issues-28.2%
- Sleep difficulties-35.9%



UC students in the last 12 months reported the following affected their academic performance (NCHA):

- Sleep difficulties-25.5%
- Stress-40.5%
- Work-14.7%
- Anxiety-31.4%
- Concern for Troubled friend or family member-14.2%
- Depression-23.6%
- Internet Use/computer games-15.8%
- Relationship difficulties-11.8%

UCSC CCAPS INITIAL SCORES

Higher than the National Average on

- Depression
- Generalized Anxiety
- Social Anxiety

“I Have Thoughts of Ending My Life”:

- 49% score greater than zero compared to 36% National
- Likert Scale 0-4 with 0=“Not at all like me” and 4=“Extremely like me”
 - 20%-1 13%-2 10%-3 6%-4

IMPACT (FROM BERKELEY STUDY)

Found all of the following to be positively correlated with anxiety disorder on UC, CSU, and all campuses:

- substance abuse or addiction diagnosis,
- prescription drug abuse,
- alcohol use,
- negative consequences from alcohol use,
- attempted suicide,
- serious consideration of suicide,
- sexual assault

UC student with anxiety disorder is nearly nine times as likely to also be diagnosed with substance abuse or addiction. CSU students were almost five times as likely and nationally over three times as likely.

STUDENTS PRESENTING AT UC CAPS SERVICES (STUDENT QUESTIONNAIRE DATA)

Top Primary Concerns:

- Anxiety issues-27%
- Depression issues-20%
- Academic concerns-8%
- Stress issues-6%
- Relationship concerns-7%

Top Secondary Concerns:

- Anxiety issues-19.5%
- Depression issues-15%
- Stress issues-11%
- Academic concerns-10%
- Relationship concerns-6%

IMPACT OF IDENTITIES

The rate of anxiety disorder for female identified students was over twice that of male identified students in 2016 (23% vs. 10%).

The rate of increase from 2008 to 2016 was 65% for transgender students (34% to 56%),

- 67% for male students (6% to 10%)
- 92% for female students (12% to 23%).



The rate of increase from 2008 to 2016 was:

- 150% for Asian or Pacific Island students (4% to 10%),
- 180% for Black students (5% to 14%),
- 150% for Hispanic or Latino/a students (6% to 15%)
- 109% for White students (11% to 23%).

Among these four races, White students reported the highest rate of anxiety disorder in 2016 at 23% while Asian and Pacific Islander students reported the lowest rate at 10%.

Clearly, differences in cultural attitudes and access to mental health care are important considerations when interpreting the differences in rates across races. According to a recent study, Black and Hispanic students had lower rates of psychiatric diagnoses than White students, but had similar rates of past-year suicide attempts.

WHY?

National Longitudinal Survey of Youth (NLSY) found the following associations (not causation):

- Young adults with mothers that had a mental disorder (46% greater likelihood of having an anxiety disorder –supports genetic link)
- Young adults with mothers that have an least an undergraduate degree (45% more likely than those without a college degree)
- Young adults in households that are having difficulty paying bills (1.3 times more likely-supports financial stress increases anxiety)
- Young adults in the top quartile of computer use leisure time (plus cell phones)-above 20 hours per week-54% more likely to have anxiety than the bottom quartile

CELL PHONE USE

2016 Common Sense Media report:

- 50% of teens “feel addicted” to mobile devices
- 72% of teens feel the need to immediately respond to texts and social-networking messages
- 78% of teens check their devices at least hourly

2018 Pew Research Report:

- 45% of teens said they use the Internet “almost constantly” and another 44% said they go online several times a day
- 50% of teenage girls are “near-constant” online users, compared to 39% of teenage boys



Nancy Cheever-CSU Dominguez Hills:

- Phone induced anxiety operates on a positive feedback loop, keeping us in a persistent state of anxiety with the only relief being looking at the phone
- Test-anxiety study-Measured heart rate as phones went off and they could not get to them. Increased stress levels

Serbia and Italy study

- The strongest predictor of high stress levels was keeping the mobile phone less than 1 meter away during sleep

OXFORD STUDY

Digital Goldilocks hypothesis:

- Moderate use of digital technology is not intrinsically harmful and may be advantages in a connected world
- Overuse may displace alternative activities
- Too little tech use might deprive young people of important social information
- “inflection point” higher on weekends
- Smart phone use and video games had lower inflection points on weekdays

Positive elements:

- 83% of adolescents say that social media makes them feel more connected to friends
- 68% received social support through digital technologies in tough or challenging times

ADDICTION?

Some studies indicate addiction to mobile phones, not use, leads to depression and anxiety

No DSM-5 diagnosis though it has been suggested to use the criteria for compulsive gambling and substance abuse to measure problematic smartphone use. It can be evaluated as a behavioral disorder

- Texting and driving
- Causes family conflict
- Causes functional impairment
- Compulsive checking
- Causes sleep disturbance
- Anxiety or irritability if not accessible

Nomophobia- "**no mobile** phone phobia"-the irrational fear of being without your mobile phone or being unable to use your phone for some reason, such as the absence of a signal or running out of minutes or battery power.

FOMO

Fear of Missing Out

Recent study out of China looking at Chinese undergraduates

Looked at the relationship between Problematic Smartphone Use and depression and anxiety

Problematic smartphone use (PSPU) entails addictive **use**, prohibited **use**, and risky behaviors. Addictive **use** is linked to excessive reassurance sought via **smartphone use**. Internalized psychopathology did not predict **smartphone** addiction.

Found that Fear of Missing Out (FOMO) may be an important variable accounting for why some types of psychopathology, like anxiety, are associated with PSPU.

OTHER CAUSES

Gun Violence

- 75% of Gen Z youth report that mass shootings are a significant source of stress
- 72% are worried about possible school shootings

From Berkeley study (student voices):

- Academic pressure
- Finances

Environmental Stress

Demographics

GEN Z-BORN BETWEEN 1997 AND 2012

Jonathan Haidt-Coddling of the American Mind

- Children are “anti-fragile” and need to have experiences to grow strong. We have been treating them as fragile.
- By trying to eliminate risk from our kids lives we are doing them a disservice.
- The percent of 12th graders who can drive a car, have worked for money, have dated, or had a drink has gone down.
- Average life experience of Gen Z going to college is equivalent to that of a 15 year old 30 or 40 years ago.
- This all coincides with the growth of social media and children being exposed to an often harsh environment at a young age with no prior preparation



ASSESSMENT

Clinical Interview

GAD-7

CCAPS-34

BAI-Beck Anxiety Inventory

PHQ-4

Semi-structured Interview

ENVIRONMENTAL INTERVENTIONS

The UC Davis Nap Map

The UC Davis Nap Map is home of the top-ranked student-reviewed nap spots on the UCD campus! Rankings are based on 151,743 views

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Snooze Spots

- Righteous Babes Lounge and Reading R...
- Voorhies Courtyard
- Art Lounge
- Courtyard (Math and Physical Sciences)
- Physics/Engineering Library
- Shields Library - New Books Section
- Griffin Lounge (MU I)
- Science Laboratory 2nd and 3rd Floor St...
- SRRC
- Experimental College
- LGBTQIA Resource Center
- Cross Cultural Center
- Grassy Area near Veterinary Medicine
- Shields Library Window Seats
- The Arboretum
- King Lounge, MU

Map data ©2018 Google

[HTTPS://WWW.YOUTUBE.COM/WATCH?V=X63NOUWAQLU](https://www.youtube.com/watch?v=X63NOUWAQLU)



RESILIENCE INITIATIVE

Many campuses are moving towards population based programs to improve student coping with stressors

- Stanford Resilience Project: Normalizing Failure
- Harvard: Success Failure Project
- Tulane: Story of Failure

Our Campus

- Resilience Educators
- Peers
- Small Grants
- On-going events

ONLINE SERVICES

TAO-Therapy Assistance Online-TAO is evidence based: scientific studies unlike thousands of online apps that are unsubstantiated

- Self-Help
- Adjunct to Therapy
- Available to all with UCSC email
- Can be customized for specific groups, classes

WellTrack

Many others available



INTERVENTIONS-CLINICAL

Individual CBT and ACT based therapy

Managing Social Anxiety Group

Mindfulness Group

Anxiety Toolbox Groups

Peer “Stress-Less” workshops

Psychopharmacology

Case Management

INTERVENING WITH PSPU

Not extensively studied

Ironically, many apps have been developed to help limit usage

Some potentially useful ideas:

- not always answering your phone by selectively turning off alerts;
- setting limits about not using a phone during certain situations or times;
- deleting old apps;
- unfollowing newsfeeds and friends that do not contribute usefully;
- cleaning up email subscriptions;
- moving cellphone away from bed while sleeping

ONGOING INVESTIGATIONS

Why do UCSC students seem more impacted by mental health concerns?

What can we learn by analyzing UC-wide data?

How can we better understand and utilize online options?

How can we improve “digital hygiene?”

What are the impacts of campus-wide resilience based efforts?

What can faculty or academic departments do differently to help reduce student stress?



Questions?