

# Mental Health Matters

Counseling and Psychological Services (CAPS)

Spring 2008-2

## IUPUI Core Survey

Counseling and Psychological Services (CAPS) in collaboration with Indiana Coalition to Reduce Underage Drinking (ICRUD) participated in the Core Alcohol and Drug Survey in the spring of 2006. Development of this survey was funded by the U.S Department of Education. The survey includes items addressing students' attitudes, perceptions, and opinions about alcohol and other drugs, as well as items reflecting the students' own use and consequences of use. There are also several items to document the students' demographic and background characteristics, as well as their perception of campus climate and policy issues related to alcohol and other drugs.

Over 4,000 IUPUI students were contacted by electronic mail and asked to respond to the survey. Subsequent public announcements were made to increase response number. A total of 472 students completed the survey. Results of the survey indicated that:

- 63.6% of underage IUPUI students consumed alcohol in the previous 30 days
- 36.8% of IUPUI students reported binge drinking in the previous two weeks
- 26.0% of IUPUI respondents reported some form of public misconduct at least once in the past year as a result of drinking or drug use
- 22.8% of IUPUI respondents reported experiencing some kind of serious personal problem (e.g., suicidality, injury, assault) at least once in the past year as a result of drinking or drug use
- 62.6% of IUPUI students said the campus has alcohol and drug policies; 36.8% said they don't know
- 18.7% of IUPUI students said the campus has an alcohol or drug prevention program; 78.5% said they don't know
- 52.6% of IUPUI students said the campus is concerned about the prevention of drug and alcohol use; 38.1% said they don't know
- 92.3% of IUPUI students believed the average student on campus uses alcohol once a week or more

In addition, most IUPUI students (>70%) believed alcohol to have positive social effects (e.g., breaks the ice, enhances social activity) and relatively few students perceived great risk in daily alcohol use (15.1%) and just over half (54.5%) considered occasional bingeing to be a risky activity.

When comparing the IUPUI respondents to students at other institutions, IUPUI students report higher 30-day, annual, and lifetime prevalence rates of alcohol use. In addition, over the prior year, more IUPUI students reported unsuccessful attempts to stop using, serious suicidal thoughts, and attempted suicide than their peers at other institutions.

**During the next few weeks, CAPS (collaborated with ICRUD) will, once again, participate in the Core Survey. Please encourage students to participate!!**

**The outcome data will be released to the IUPUI campus community soon after it becomes available.**

## IUPUI CAPS

Promoting Psychological Health, Well-being and Success for all Students

*"I can't tell you if a student in my class has a drug problem or a problem with depression, but I can tell if a student is in distress."*

—Professor of neurobiology at Cornell who teaches a popular course on drug mechanisms

## Recreational Use of Ritalin on College Campuses

Although alcohol is the most abused drug on college campuses, Ritalin has also attracted much concern in recent years.

Ritalin, also known as methylphenidate, is the common treatment for Attention Deficit Hyperactivity Disorder (ADHD), a condition affecting 3–5 percent of the U.S. population. Street terms for Ritalin include “vitamin R,” “R ball,” and “cramming drug.” Whereas college students once drank excessive amounts of coffee or took caffeine pills to stay awake while cramming for tests, many now use Ritalin to remain alert. Anecdotal evidence suggests that Ritalin can allow students to stay awake for many hours in a row and maintain abnormally high levels of concentration. Students have used it to cram for as long as a few days. Some students use Ritalin, so they can consume more alcohol or mix it with other drugs to prolong partying.

Ritalin is widely available. Nineteen million prescriptions were filled in 1999, a rise of 500 percent since 1991. Although, there are no national surveys documenting Ritalin abuse on college campuses, several studies indicate that it is widespread.

- In a 2002 survey of students at the University of Florida, 1.5 percent used Ritalin recreationally in the previous 30 days.
- In a 2000 survey, 16 percent of students at a small public liberal arts college reported having tried Ritalin recreationally, and 12.7 percent reported having taken it intra-nasally.
- A 2000 survey at the University of Pennsylvania found that almost 9 percent of undergraduates had used someone else’s prescription medications, many of which were Ritalin.
- A 1998 survey of students at the University of Wisconsin, Madison, found that 20 percent of students had illegally taken Ritalin or a similar drug at least once in their lives.
- A 1997 survey of Texas university students concluded that 1.5 percent of students had misused Ritalin during the past year and that 2 percent had done so at some point in their lives.

## Possible Effects of Ritalin Abuse

Since Ritalin is a prescribed medication, students often mistakenly consider it innocent and harmless, without the stigma associated with street drugs. In fact, illegal Ritalin use can be very dangerous, with effects similar to those produced by cocaine and amphetamines.

William Bailey from Indiana University suggests that Ritalin may cause the following adverse effects:

- Nervousness, insomnia
- Loss of appetite, leading to serious malnutrition
- Nausea, vomiting
- Dizziness, headaches
- Changes in heart rate and blood pressure (usually elevation of both, but occasionally depression)
- Skin rashes, itching
- Abdominal pain, weight loss, digestive problems
- Toxic psychosis, psychotic episodes, drug dependence syndrome
- Chronic use and dependence
- Severe depression upon withdrawal

(Methylphenidate (Ritalin).” Bethesda, Md.: National Institute on Drug Abuse, National Institutes of Health, 1999. Retrieved from <http://165.112.78.61/Infobox/Ritalin.html>)

**\*\*Note: While Ritalin abuse is increasing and is a very dangerous behavior, there is no evidence that appropriate use of this medication in the treatment of ADHD leads to abuse of this or other drugs.**

## Depression, Anxiety, and Alcohol or Other Drug Use among College Students

Community studies and reports from clinicians reveal that significant numbers of students on U.S. college campuses suffer from depression and/or anxiety and use alcohol or other drugs (AOD). When a student suffers from depression and/or anxiety and uses alcohol or other drugs, each problem can exacerbate the other.

### The Current Picture

Although the overlap of depression, anxiety, and alcohol and other drug use has not been thoroughly studied, existing data sketch a general outline of the picture. The number of students who arrive at college with depression and/or anxiety is increasing. These students are more likely than their peers to use AOD. The combination of psychological and emotional problems and AOD use increases the likelihood of high-risk behaviors, including suicide.

- About 84 percent of counselors from 274 institutions of higher education perceive an increase in students with more serious psychological problems during the past five years.
- Of current college students, 15.9 percent of women and 8.5 percent of men report having been diagnosed with depression at some time.
- Forty-four percent of students at four-year institutions engaged in heavy drinking during the two weeks before they were surveyed. Half of the heavy drinkers, or 22 percent of students overall, drank at this level three or more times during a two-week period.
- Nearly 30 percent of college students reported using marijuana, and 15 percent reported using other illicit drugs in the past year.
- More college students who have been diagnosed with depression have used alcohol, marijuana, cocaine, or amphetamines than have their peers who have never been diagnosed with depression.
- Eleven percent of college students between the ages of 18 and 24 report having considered suicide in the previous 12 months. Students who had considered suicide responded with higher numbers to every survey question related to AOD use than those reported by their counterparts who had not considered suicide.

### Which Comes First?

Whereas there is general agreement that depression and/or anxiety and problems related to the use of alcohol and other drugs often co-occur in college students, many questions remain about which problem causes the other. Some studies support the self-medication hypothesis: students abuse or even become addicted because they find their depression and/or anxiety relieved by alcohol or other drugs. Other researchers claim that alcohol and other drug abuse comes first, leading to depression and/or anxiety. Proponents of this view contend that drugs have toxic effects on mood and interpersonal relationships and that cessation of drug use results in a significant decrease in depression. A third hypothesis suggests that depression and/or anxiety and alcohol and other drug use are related because these problems themselves share common roots—either genetic factors such as disorders of neurotransmitter functioning in the brain, or environmental factors such as family dysfunction. Researchers supporting this hypothesis cite the results of twin and family studies that indicate a close genetic association between depression and alcoholism.

Absent conclusive evidence regarding whether it is the mental health problem or the high-risk alcohol and other drug use that comes first, professionals who work with college students should keep in mind that depression and/or anxiety and AOD abuse do often co-occur; to understand one, therefore, it is necessary to understand the other.

***"There is no one-size-fits-all formula for addressing students who have problems with drinking and depression."***

(Lisa Laitman, Director, Alcohol and Other Drug Assistance Program for Students, Rutgers University)

## An Integrative Approach to Depression, Anxiety, and AOD Abuse on Campus

The potential for increased problems when depression, anxiety, and alcohol and other drug use co-occur argues for an integrative approach to addressing these issues. Such an approach requires collaboration and the coordination of services among the traditionally distinct sectors of student health, mental health, and AOD services as well as student life professionals, academic advisers, career counselors, judicial and disciplinary affairs staff, and security services personnel. For integrated services to work effectively, senior administrators must commit to the approach, and key campus constituencies must be engaged.

When intervention is integrated, assisting students with problems become student-centered rather than program-centered. Thus, students whose presenting complaint is depression or anxiety are screened for substance abuse. Likewise, students seen for AOD use can be evaluated for depression and/or anxiety. Students who present with a vague injury or somatic complaint are screened for both. Integrated treatment protocols allow for individually tailored combinations of counseling and medications if warranted. Further, an integrated approach has built-in mechanisms for judicious sharing of information, as well as policies that balance safety and privacy.

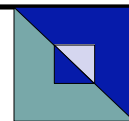
Several factors point to the critical need for an integrative approach in addressing depression and/or anxiety and alcohol and other drug problems. First, students often arrive at the student health service or the counseling center with problems other than depression, anxiety, or AOD abuse. They may report an injury but not reveal the chain of events and behaviors that led up to it. Sometimes the first sign of mental health or alcohol and other drug problems is a nonspecific sign of trouble in class. For instance, a student who always earned A's may suddenly fail exams, or a typically alert student may start to fall asleep in class.

Students with alcohol and other drug problems are not likely to self-refer. Denial, the hallmark of AOD abuse, increases the likelihood that abusers will not seek help or will not be forthcoming about their drinking or other drug use. Often, it is other mental health problems or just generalized distress that leads them to seek treatment. Preexisting depression and/or anxiety may be exacerbated by AOD use. To complicate the situation, however, when AOD problems and a mental health condition co-occur, each can mask the other. Dramatic abuse of alcohol can obscure underlying depression or anxiety, just as withdrawal from AOD can look like an anxiety disorder.

## Barriers to an Integrative Approach to Depression, Anxiety, and AOD Use

- **Institutional, structural barriers.** Separate buildings, systems, budgets, reporting lines, medical and medication records, and schedules limit opportunities for interdepartmental communication between the counseling center, student health, residential life, judicial and disciplinary affairs, and security services. These separations may compartmentalize both a student's problems and the campus's awareness of those problems.
- **Confidentiality issues.** Colleges and universities are still assessing the implications of the Health Insurance Portability Act (HIPAA), passed into law in 1996. In addition, licensed health care practitioners who work at colleges and universities can be restricted by the confidentiality guidelines of their accrediting organizations. These clinicians must use great care as they make judgments about the release of treatment information to other health professionals or to college administrators.
- **Lack of cross-training.** Many physicians, psychiatrists, clinical psychologists, and social workers have not been trained or certified in treating AOD problems. According to the National Survey of Counseling Center Directors, only 28 percent of college counseling centers have a certified addiction counselor on staff.
- **Insufficient resources.** Fortunately, today's more widely available pharmacological treatments make higher education available to many with mental health problems who previously would have been unable to attend college. This greater availability also contributes, however, to increased use of health and counseling services on campuses, stretching existing resources. With shrinking budgets and rising numbers of college students seeking counseling services and medication treatment for psychological disorders, colleges may find their staff and resources too limited to offer an integrative approach to each student who needs services.

(Retrieved from <http://www.higheredcenter.org/pubs/prev-updates/depression.html>)



## **IUPUI Resources:**

### **Helping Students in Distress: Responses and Resources for the IUPUI Community**

CAPS' Web-Page:

<http://www.iupui.edu/~sldweb/caps/>

### **IUPUI Police Department**

Emergency: 911 or 274-7911 TTY 274-1387

Non-emergency: 274-2058

<http://www.police.iupui.edu>

### **Office of Student Rights, Responsibilities and Conduct**

355 N. Lansing Street

Indianapolis, IN 46202

PH: (317) 274-4431

FAX: (317) 274-2864

<http://www.iupui.edu/~sldweb/dos/forms.html>

### **IUPUI Human Resources: Employee Relations**

Union Building (UN) 368

Phone: 274-8931

<http://www.hra.iupui.edu/>

### **Online services students may find helpful**

WebTribes Inc. offers free, social networking, support communities for people struggling with depression, anxiety, OCD, and addiction.

[www.Depressiontribe.com](http://www.Depressiontribe.com)

[www.Anxietytribe.com](http://www.Anxietytribe.com)

[www.Addictiontribe.com](http://www.Addictiontribe.com)

[www.Ocdtribe.com](http://www.Ocdtribe.com)

[CAPS Upcoming Events:](#)

**Anxiety Screening**

Thursday, April 10: 10am – 4pm

Campus Center, 2<sup>nd</sup> floor

**Counseling and  
Psychological Services**

620 Union Dr. Suite 418  
Indianapolis, IN  
46202

**Phone:** 317-274-2548

**Fax:** 317-278-0948

**Email:** [capsindy@iupui.edu](mailto:capsindy@iupui.edu)

**Web:** <http://life.iupui.edu/caps/>

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