Psychological and Substance Use Problems among Students, Staff, and Faculty

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Bloomington Faculty Council
February 1, 2022

Thanks to members of my lab, clinical faculty, and staff in PBS for their help on this presentation.
A PDF of these slides will be available after the presentation.

Outline

- What are psychological disorders and how do we conceptualize them?
- How common are psychological disorders?
- What is the impact of the COVID pandemic on psychological and substance use problems?
- What are the implications?

Warning: I will be talking about sensitive topics that may be upsetting.

What are psychological disorders and how do we conceptualize them?

Approaches to Defining Psychological Disorders

- Does infrequency define a disorder?
- Does suffering define a disorder?
- Does perceived distress define a disorder?
- Does strangeness define a disorder?

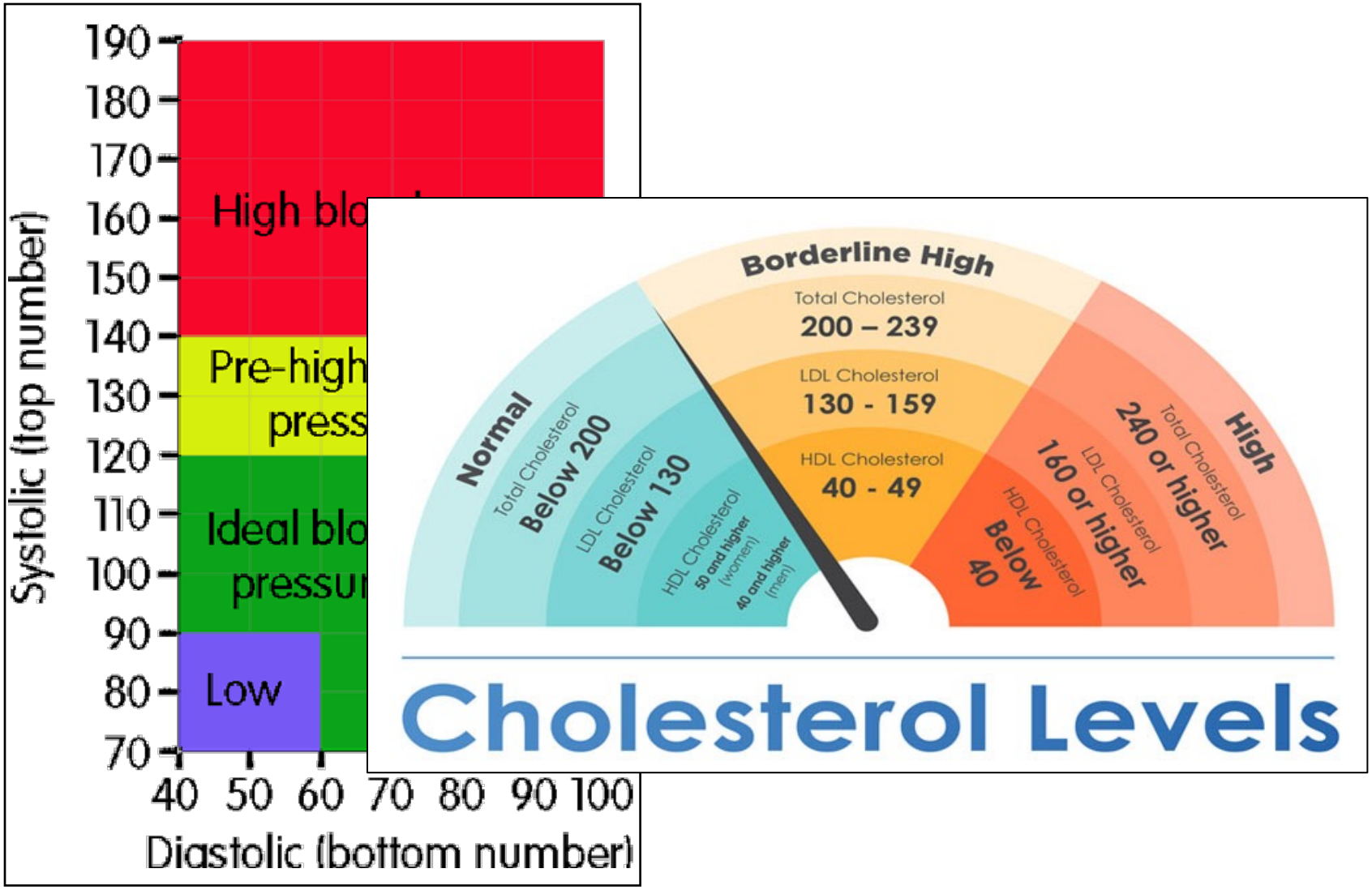
- Should normality serve as a guide?
  - Importance of culture and development

Harmful Dysfunction

- "Dysfunction" refers to some mental function (e.g., emotion regulation, behavioral regulation, perception) that is presumably impaired

- And it must be "Harmful"
  - Increased mortality
  - Social and occupational impairment
  - Reduced fertility
  - Subjective distress

It's More Like Cardiovascular Disease

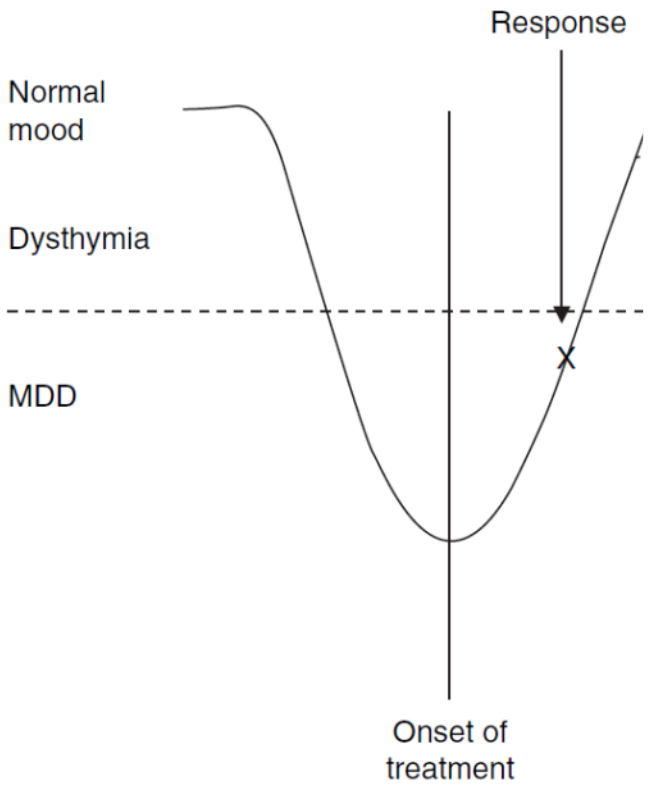


Example – Major Depression

- 5+ of the following symptoms during the same 2-week period:
  - depressed mood most of the day
  - diminished interest or pleasure
  - significant weight loss or gain
  - insomnia or hypersomnia every day
  - psychomotor agitation
  - fatigue or loss of energy
  - feelings of worthlessness or guilt
  - diminished ability to think or concentrate
  - recurrent thoughts of death or suicide

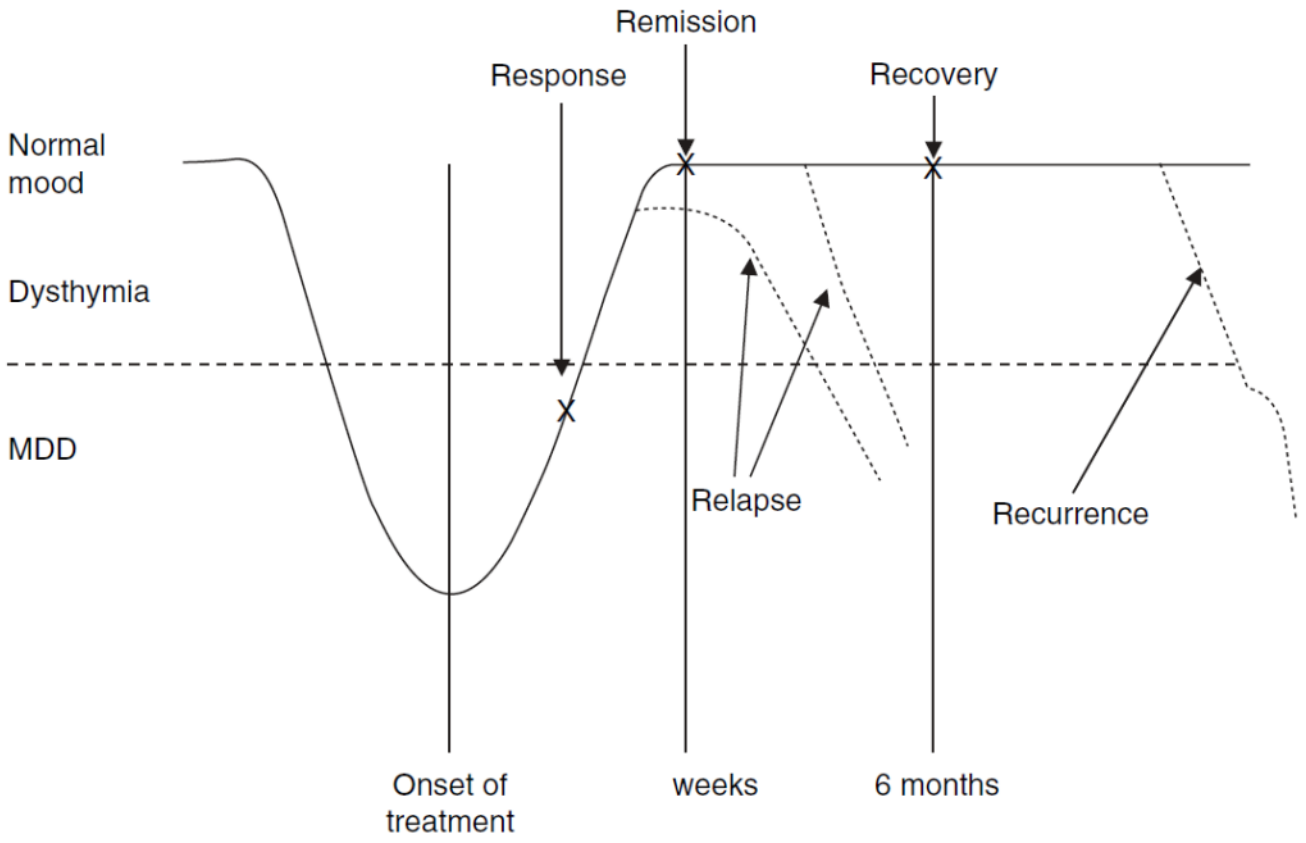
American Psychiatric Association, 2013

Longitudinal Course(s) of Major Depressive Disorder



Kupfer (1991)

Longitudinal Course(s) of Major Depressive Disorder



Kupfer (1991)

DSM5 Substance use disorder

2+ of the following symptoms within 12-month period:

- Taken in larger amounts than was intended
- Desire or unsuccessful efforts to cut down use
- Great deal of time spent to obtain, use, or recover
- Craving or strong desire to use
- Recurrent use resulting in failure to fulfill major role
- Continued use despite recurrent social or interpersonal problems
- Important activities are given up or reduced because of use
- Recurrent use when physically hazardous
- Use despite knowledge of problems due to use
- Tolerance
- Withdrawal

American Psychiatric Association, 2013

How common are psychological disorders?

Epidemiological Studies

- National Comorbidity Survey-Replication
  - 9,000 people in US in 2001-2003 (Kessler et al., 2005)
  - **46%** lifetime prevalence for at least one disorder.

- Underestimate because of retrospective reporting
  - More recent longitudinal studies indicate lifetime prevalence of 86% (Caspi et al., 2020).
  - Most individuals (70%) with a psychological disorder have onset before age 21.

Prevalence of Psychological Problems

Disorder	Prevalence among 18-29 yr. olds
Major Depression	15 %
Bipolar Disorder	6 %
ADHD	8 %
Social Phobia	14 %
Substance Use Disorder	17 %
Three or more disorders	22 %

Kessler et al., 2005

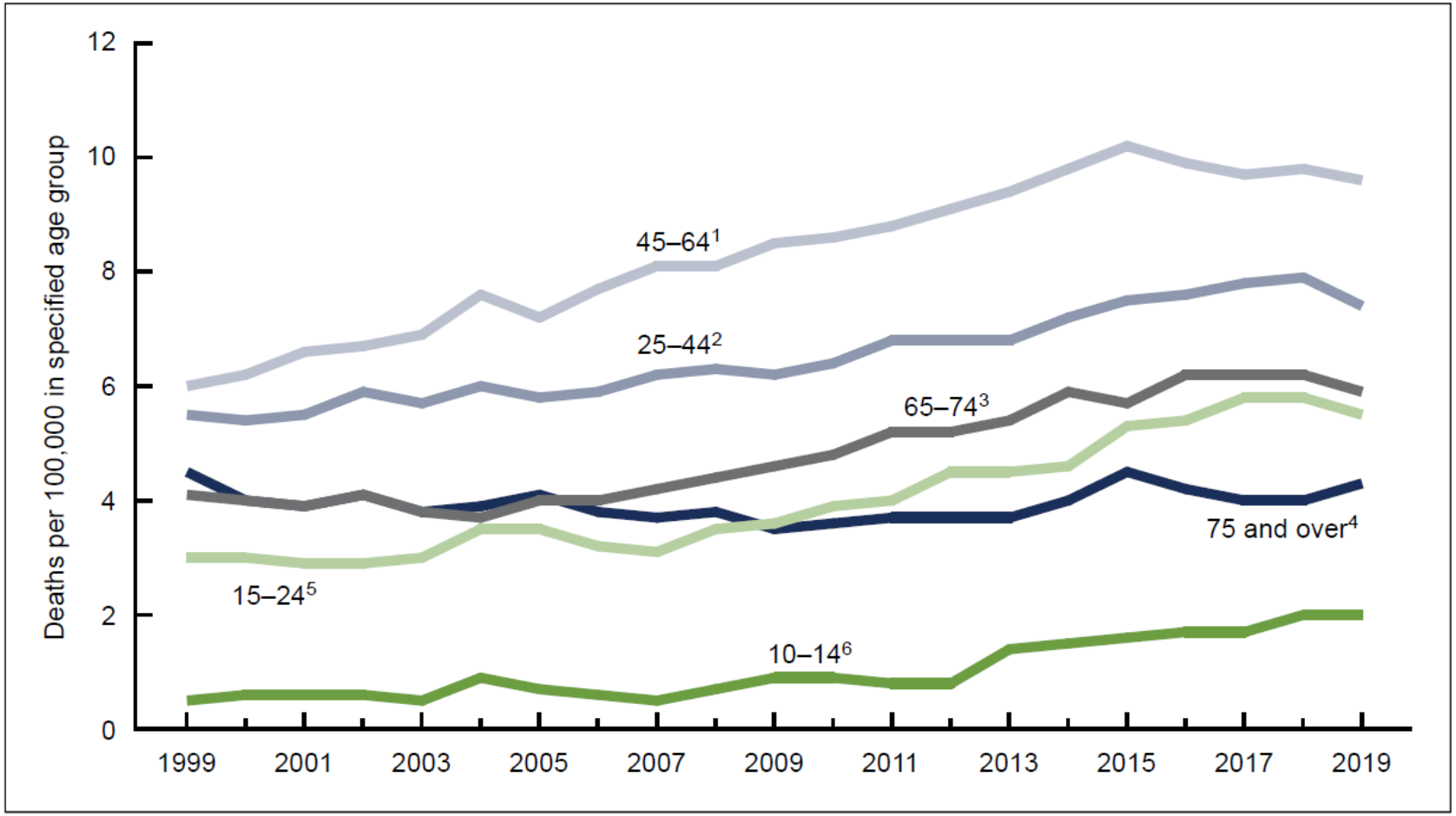
Disease Burden

- "Disease burden" defined in terms of **mortality** *and* **disability** measured in years by WHO
- Psychological problems only account for 1% of mortality
- But leading medical causes of disability!
  - Depression is the second leading cause of disability in the US (behind low back pain)
  - Anxiety is the fifth leading cause

Murray et al., 2013; Vigo et al., 2016

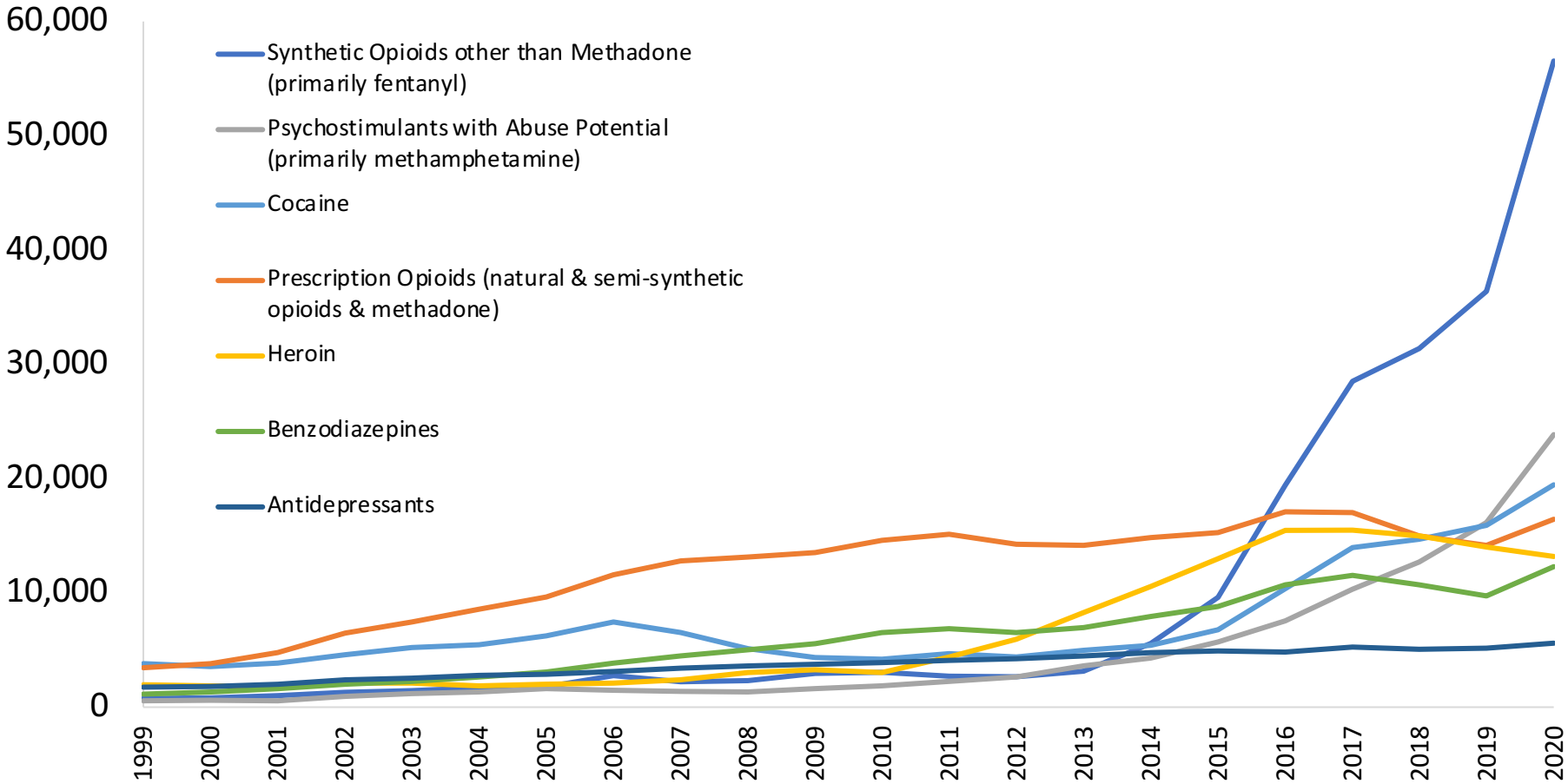
Broad Societal Problems – Death by Suicide

Figure 2. Suicide rates for females, by age group: United States, 1999–2019



Hedegaard et al., 2021

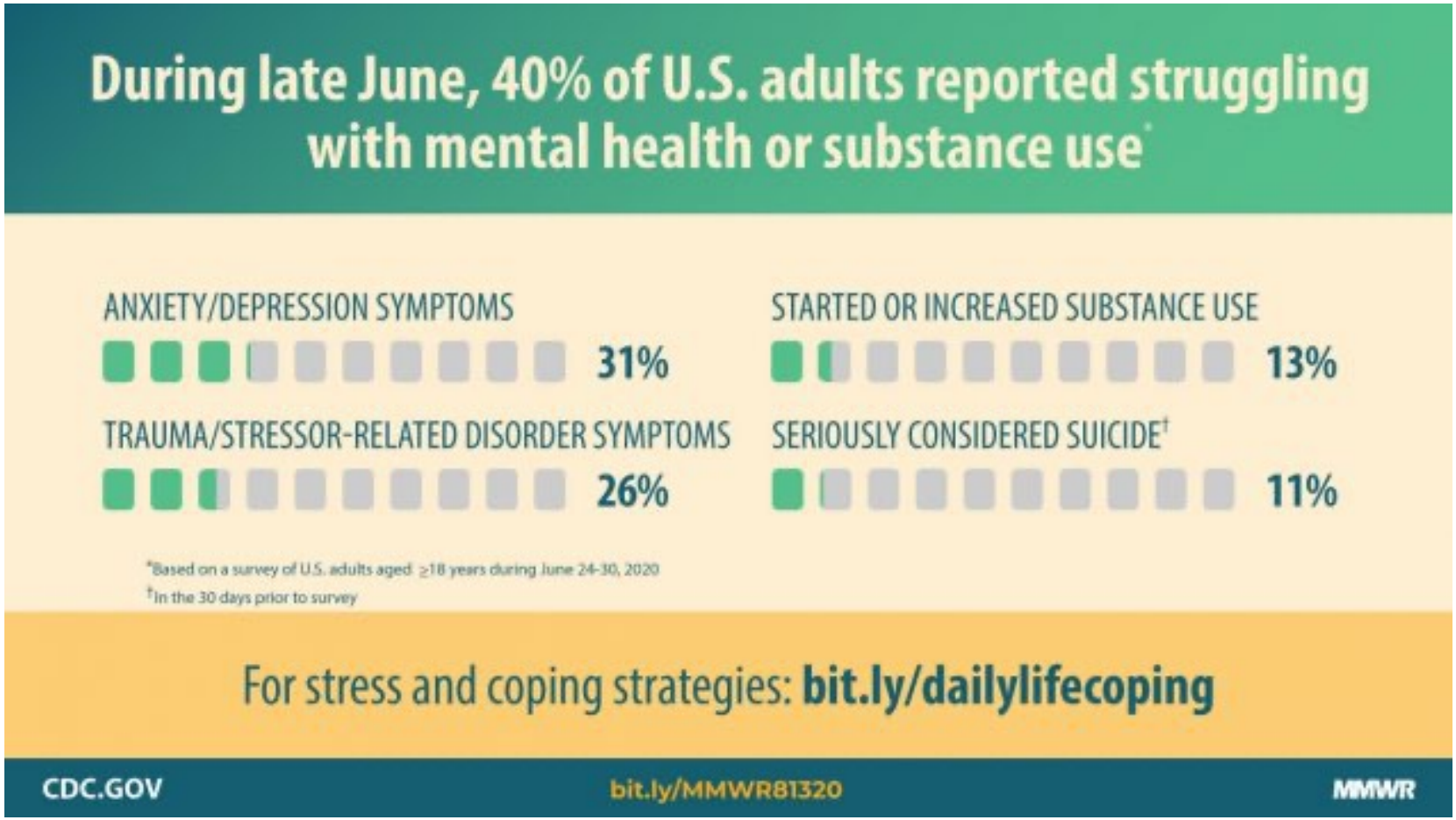
Overdose Deaths



CDC, 2022

What is the impact of the COVID pandemic on psychological and substance use problems?

Of Course the Pandemic has been Stressful!



Czeisler et al, 2020

But…Especially for Young Adults

Age Group	>1 Adverse Behavioral Health Symptom			
18-24	75 %			
25-44	52 %			
45-64	30 %			
>65	15 %			

Czeisler et al, 2020

But…Especially for Young Adults

Age Group	>1 Adverse Behavioral Health Symptom	Anxiety or Depressive Disorder		
18-24	75 %	63 %		
25-44	52 %	40 %		
45-64	30 %	23 %		
>65	15 %	8 %		

Czeisler et al, 2020

But…Especially for Young Adults

Age Group	>1 Adverse Behavioral Health Symptom	Anxiety or Depressive Disorder	Increased Substance Use	
18-24	75 %	63 %	25 %	
25-44	52 %	40 %	20 %	
45-64	30 %	23 %	8 %	
>65	15 %	8 %	3 %	

Czeisler et al, 2020

But…Especially for Young Adults

Age Group	>1 Adverse Behavioral Health Symptom	Anxiety or Depressive Disorder	Increased Substance Use	Seriously Consider Suicide in past 30 days
18-24	75 %	63 %	25 %	26 %
25-44	52 %	40 %	20 %	16 %
45-64	30 %	23 %	8 %	4 %
>65	15 %	8 %	3 %	2 %

Czeisler et al, 2020

Why Higher Prevalence among Young Adults?

- Emerging/young adulthood is a key developmental period.
- Lack of stability
  - Housing, career, relationships, etc.
- Age-related stressors
  - Forming/dissolution of romantic relationships
  - Independent living
  - Caregiving responsibilities
- Constant evaluation of work and need to be highly productive is stressful.
- Students may have different assumptions regarding institutions (e.g., leadership, financial security, etc.).
- October 19th incident

Other Pandemic – Ongoing Racial Injustice

- The killing of Ahmaud Arbery, Breonna Taylor, George Floyd, and …. has been incredibly difficult for students, staff, and faculty.
- Anti-Asian incidents have also been incredibly stressful.
- Students from minority racial/ethnic groups are struggling.
- The past two years have also been difficult for students from majority racial/ethnic groups.

Mental Health Across Minority Groups

Race/Ethnicity	>1 Adverse Behavioral Health Symptom	Anxiety or Depressive Disorder	Increased Substance Use	Seriously Consider Suicide in past 30 days
White, non-Hispanic				
Black, non-Hispanic				
Asian, non-Hispanic				
Multiple race, non-Hispanic				
Hispanic				
Unknown				

Czeisler et al, 2020

Mental Health Across Minority Groups

Race/Ethnicity	>1 Adverse Behavioral Health Symptom	Anxiety or Depressive Disorder	Increased Substance Use	Seriously Consider Suicide in past 30 days
White, non-Hispanic	38	30	10	8
Black, non-Hispanic	44	30	18	15
Asian, non-Hispanic	32	18	7	7
Multiple race, non-Hispanic	44	33	11	10
Hispanic	52	40	22	19
Unknown	48	44	18	26

Czeisler et al, 2020

Differential Impact of COVID Based on Type of Employment

- The pandemic has exacerbated differences based on financial resources and type of employment.
- Essential workers (both inside and outside of the medical field) have experienced enormous stressors.

Mental Health Across Employment

Age Group	>1 Adverse Behavioral Health Symptom	Anxiety or Depressive Disorder	Increased Substance Use	Seriously Consider Suicide in past 30 days
Employed – Essential				
Employed – Nonessential				
Unemployed				
Retired				

Czeisler et al, 2020

Mental Health Across Employment

Age Group	>1 Adverse Behavioral Health Symptom	Anxiety or Depressive Disorder	Increased Substance Use	Seriously Consider Suicide in past 30 days
Employed – Essential	54	42	25	22
Employed – Nonessential	41	30	11	8
Unemployed	46	38	8	5
Retired	20	12	4	3

Czeisler et al, 2020

Conclusion from CDC Report

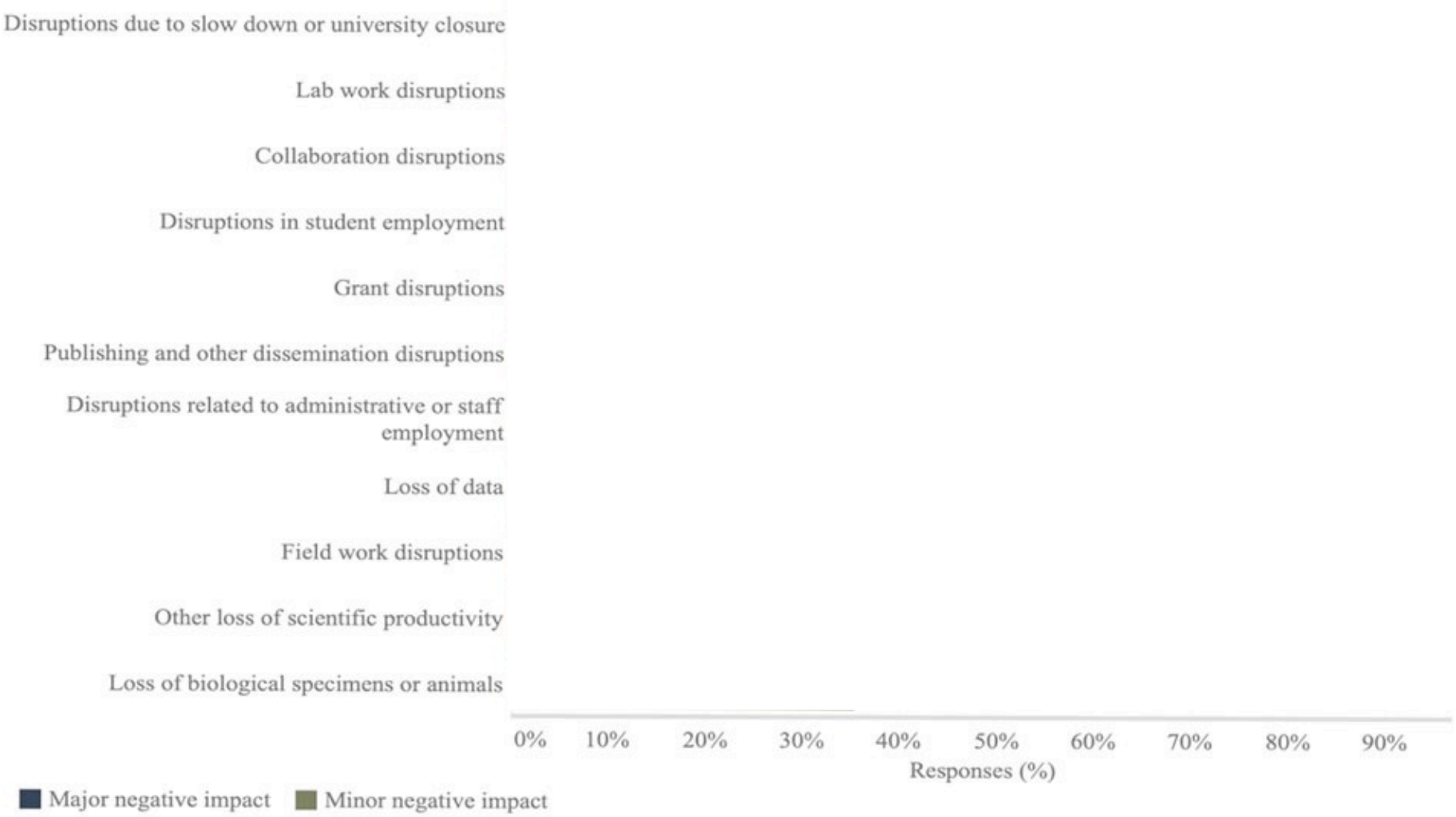
"Mental health conditions are disproportionately affecting specific populations, especially young adults, Hispanic persons, black persons, essential workers, unpaid caregivers for adults, and those receiving treatment for preexisting psychiatric conditions." (p. 1053)

Czeisler et al, 2020

COVID's Impact on Faculty?

Johnson et al., 2021

COVID's Impact on Faculty?



Johnson et al., 2021

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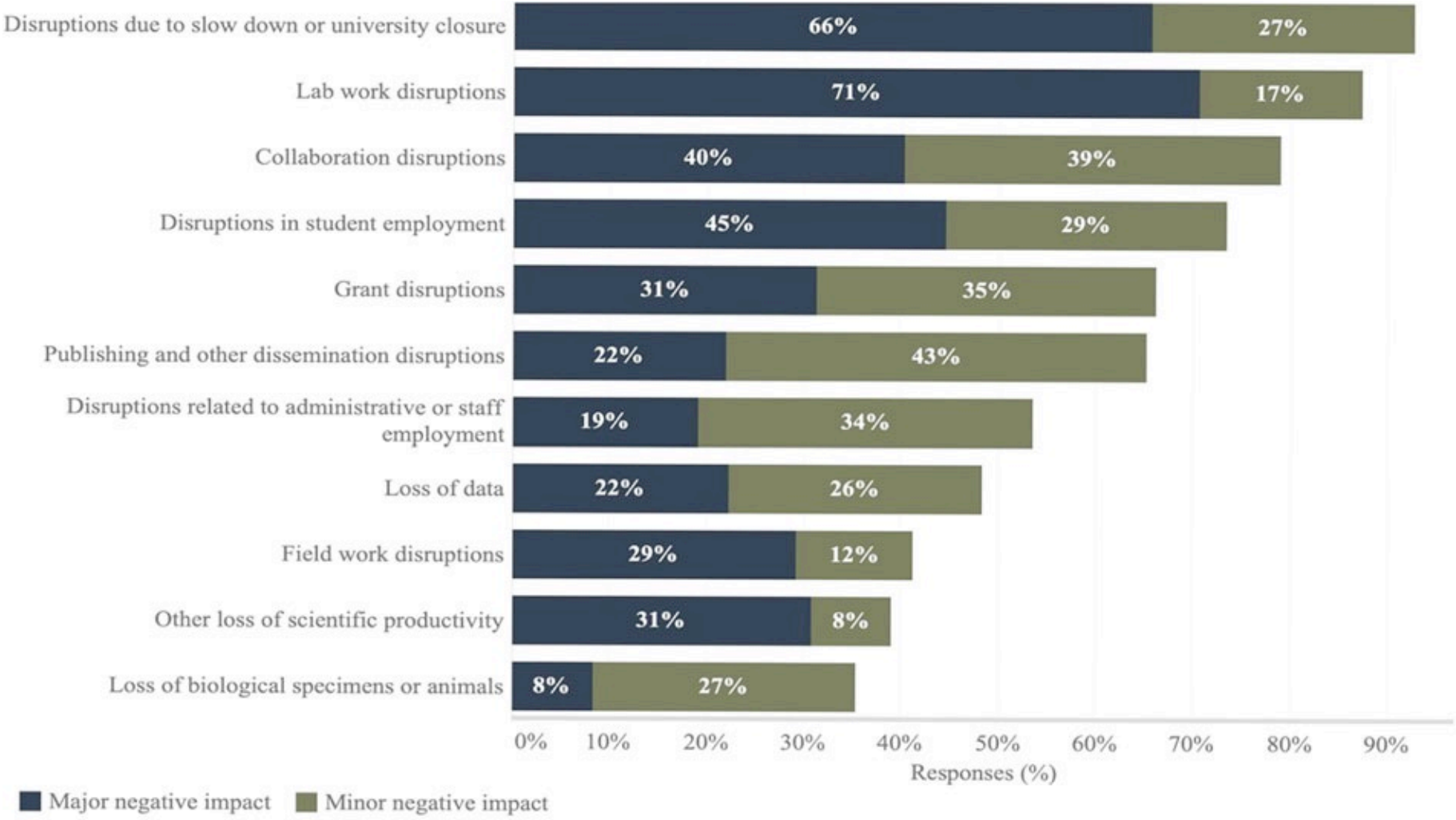
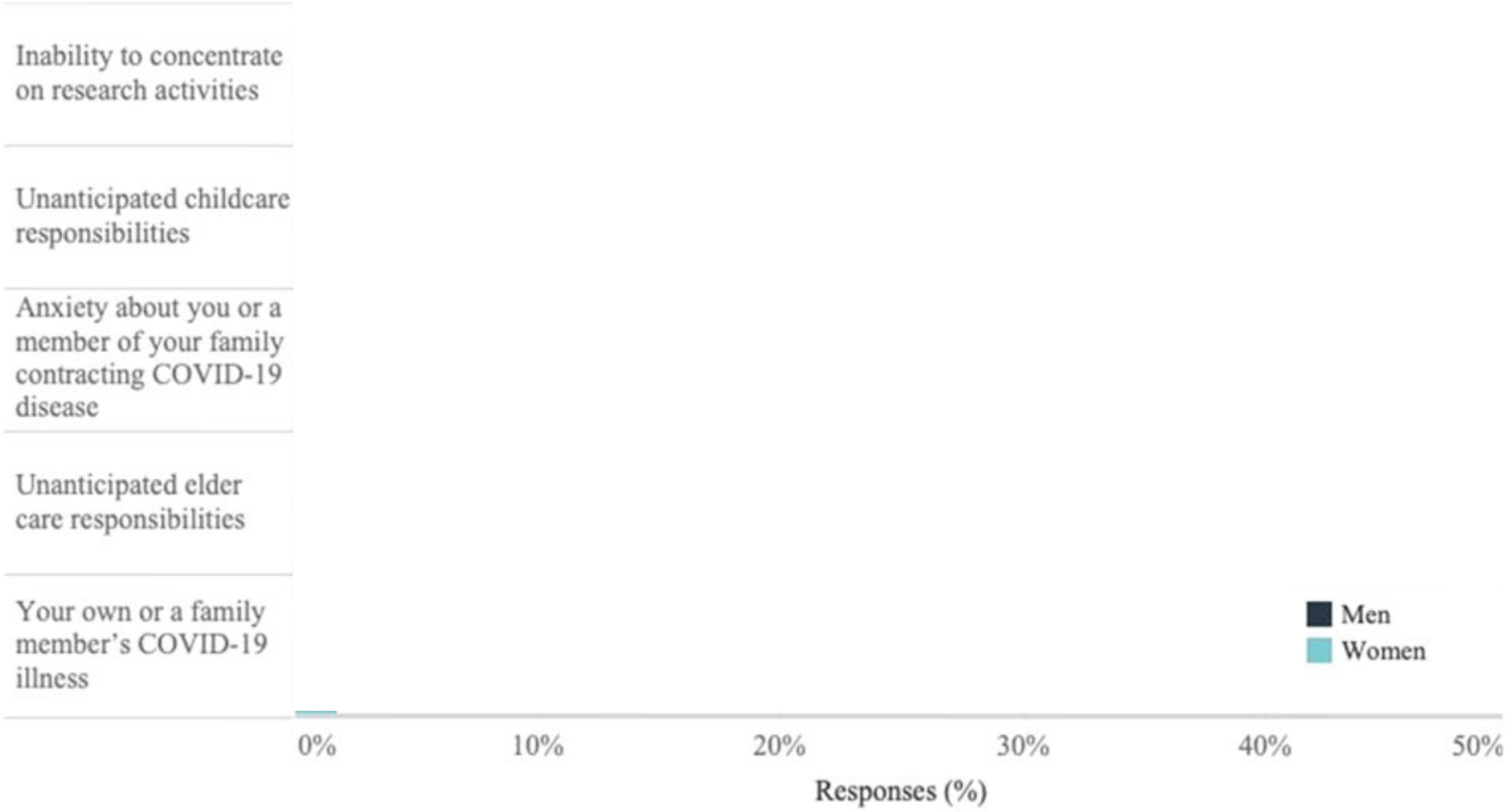


Johnson et al., 2021

But, More So among Women...



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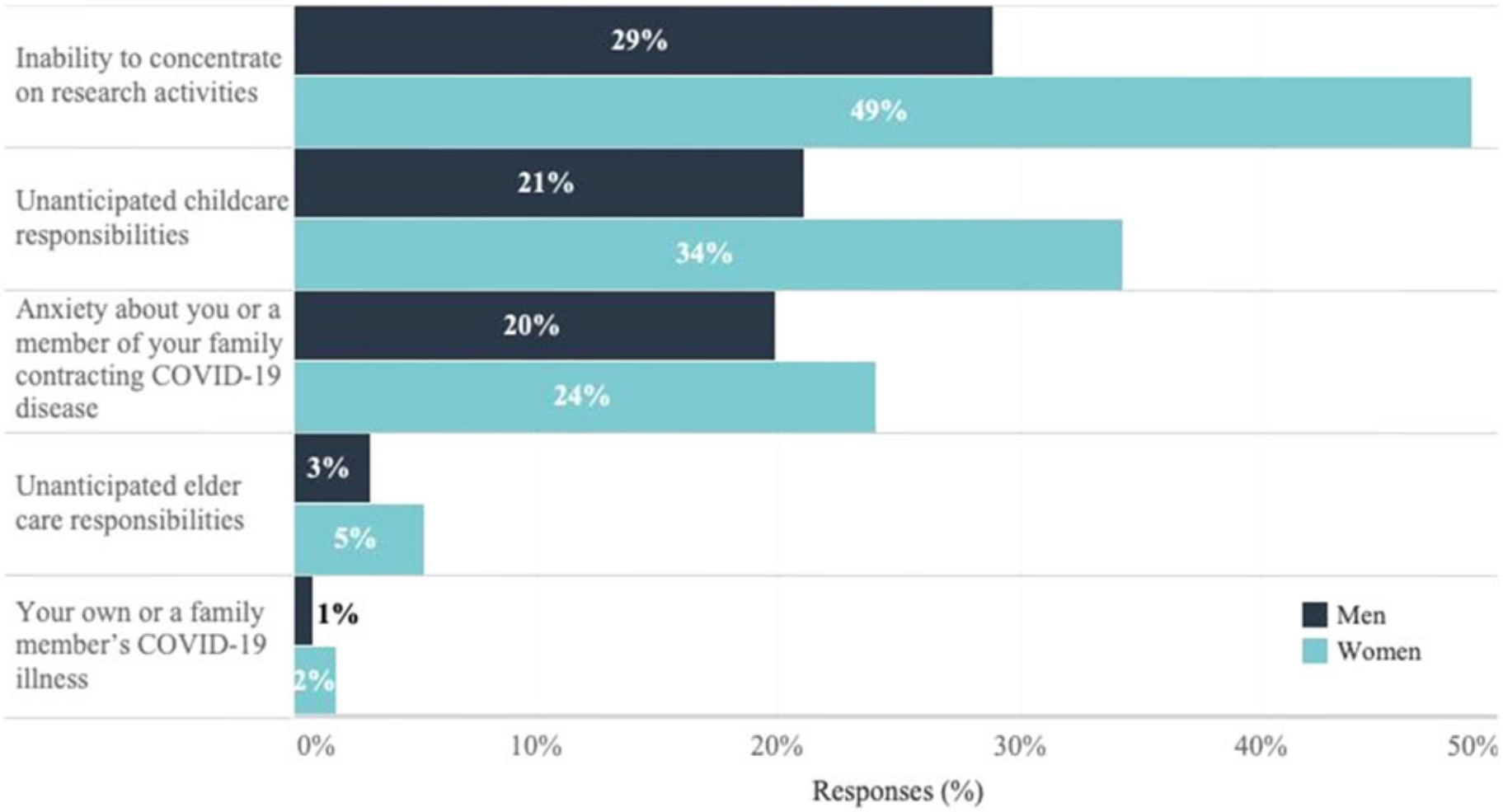
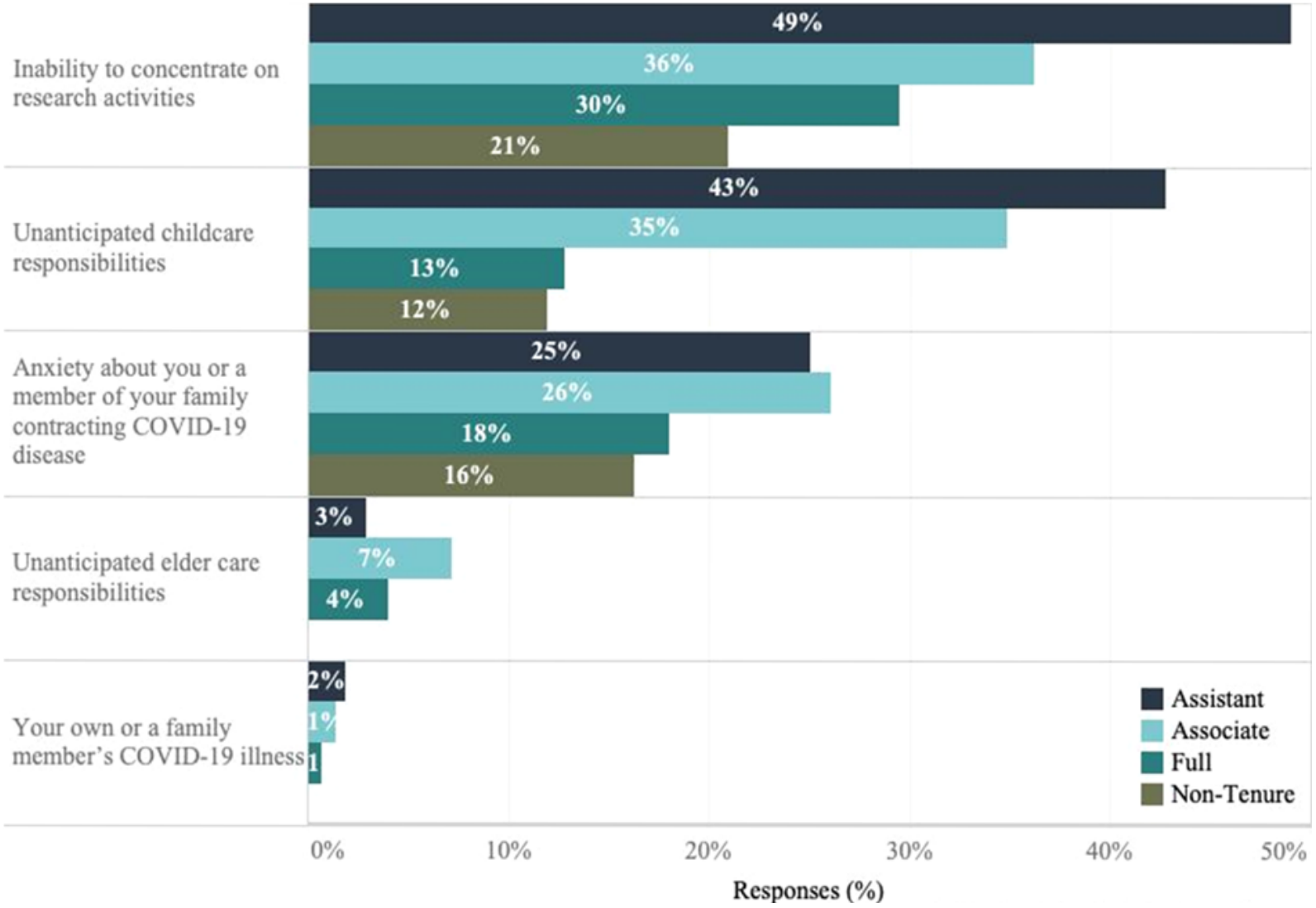


Johnson et al., 2021

…And among Junior Faculty



Johnson et al., 2021

Summary

- Psychological/substance disorders occur among individuals who are high on dimensions we study in basic psychological science.
- Psychological and substance use problems are common (and becoming more prevalent).
- Recent pandemics have affected everyone, but more so for vulnerable and/or marginalized groups.

What are the implications?

Recommendations (for All)

- You need to be aware of the prevalence.
  - You, your colleagues, students, and staff (& friends and family members) have / are / will experience mental health problems.
  - Be aware of warning signs.
- Understand that consideration of mental health is not "babying" people (e.g., students).
  - We cannot remove the stresses of academia and employment.
  - We need to help provide the skills and support for others to be successful.
- Understand that stigma plays a huge role.
  - How would you react if a student can't get out of bed because of a herniated disk vs. major depression?
  - There are two major forms: Public Stigma and Self Stigma
- This presentation has to be one step of many!
  - Workshops don't work. Structural change is necessary.

Recommendations (for Mentors/Managers)

- Provide a supportive environment.
  - Discuss own mistakes, growth, limitations, and questions.
  - Do you encourage healthy lifestyle behaviors?
  - Create space to discuss difficult topics (e.g., family, health, finances).
- Set appropriate boundaries.
  - You don't need to (can't) know all details of their lives, but you need to know if there is a problem.
  - Have CLEAR expectations regarding boundaries on time.
- Collaboratively work with students and staff.
  - How increase their sense of predictability and control?
  - Empower them to make decisions, monitor, and learn.
- You need to be aware of resource/treatment options.
  - Assess if they have the resources (e.g., peer support).
  - Refer to treatment (e.g., CAPS & Employee Assistance Program).
  - Utilize emergency services at CAPS (812-855-5711, option 1)
  - The Wellness Coalition from Healthy IU

Recommendations (for the Administration)

- IU must address structural barriers, public stigma, and self stigma.
- The messaging (and actions) needs to be consistent and crystal clear at all levels!
- Schools and departments need to build on / create / alter the culture.
  - Is mentorship of students about the “whole” person?
  - Do students and staff have access to advocates?
  - Are students and staff part of your shared governance?
  - What accommodations can be made?
- Understand that we live in society, state, healthcare region, university, etc. that has not prioritized mental health.
  - CAPS has made great efforts.
  - They are currently unable to meet all of the demands.
  - Hiring is important, as are new innovative approaches.

Recommendations (for Administration)

- Mental Health First Aid Training (from SPH)
  - The "ALGEE" method: Approach/Assess, Listen nonjudgmentally, Give reassurance, Encourage appropriate professional help, and Encourage self-help and other support strategies.
  - Encourage key individuals in departments/centers to attend.
- Coordination among units to target mental health problems
  - IU's Mental Health Strategic Plan is in process
  - Aaron Carroll, as Chief Health Officer at IU
  - Dean of Students Office
  - Graduate School
  - 2020-2021 Graduate Student Mental Health Task Force