

Let's talk about the elephant in the room: an anonymous mental health screening event

Purpose

Reducing barriers to seeking mental health services among students in need via an anonymous screening event.

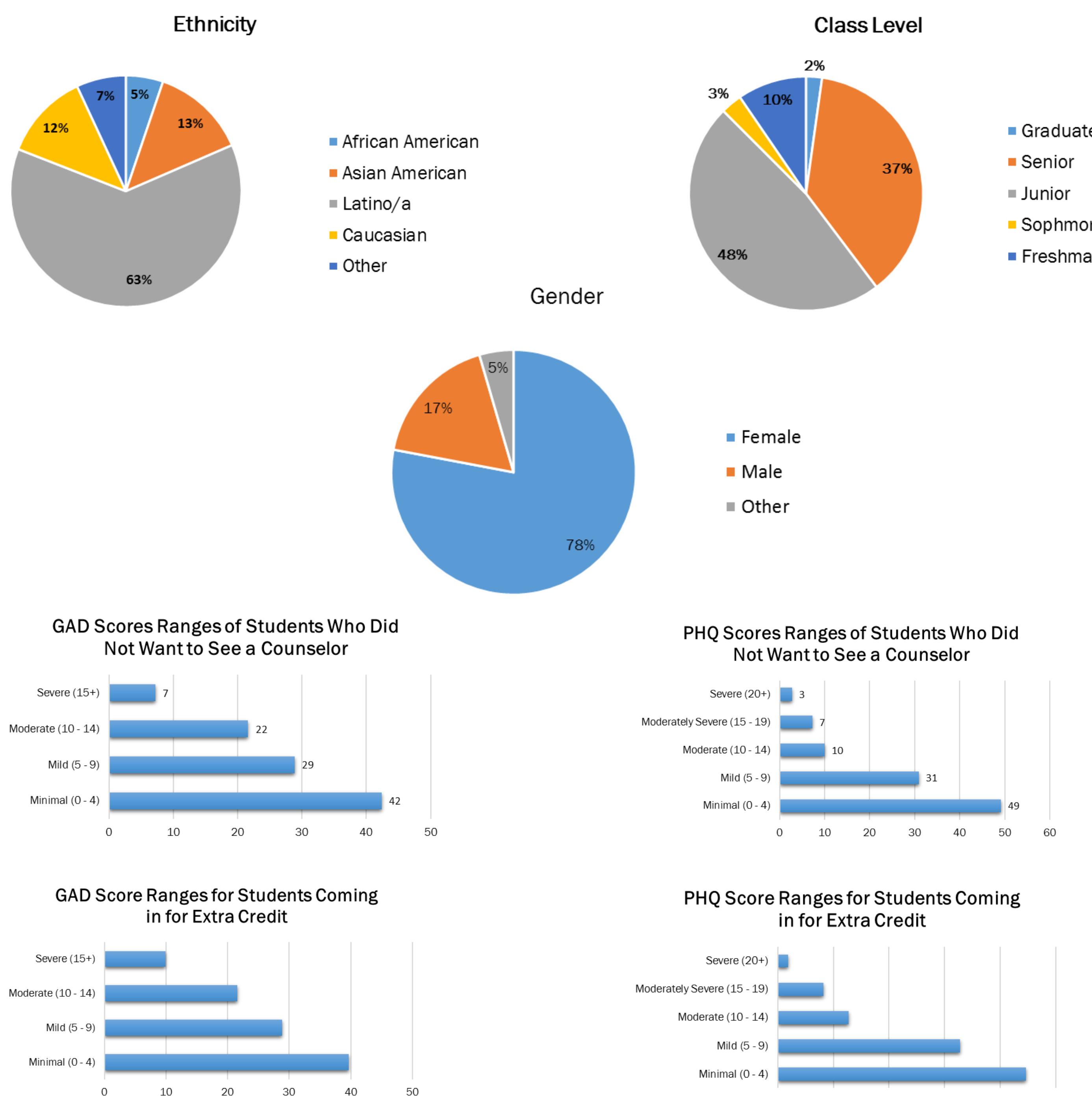
Background

Young adults frequently experience mental disorders, yet tend not to seek help (Gulliver et al., 2010). For young adults in college, anxiety and depression can lead to lower grades, unhappiness, sleeplessness, and even suicidal thoughts. In 2016, Fresno State students reported depression (12.5%) and anxiety (18.6%) as top factors that affected their academic performance.

There are many barriers to seeking mental health treatment. Chief among them is stigma or shame and embarrassment. Many studies have shown that stigma reduces help seeking behavior (Wahl, O.F., 2012). In addition, lack of education around issues of mental health can prevent individuals from recognizing when they or someone they know is in need and from seeking help.

Event Overview

A total of 177 students participated in the anonymous Anxiety & Depression Screening Day event. They were screened using the PHQ-9 depression survey, a nine-item measure for assessing and monitoring depression severity and the GAD-7, a seven-item measure for assessing generalized anxiety disorder. After completing the questionnaires students watched an educational video, learned about resources and had an opportunity to ask questions. Students then met with a counselor and completed an evaluation or just completed an evaluation if they did not meet the cut-off criteria for depression or anxiety and opted out of meeting with a counselor. Incentives like prizes, extra credit, and food were offered.



Results

Approximately **77%** (138) were female and approximately **18%** (31) were male. The most common age (mode) was 20, with ages ranging from 18 to 59. Approximately **40%** (71) met the cut-off score for anxiety and **32%** (56) met the cut-off for depression (a cut-off score of 10 and above warrants further evaluation). Approximately **26%** (46) met the cut-off score for both anxiety and depression. Approximately **12%** (22) presented with some risk for suicide. Approximately **24%** (43) met the cut-off but had opted out of meeting with a counselor if they had not and approximately **22%** (39) who came in for extra credit only met the cut-off.

Conclusions

There was nearly a **57%** increase in attendance from the previous year's screening day (113) thus a greater number of students were connected to needed services and/or learned about available services. The increased attendance could indicate that the anonymity of the event worked to reduce feelings of stigma or shame. The majority of the participants were Latino/a, a group that is typically less likely to seek mental health treatment, furthering indicating a reduction in stigma or shame. However, fewer freshman, sophomore and male students participated. Increased reach to these groups and/or finding ways to address stigma and shame among these populations for future events are recommended. Keeping the event anonymous as well as looking into other avenues for anonymous screening is also recommended.

Given that there were students who chose not to meet with a counselor as well as those who came in for extra credit but who *met* criteria for further evaluation suggests that a portion of the campus community may lack the knowledge to determine when to seek help. When sick with a cold we know that if symptoms last more than ten days means we may want to go see a doctor. However, we typically do not learn similar "rules" for symptoms of mental illnesses. More education of the symptoms of common mental illnesses, how frequently one should get a mental health check-up, and when it is necessary to come in for help is recommended. Additionally, continuing to offer incentives may help to draw in students who may lack this education.

References

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Acknowledgements

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