



*An Audit of Mental Health Care
at U.S. Colleges and Universities:
Focus on Anxiety Disorders*





A Report of the Anxiety Disorders Association of America

Anxiety Disorders on Campus: The Growing Need for College Mental Health Services

Leaving home for college presents young adults with a variety of emotional challenges – many of which they are encountering for the first time and without familiar sources of support. Getting along with roommates, managing finances, dealing with new social pressures, being exposed to alcohol or drugs, meeting academic demands and in some cases, coping with preexisting physical and mental health problems can all present potential difficulties. Many students will require counseling or health services to help them cope with both new and existing challenges.

At the same time, the college years are often when mental health problems, such as *anxiety disorders*, manifest themselves. **In fact, according to the National Institute of Mental Health, 75 percent of all people with an anxiety disorder will experience symptoms before they are 22 years old.**

While much of the stress and anxiety that college students experience is normal and even healthy, some will experience chronic, relentless anxiety that may be a sign of an *anxiety disorder*. *Anxiety disorders* are a group of illnesses that include generalized anxiety disorder (GAD), obsessive-compulsive disorder (OCD), panic disorder, posttraumatic stress disorder (PTSD) and phobias (see Appendix D for definitions).

Anxiety disorders are treatable. However many students do not know they have a treatable illness, are not aware of their treatment options or don't know how to seek help. If left untreated, *anxiety disorders* can lead to the development of secondary conditions such as depression and substance abuse. The good news is that research shows early diagnosis and intervention for an *anxiety disorder* can prevent the onset of depression and other secondary conditions. Therefore, it is critical that college students have access to counseling and other mental health services that can diagnose and treat *anxiety disorders*.

ABOUT THE ASSOCIATION

The Anxiety Disorders Association of America (ADAA) is the widely respected, national, nonprofit organization that has been leading the fight to improve the research, education, treatment and cure of anxiety disorders for the past 26 years. The ADAA is the only organization solely dedicated to informing the public, health care professionals, the media and legislators that anxiety disorders are real conditions that are both serious and treatable.

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Research regarding anxiety, *anxiety disorders* and overall mental health on college campuses has found that:

- **Stress and anxiety are increasing on college campuses.** Research shows that anxiety levels in college students have increased substantially during the past three decades.¹ A 2006 University of California–Los Angeles survey of college freshman found that more than 30 percent reported feeling “overwhelmed” a “great deal of the time,” and 38 percent of the college women surveyed reported feeling “frequently overwhelmed.”²
- **Anxiety disorders are a growing concern.** In 2000, nearly seven percent of American college students experienced symptoms of an *anxiety disorder* within the past year.³ Panic disorder is frequently cited as a top reason for women dropping out of college.
- **Multiple barriers prevent students from seeking help for anxiety disorders.** Stigma, embarrassment, not knowing their symptoms are treatable or where to turn for help, “self-medication” with drugs and/or alcohol, and financial concerns regarding treatment can all be roadblocks to seeking help.
- **Serious consequences can result when anxiety disorders in college students go unrecognized and untreated.** College students whose *anxiety disorders* go untreated may isolate themselves from their peers, have difficulty in their classes, drop out of school or, in extreme cases, even attempt suicide.
- **The symptoms of an anxiety disorder can be indicators of potential suicidal behavior.** Studies suggest that several symptoms of *anxiety disorders*, including severe anxiety, panic attacks, agitation and insomnia, are predictors of suicidal behavior. Two *anxiety disorders* – panic disorder and agoraphobia – are specifically associated with increased risks of suicidal ideation and attempts. It is important to aggressively and preemptively treat an *anxiety disorder* in order to reduce potential suicide risk.⁴ Every year, 19% of young adults in the general

population think about suicide, and nearly 9% make an actual suicide attempt.⁵

- **College students are becoming increasingly heavy users of counseling and mental health services.** In a recent national survey conducted by Pennsylvania State University, 60 percent of university health center directors reported a record number of students were using campus counseling services and for longer periods than ever before. Given that U.S. colleges enrolled the largest freshman class in history for the 2006–2007 school year, there appears to be an increasing need for counseling and mental health services.

Students who present symptoms of an *anxiety disorder* must be taken seriously and should have access to treatment options.

To get a sense of the mental health resources available to students at the top U.S. national universities and liberal arts colleges, the Anxiety Disorders Association of America (ADAA) commissioned a survey of the nation’s top national universities and liberal arts colleges. This report seeks to review the counseling and mental health resources available at America’s top colleges and universities to help determine whether these institutions are prepared to assist students who have an *anxiety disorder* with appropriate diagnostic counseling and other mental health services.

Specifically, this report seeks to answer the following questions:

- How accessible are counseling services at America’s top-rated colleges?
- What specific mental health services are available to students?
- What anxiety-specific services are available to students?
- What are each school’s policies on medical confidentiality, parental reporting and suicidal behavior?

The following report (research completed in November 2006) provides important insights into the state of readiness of U.S. colleges and universities to help students suffering from *anxiety disorders* get proper diagnosis and treatment.

1 Davis, M.D., Jeanie. “Childhood Anxiety Steadily on the Rise Since the 1950’s.” *WebMD Medical News* 2000.

2 *Journal of American College Health*, June 2006.

3 National Mental Health Association’s College Student and Depression Initiative.

4 Fawcett M.D., Jan. “Diagnosis, Treatment, and Management of Suicide.” *Primary Psychiatry* 2005; 12 (5):32–34.

5 Anderson RN (2002). Deaths: Leading causes for 2000. *National Vital Statistics Reports* 50(16): Hyattsville, MD: National Center for Health Statistics.

Call to Action for Parents, Students, and College Staff

Call to Parents

Selecting a college is a big decision. Parents should consider the resources available – academic and nonacademic – to help their children have a successful college career. Upon going through the college selection process, the ADAA recommends that parents ask about what options are available to their children should they have a difficult time with the transition to college or with anxiety and stress. A student may want to talk to someone about problems with a roommate, or need help addressing a stressful class load. Asking if the school has a counseling center on campus is also important – especially if your child has a preexisting mental health concern.

While away at college, when students call home, parents should pay attention to the fears and anxieties their child is expressing. Some concerns may be a normal part of the college transition, but others may be signs of an *anxiety disorder* or other serious problems that requires them to seek help (see Appendix F for tips for parents). Also, encourage your child to seek out someone on campus to talk to about stress and anxiety that is interfering with their academic or personal life and to take advantage of the campus counseling center for a fresh perspective and support.

Call to Students

For college students, if you see your peers struggling with signs of an *anxiety disorder* (see Appendix D) there are things you can do to help. Talk to your friend; encourage him or her to speak with an advisor or to make an appointment with the campus counseling center. For additional tips, see Appendix E.

Call to College Staff

College and university professional staff should be aware of the increasing mental health issues being identified at earlier ages. ADAA strongly urges schools to add information to the agenda of their orientation sessions to help students feel less embarrassed or afraid to seek support from the campus counseling center when feeling stressed, or exhibiting symptoms of an *anxiety disorder* or another mental health problem. Academic advisors should be trained to refer students to the counseling center, thus providing them with the best support they can during this time of transition. Students should be made aware of the signs and symptoms of an *anxiety disorder* and available treatment options.

ABOUT ANXIETY DISORDERS

Anxiety disorders are real, serious medical conditions – just as real and serious as physical disorders such as heart disease or diabetes. Anxiety disorders are the most common and pervasive mental disorders in the U.S. Women experience them at higher rates than men. The term “anxiety disorder” refers to five specific psychiatric disorders that involve extreme fear or worry, including 1) generalized anxiety disorder; 2) panic disorder; 3) obsessive-compulsive disorder; 4) phobias; and 5) posttraumatic stress disorder. People with an anxiety disorder have persistent, intense and irrational anxiety that is uncontrollable and adversely affects their daily lives. (For more detailed information about specific anxiety disorders, see Appendix D.)

Key Findings

The nation's top schools are reporting an increase in students needing and accessing mental health services.

- Nearly all survey respondents at both national universities and liberal arts colleges reported an increase in student usage of mental health services throughout the past three years.

Schools see a growing number of students coming to college with a history of mental illness, increased anxiety after 9/11 and increased awareness of mental health issues.

- Over a fifth of schools reported an increase in the number of students seeking treatment at collegiate counseling centers who are already taking psychiatric medications (7 of 31 liberal arts colleges and 7 of 32 national universities).

Students at liberal arts colleges are accessing mental health services at higher rates.

- Liberal arts colleges reported a higher overall usage rate (average of 23% of students) than national universities (13%).

All schools report an increase in students seeking treatment for an anxiety disorder.

- Less than half of responding schools knew what percentage of their students sought treatment through collegiate counseling centers for anxiety disorders. Among those that did know, national universities reported a higher rate of students seeking treatment for anxiety disorders (35%) than liberal arts colleges (23%).

Both national universities and liberal arts colleges offer a wide variety of mental health services to help students.

- Liberal arts colleges are twice as likely as national universities to offer an unlimited number of free counseling sessions to students; 2 in 5 did so, compared to 1 in 5 among national universities. When national universities are divided into small and large, it appears that the small schools may be a bit more likely to offer unlimited free sessions.
- Around a fifth of both national universities and liberal arts colleges do not have a specific numeric cap on student counseling sessions, but offer their services to students with shorter-term needs for individual therapy. These schools, similar to schools with a specific cap, will typically refer students needing regular long-term care to outside facilities.
- National universities are nearly eight times as likely as liberal arts colleges to have at least two facilities for mental health services on campus. This includes campuses with a counseling center separate from student health services (with both offering psychiatry/psychotherapy sessions), or any other facility with services for students with mental health concerns. Multiple mental health facilities appear to be a function of size, as large national universities were about three times as likely as small ones to have multiple on-campus facilities.

Nearly every school surveyed provides crisis intervention, individual counseling, referrals to community resources, consultations and outreach programming.

- Small and large national universities are somewhat more likely, however, to offer both group counseling/support groups and anxiety-related group counseling/support groups. The prevalence of anxiety-related group counseling/support groups is greater among larger universities.

While a variety of services are offered, many aren't staffed appropriately to meet growing demand.

- Liberal arts colleges have a dramatically lower overall counseling staff-to-student ratio than the national universities. This is consistent with the smaller classes and faculty-to-student ratio found at liberal arts colleges. However, since liberal arts colleges report a higher rate of students using counseling services than national universities, the staff-to-student usage ratio is lower at national universities than at liberal arts colleges.

- Smaller national universities have an overall counseling staff-to-student ratio similar to the liberal arts colleges, however their reported usage rates give them the lowest counseling staff-to-student usage ratio of any of the comparison categories.
- The median full-time-equivalent (FTE) staff size for national universities (12 employees) is more than three times larger than the median full-time-equivalent staff size for liberal arts colleges (3.5 employees). Even among small national universities, the FTE staff size averages nearly twice as large as liberal arts colleges.

National universities are more likely to offer professionals who specialize in treating anxiety disorders.

- Nearly three times as many national universities have a counseling center employee (psychiatrist, psychologist, social worker, or other professional) who specializes in treating anxiety disorders than liberal arts colleges. Larger national universities are the most likely group to have an employee trained in treating anxiety disorders.

Schools are increasing their faculty and staff training on how to recognize the signs of mental illness and appropriately refer students.

- All responding schools reported providing training for their residential life staff to help them recognize and appropriately refer students who may be experiencing a crisis or who show signs of a mental illness.
- More than four fifths (31 of 40 liberal arts and 36 of 42 national universities) of schools surveyed provided training for faculty. Both smaller national universities and liberal arts colleges were less likely than larger national universities to provide training to their faculty. Compared to liberal arts colleges, nearly three times as many national universities say they are increasing their faculty training.
- Only about a fourth of liberal arts colleges have been increasing the frequency or amount of training in the past three years, compared to just over half of national universities. Small national universities were more likely than large ones to report increasing training for residential life staff.

Outreach to students occurs during new student orientations, in dorms and in student centers.

- At both liberal arts colleges and national universities, student education regarding counseling services is primarily provided at new student orientation (36 of 41 liberal arts colleges and 40 of 42 national universities). Most institutions also report having informational materials displayed or available in dorms (35 of 41 liberal arts colleges and 35 of 41 national universities) and student centers (26 of 41 liberal arts colleges and 35 of 42 national universities).

Most schools offer counselors for students in crisis 24 hours a day. However, on-campus suicide hotlines are limited mostly to national universities.

- About four out of five (68 out of 83) schools surveyed offered a counselor on call 24 hours a day for student crisis situations. National universities and liberal arts colleges offered this service at virtually identical rates. Counselors may be reached through the schools' public safety department, health services, or directly depending on the school.
- Just over half (49 of 83) of the schools surveyed refer students to a suicide or crisis hotline in addition to or in lieu of having a counselor on call 24 hours a day. National universities are nearly five times as likely to run a crisis/suicide hotline than liberal arts colleges, and nearly twice as likely to either run their own hotline or refer to a community one that is available (33/40 national universities versus 16/39 liberal arts colleges). Small national universities are also nearly three times more likely than liberal arts colleges to run a suicide hotline, and twice as likely to refer to an off-campus line.

Survey Detail

Services Usage

Schools were asked to report on the number of students using collegiate mental health services and the type of services that students are utilizing.

Finding: Liberal arts colleges reported a higher overall usage rate (average of 23% of students) than national universities (13%). Small national universities reported a slightly higher usage rate (15%) compared to large national universities (12%). Nearly a third of survey participants did not know or did not provide a usage figure.

Average Percent and Number of Students Using Collegiate Mental Health Services

Liberal Arts:	23% or 12,843 students (N = 28); NR/DK⁶ - 13
National:	13% or 35,076 students (N = 29); NR/DK - 13
Sm. National⁷:	15% or 5,458 students (N = 9); NR/DK - 3
Large⁸:	12% or 35,145 students (N = 20); NR/DK - 10

Finding: Less than half of responding schools knew what percentage of their students sought treatment through collegiate counseling centers for anxiety disorders. Among those that did know, national universities reported a higher rate of students seeking treatment for anxiety disorders (35%) than liberal arts colleges (23%). Small versus large national universities cannot be compared due to limited data from small national universities.

Average Percent and Number of Students Seeking Treatment for an Anxiety Disorder

Liberal Arts:	23% 728 students (N = 10); NR/DK - 31
National:	35% 8,314 students (N = 16); NR/DK - 26

⁶ NR/DK allows for all survey questions in which respondents had either no response or the respondent was unable to provide a clear response.

⁷ Small national universities include all national universities from the *U.S. News and World Report's* 2007 top 50 national university list with undergraduate student populations less than 5,000

⁸ The large schools category consists of the national universities from the *U.S. News & World Report's* 2007 top 50 national universities list whose undergraduate student population was equal to or greater than 5,000. Only one large national university, Tulane, did not have a reported student population within the *U.S. News & World Report* index, so their reported student population was obtained directly from the school.

Finding: Most counseling centers reported recent increases in services utilized. They noted the following trends: a growing number of students coming to college with a history of mental illness and already taking psychiatric medications, increased anxiety after 9/11 and heightened awareness of mental health issues.

Number of Schools Reporting an Increase in Number of Students Using Services in Past Three Years

Liberal Arts:	29/33; NR/DK - 8
National:	35/36; NR/DK - 6
Sm. National:	11/11; NR/DK - 1
Large:	24/25; NR/DK - 5

Finding: More than half of liberal arts colleges surveyed (17 of 31) and about a third of national universities (12 of 32) reported an increase in the number of students seeking treatment for an anxiety disorder. Small versus large national universities cannot be compared due to limited data from small national universities.

Number of Schools Reporting an Increase in Number of Students Seeking Treatment for Anxiety Disorders

Liberal Arts:	17/31; NR/DK - 10
National:	12/32; NR/DK - 10

Finding: Almost 3 in 10 national universities and 2 in 10 liberal arts colleges reported an increase in the severity of problems in their student patients. Schools generally attributed the increase to mental illnesses in general rather than a specific mental illness. Small versus large national universities cannot be compared due to limited data from small national universities.

Number of Schools Reporting an Increase in Severity of Student Mental Health Conditions

Liberal Arts:	6/31; NR/DK - 10
National:	9/32; NR/DK - 10

Finding: More than a fifth of schools reported an increase in the number of students seeking treatment at collegiate counseling centers who are already taking psychiatric medications (7 of 31 liberal arts colleges and 7 of 32 national universities). Small versus large national universities cannot be compared due to limited data from small national universities.

Number of Schools Seeing an Increase in Students Already on Psychiatric Medications

Liberal Arts: 7/31; NR/DK - 10
National: 7/32; NR/DK - 10



Counseling Services Available and Usage of Them

Schools were asked to report on the number of types of services available on campus.

Finding: Liberal arts colleges are twice as likely as national universities to offer an unlimited number of free counseling sessions to students; 2 in 5 did so, compared to 1 in 5 among national universities. When national universities are divided into small and large, it appears that the small schools may be a bit more likely to offer unlimited free sessions.

Number of Schools Offering Unlimited Free Sessions

Liberal Arts: 16/41
National: 9/42
Sm. National: 3/12
Large: 6/30

Finding: When a limit is specified, national universities tend to offer a slightly higher number of individual counseling sessions to each student.

Median Number of Free Sessions (among schools with a specific limit)

Liberal Arts: 8 (N = 18 schools)
National: 10 (N = 21 schools)

Finding: Around a fifth of national universities and a seventh of liberal arts colleges do not have a specific numeric cap on student counseling sessions, but offer their services to students with shorter-term needs for individual therapy. These schools, similar to schools with a specific cap, will typically refer students needing regular long-term care to outside facilities.

Number of Schools Offering “Short Term” Free Sessions (no specific limit on number of sessions)

Liberal Arts: 6/41
National: 10/42
Sm. National: 4/12
Large: 6/30

Finding: A small number of schools (two national universities, one liberal arts college) reported limiting sessions on a “case by case” basis.

Liberal Arts: 1/41
National: 2/42
Sm. National: 2/12
Large: 0/30

Finding: National universities are nearly eight times as likely as liberal arts colleges to have at least two facilities for mental health services on campus. This includes campuses with a counseling center separate from student health services (with both offering psychiatry/psychotherapy sessions), or any other facility with services for students with mental health concerns. Multiple mental health facilities appear to be a function of size, as large national universities were about three times as likely as small ones to have multiple on-campus facilities.

Number of Schools with Multiple Facilities Available on Campus

Liberal Arts: 3/41
National: 25/42
Sm. National: 3/12
Large: 22/30

Finding: Both national universities and liberal arts colleges offer a wide variety of mental health services. Nearly every school surveyed provides crisis intervention, individual counseling, referrals to community resources, consultations and outreach programming. Small and large national universities are somewhat more likely, however, to offer both group counseling/support groups and anxiety-related group counseling/support groups. The prevalence of anxiety-related group counseling/support groups is greater among larger universities.

Liberal Arts:

Services offered:

Individual counseling	41/41
Referrals to community resources	41/41
Consultations	41/41
Crisis intervention	39/41
Group counseling /support groups	34/41
Outreach programming	41/41
Psychiatric services	29/33; NR/DK - 8
Couples counseling	17/21; NR/DK - 20

Anxiety services:

Stress management techniques	36/41
Relaxation techniques/facilities	30/41
Group counseling/ support groups	14/41
Peer mentoring	14/41
Other special services	8/41

National:

Services offered:

Individual counseling	42/42
Referrals to community resources	42/42
Consultations	42/42
Crisis intervention	42/42
Group counseling/support groups	40/42
Outreach programming	40/42
Psychiatric services	34/40; NR/DK - 2
Couples counseling	37/39; NR/DK - 3

Anxiety services:

Stress management techniques	39/42
Relaxation techniques/facilities	33/42
Group counseling/ support groups	30/42
Peer mentoring	12/42
Other special services	12/42

Sm. National:

Services offered:

Individual counseling	12/12
Referrals to community resources	12/12
Consultations	12/12
Crisis intervention	12/12
Group counseling/support groups	11/12
Outreach programming	12/12
Psychiatric services	9/10, NR/DK - 2
Couples counseling	9/10 NR/DK - 2

Anxiety services:

Stress management techniques	10/12
Relaxation techniques/facilities	11/12
Group counseling/support groups	6/12
Peer mentoring	3/12
Other special services	5/12

Large:

Services offered:

Individual counseling	30/30
Referrals to community resources	30/30
Consultations	30/30
Crisis intervention	30/30
Group counseling/support groups	29/30
Outreach programming	28/30
Psychiatric services	28/30
Couples counseling	28/29; NR/DK - 1

Anxiety services:

Stress management techniques	28/30
Relaxation techniques/facilities	23/30
Group counseling/ support groups	24/30
Peer mentoring	9/30
Other special services	7/30



Staffing Resources and Employment Trends

Schools were asked about the number and qualifications of full-time staff devoted to providing mental health services on campus.

Finding: Liberal arts colleges have a dramatically lower overall counseling staff-to-student ratio than the national universities. This is consistent with the smaller classes and faculty-to-student ratio found at liberal arts colleges. However, since liberal arts colleges report a higher rate of students using counseling services than national universities, the staff-to-student usage ratio is lower at national universities than at liberal arts colleges.

Smaller national universities have an overall counseling staff-to-student ratio similar to liberal arts colleges, however their reported usage rates give them the lowest counseling staff-to-student usage ratio of any of the comparison categories.

Counseling staff-to-student ratio

Liberal Arts: 1:556 (N=41)
National: 1:954 (N=40)
Sm. National: 1:625 (N=12)
Large: 1:1,143 (N=28)

Counseling staff-to-student ratio, by student usage of counseling services (of schools reporting a usage number)

Liberal Arts: 1:140 (N=28 schools)
National: 1:99 (N=27 schools)
Sm. National: 1:85 (N=9 schools)
Large: 1:100 (N=18 schools)

Finding: The median full-time-equivalent (FTE) staff size for national universities (12 employees) is more than three times larger than the median full-time-equivalent staff size for liberal arts colleges (3.5 employees). Even among small national universities, the FTE staff size averages nearly twice as large as liberal arts colleges.

Median Number of Full-time-equivalent Counseling Staff

Liberal Arts: 3.5 (N=41 schools)
National: 12 (N=40 schools) NR/DK - 2
Sm. National: 6.65 (N=12 schools)
Large: 15 (N=28 schools) NR/DK - 2

Finding: Nearly three times as many national universities have a counseling center employee (psychiatrist, psychologist, social worker, or other professional counselor) who specializes in treating anxiety disorders than liberal arts colleges. Larger national universities are the most likely group to have an employee trained in treating anxiety disorders.

Number of Schools with Employees Specializing in Treatment of Anxiety Disorders

Liberal Arts: 10/41
National: 27/39, NR/DK - 3
Sm. National: 7/12
Large: 20/27; NR/DK - 3

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Mental Health Education for Faculty, Staff and Students

Schools were asked about training provided to staff and educational resources offered to students.

Finding: All responding schools reported providing training for their residential life staff to help them recognize and appropriately refer students who may be experiencing a crisis or who show signs of a mental illness. Only about a fourth of liberal arts colleges have been increasing the frequency or amount of training in the past three years, compared to just over half of national universities. Small national universities were more likely than large ones to report increasing training for residential life staff.

Number of Schools Providing Training for Residential Life Staff

Liberal Arts: 40/40; NR/DK - 1
National: 42/42
Sm. National: 12/12
Large: 30/30

Number of Schools Increasing Training for Residential Life Staff

Liberal Arts: 9/37; NR/DK - 4
National: 21/39; NR/DK - 3
Sm. National: 8/11; NR/DK - 1
Large: 13/28; NR/DK - 2

Finding: More than four-fifths (31 of 40 liberal arts colleges and 36 of 42 national universities) of schools surveyed provided training for faculty. Both smaller national universities and liberal arts colleges were less likely than larger national universities to provide training to their faculty. Compared to liberal arts colleges, nearly three times as many national universities say they are increasing their faculty training.

Number of Schools Offering Training for Faculty

Liberal Arts: 31/40; NR/DK - 1
National: 36/42
Sm. National: 9/12
Large: 27/30

Number of Schools Increasing Training for Faculty

Liberal Arts: 7/36; NR/DK - 5
National: 20/40; NR/DK - 2
Sm. National: 6/11; NR/DK - 1
Large: 14/29; NR/DK - 1

Finding: At both liberal arts colleges and national universities, student education regarding counseling services is primarily provided at new student orientation (36 of 41 liberal arts colleges and 40 of 42 national universities). Most institutions also report having informational materials displayed or available in dorms (35 of 41 liberal arts colleges and 35 of 41 national universities) and student centers (26 of 41 liberal arts colleges and 35 of 42 national universities).

Information Provided at/by:

Orientation

Liberal Arts: 36/41
 National: 40/42
 Sm. National: 11/12
 Large: 29/30

Dorms

Liberal Arts: 35/41
 National: 35/41; NR/DK - 1
 Sm. National: 10/12
 Large: 25/29; NR/DK - 1

Student Center

Liberal Arts: 26/41
 National: 34/42
 Sm. National: 7/12
 Large: 27/30

Peer Mentoring

Liberal Arts: 25/41
 National: 28/40; NR/DK - 2
 Sm. National: 6/10; NR/DK - 2
 Large: 22/30

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Crisis Resources

Schools were asked about availability of services to students in crisis situations.

Finding: About four out of five (68 out of 83) schools surveyed offered a counselor on call 24 hours a day for student crisis situations. National universities and liberal arts colleges offered this service at virtually identical rates. Counselors may be reached through the schools' public safety department, health services, or directly depending on the school.

24 Hour on Call Counselors Available

Liberal Arts: 34/41
 National: 34/42
 Sm. National: 12/12
 Large: 22/30

Finding: Just over half (49 of 83) of the schools surveyed refer students to a suicide or crisis hotline in addition to or in lieu of having a counselor on call 24 hours a day. National universities are nearly five times as likely to run a crisis/suicide hotline than liberal arts colleges, and nearly twice as likely to either run their own hotline or refer to a community one that is available (33/40 national universities versus 16/39 liberal arts colleges). Small national universities are also nearly three times more likely than liberal arts colleges to run a suicide hotline, and twice as likely to refer to an off-campus line.

Number of Schools with Suicide Hotline on Campus

Liberal Arts: 2/39; NR/DK - 2
 National: 10/40; NR/DK - 2
 Sm. National: 2/12
 Large: 8/28; NR/DK - 2

Number of Schools Referring to Suicide Hotline off campus

Liberal Arts: 14/39; NR/DK - 2
 National: 26/40; NR/DK - 2
 Sm. National: 9/12
 Large: 17/28; NR/DK - 2

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Perceived Effectiveness

Schools were asked to assess their overall effectiveness in meeting the mental health needs of their students.

Finding: While about 6 in 10 national universities think they meet the needs of their students (20 of 32), 9 in 10 liberal arts colleges reported that they meet students' needs (35 of 39).

Staff Feel they Meet Students' Needs

Liberal Arts: 35/39; NR/DK - 2
National: 20/32; NR/DK - 10
Sm. National: 8/11; NR/DK - 1
Large: 22/29; NR/DK - 1

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APPENDIX A

Methodology

The *U.S. News & World Report College Guide 2007* was used to identify the top 50 national universities and top 50 liberal arts colleges. The *U.S. News* rankings system consists of quantitative measures that education experts have proposed as reliable indicators of academic quality. *U.S. News* is recognized for its nonpartisan view of important aspects of education. Other ranking sources were consulted but found to have similar rankings and less detailed information.

Data were collected by first auditing each school's website to collect basic information about the school and specific information regarding counseling services. Attempts were made to contact the counseling centers at all 100 schools by telephone with a formal questionnaire to gain a more comprehensive look at the mental health resources available at each school. A preliminary questionnaire was developed and tested for consistency with five schools. The organization of the questions was modified in the final questionnaire which was then administered to the remaining schools (See Appendix C for questionnaire). During the interviews, if the survey administrator was referred to the website for specific information, he or she then read the website information to the interviewee for verification.

Information was gathered on the following topics: school type, setting and size, specifics of counseling services (such as type of services offered and size of counseling staff), costs to students and percentage of students using the centers.

Interviews were able to be completed with 83 of the 100 schools; eight schools could not be reached and nine schools declined to participate (For a complete list of participating and non-participating schools, see Appendix B). Interviews were primarily conducted by phone (79 schools), however 2 schools opted to complete the questionnaire via email, one sent its responses via fax, and one school mailed its responses. Schools interviewed by phone were sent a copy of their responses by fax or email for verification of accuracy. The majority of interviews were conducted with the directors or assistant directors of the counseling centers (45 out of 83). Other counseling center employees participated in the remaining interviews, including counselors (13 of 83) and administrative staff of the center (18 of 83). Seven schools interviewed did not provide a title of the interviewee.

APPENDIX B

National Universities and Liberal Arts Colleges Contacted for the Survey

National Universities

Boston College	University of California–Berkeley	*College of the Holy Cross
Brandeis University	University of California–Irvine	Connecticut College
*Brown University	University of California–Los Angeles	Davidson College
*California Institute of Technology	University of California–San Diego	Denison College
Carnegie Mellon University	University of California–Santa Barbara	DePauw University
Case Western Reserve University	University of Chicago	Dickinson University
*College of William and Mary	University of Florida	Franklin and Marshall
*Columbia University	University of Illinois–Urbana/Champaign	Furman University
Cornell University	University of Michigan–Ann Arbor	Gettysburg College
Dartmouth College	University of North Carolina–Chapel Hill	Grinnell College
*Duke University	University of Notre Dame	Hamilton College
Emory University	University of Pennsylvania	Harvey Mudd College
Georgetown University	University of Rochester	*Haverford College
Georgia Institute of Technology	University of Southern California	Kenyon College
Harvard University	University of Texas–Austin	Lafayette College
Johns Hopkins University	University of Virginia	Macalester College
Lehigh University	University of Washington	Middlebury College
Massachusetts Institute of Technology	University of Wisconsin–Madison	Mount Holyoke College
New York University	*Vanderbilt University	*Oberlin College
*Northwestern University	Wake Forest University	Occidental College
Pennsylvania State University	Washington University in St. Louis	Pomona College
Princeton University	*Yale University	Rhodes College
Rensselaer Polytechnic Institute	Yeshiva University	Sarah Lawrence College
Rice University	Liberal Arts Colleges	Scripps College
Stanford University	Amherst College	Sewanee–University of the South
Tufts University	Amherst College	Skidmore College
Tulane University	Bard College	Smith College
	Barnard College	*Swarthmore College
	Bates College	Trinity College
	Bryn Mawr College	Union College
	*Bowdoin College	University of Richmond
	*Bucknell University	Vassar College
	*Carleton College	Washington and Lee University
	Centre College	*Wellesley University
	Claremont McKenna College	*Wesleyan University
	Colby College	Whitman College
	Colgate University	Williams College
	Colorado College	

*School Did Not Participate

APPENDIX C

Questionnaire

Anxiety Disorders Association of America Survey of College Mental Health Services

UNIVERSITY:	PHONE:
NAME:	TITLE:
CITY, STATE:	INTERVIEWER:

The Anxiety Disorders Association of America (ADAA) seeks to raise awareness about anxiety disorders, which are real, serious and treatable medical conditions. These disorders often affect young, college-age women, so we are hoping to better understand what types of resources are available for students affected by an anxiety disorder. Information from our conversation may be used in the media or on the ADAA website, so I will give you a chance to review my notes and make any changes for accuracy.

AVAILABLE SERVICES/FEEES

1. Does your school offer free counseling sessions to students?	YES (Proceed to 1A - 1D) NO (Proceed to 1E - 1H)
a. How many counseling sessions may students have for free?	
b. At what frequency can students take advantage of free counseling?	
c. Are these sessions group or individual sessions?	Group / Individual
d. What students are eligible for free counseling?	Full-time / Part-time / Other (note)
e. Since you don't offer free sessions, how much do sessions cost?	Counseling - Psychiatric -
f. Does the school accept private insurance for counseling or psychiatric services?	YES / NO
g. Does the school offer health insurance to students?	YES / NO
a. If so, what counseling services or psychiatric services are covered by this insurance?	
b. Does this insurance cover only on-campus treatment, or does it include treatment by outside facilities and mental health professionals?	
h. Can a student apply for financial assistance from the school if they demonstrate a need?	YES / NO

STAFFING/SERVICES

<p>2. How many full-time equivalent staff positions does the counseling center have?</p> <p>a. How many of your employees are</p> <p>i. Psychiatrists (specify where the psychiatrist works on campus)</p> <p>ii. Licensed clinical psychologists</p> <p>iii. Licensed clinical social workers</p> <p>iv. Counselors (other)</p> <p>b. How many full-time equivalent volunteers or graduate students does the counseling center have?</p> <p>c. Do any employees at your center specialize in treating anxiety disorders?</p>	<p>Number:</p> <p>Psychiatrists:</p> <p>LCP:</p> <p>LCSW:</p> <p>Counselor (other):</p> <p>Grad students: Volunteers:</p> <p>YES / NO</p> <p>If YES: Psychologist / Psychiatrist / Counselor Grad Student / Social Worker</p>
<p>3. Does your center offer (read and circle from list at right):</p>	<p>crisis intervention</p> <p>individual counseling</p> <p>group counseling / support groups</p> <p>referrals to community resources</p> <p>consultations for members of the campus community concerned about a student in distress</p> <p>outreach programming</p> <p>couples counseling</p> <p>psychiatric services</p>
<p>4. Does your campus offer any of the following for students with an anxiety disorder?</p>	<p>group counseling</p> <p>support groups</p> <p>peer mentoring</p> <p>relaxation techniques/facilities</p> <p>stress management techniques</p> <p>other special services (list)</p>
<p>5. Is there another place on campus that offers mental health or counseling services to students?</p> <p>a. Is there a formal process for referring students between these facilities? Can you describe it to me?</p> <p>b. What percentage of students that use your center are referred for outside psychiatric care?</p>	<p>YES / NO</p> <p>If yes, list location and services offered:</p> <p>a.</p> <p>b.</p>

6. Under what conditions (if any) would the counseling center notify parents of a student's mental state or treatment?	
7. What kind of follow-up does the center conduct if a faculty member, parent or friend expresses concern about a student?	

PROCEDURES/POLICIES

<p>8.</p> <p>a. Does the college provide training for faculty to help them recognize and appropriately refer students who may be experiencing a crisis or who may be mentally ill?</p> <p>b. In the past three years has the frequency of this training</p> <p>c. Does the college provide training for residence hall advisors and staff to help them recognize and appropriately refer students who may be experiencing a crisis or who may be mentally ill?</p> <p>d. In the past three years has the frequency of this training</p>	<p>a. YES / NO Yearly / Continually / One time / On request</p> <p>b. Increased / Decreased / Stayed the same</p> <p>c. YES / NO Yearly / Continually / One time / On request</p> <p>d. Increased / Decreased / Stayed the same</p>
<p>9. The next question is to help me understand how students are informed about the signs of mental illness and services offered by the college. Does your school offer (circle all that apply):</p> <p>a. Is information on anxiety disorders included in these programs and materials?</p>	<p>Orientation programming</p> <p>Materials in dorms and residence halls</p> <p>Mandatory programs during the school year</p> <p>Materials in student centers and academic buildings</p> <p>Peer mentoring programs in place to help students adjust to campus life/cope with stress from academics and sports</p> <p>Other (please list)</p> <p>YES / NO</p>

SUICIDE/AFTER HOURS

<p>10. Is there a counselor on call 24 hours a day?</p> <p>a. If no, what is the process for handling calls or crises after hours?</p>	<p>YES / NO</p>
<p>11. Does the college run a suicide hotline?</p> <p>a. If no, do you refer to an outside hotline? (Which hotline? How?)</p>	<p>YES / NO</p>

EVALUATION/UTILIZATION

<p>12.</p> <p>a. What percentage of students at your school use the counseling center or mental health services? Has this number increased/decreased/stayed the same over the last three years?</p> <p>b. Of the students who use your counseling center or mental health services, do you know how many are seeking treatment of an anxiety disorder?</p>	<p>Percent/Number:</p> <p>Increased/Decreased/Stayed the same</p> <p>YES / NO</p> <p>Percent/Number:</p>
<p>13. Have you noticed any trends in the type of problems students have? Do you think more students are utilizing mental health services?</p>	

Your responses to the following questions will be entered anonymously.

<p>14. Do the services provided by your school adequately meet the needs of students?</p> <p>If NO, what needs to be changed?</p>	<p>YES / NO</p>
<p>15. Can you share a story or stories about how a student has been affected by an anxiety disorder? Can you recall instances where the services offered by your center made a difference in a student's life?</p>	

APPENDIX D

Did You Know?

- More than 40 millions adult Americans are diagnosed annually with an *anxiety disorder*, the most common mental health diagnosis.
- *Anxiety disorders* are the most common mental disorders to occur during childhood and adolescence. About 13 of every 100 children between the ages of 9 and 17 experience some kind of *anxiety disorder*. Girls are more affected than boys.
- *Anxiety disorders* are real and serious medical conditions, much like physical disorders such as diabetes or heart disease.
- *Anxiety disorders* frequently occur at the same time with depression, eating disorders or substance abuse.
- Many people have more than one *anxiety disorder*.
- Women are more likely than men to have an *anxiety disorder*. Approximately twice as many women than men suffer from panic disorder, posttraumatic stress disorder, generalized anxiety disorder, agoraphobia and specific phobias.
- Equal numbers of men and women have obsessive-compulsive disorder and social anxiety disorder.
- Anxiety disorders are treatable. Early diagnosis and treatment may reduce the risk of later onset of depression and even suicide.

Anxiety disorders are categorized as:

- **Generalized Anxiety Disorder (GAD).** GAD is characterized by excessive, unrealistic worry that lasts six months or more; in adults, the anxiety may focus on issues such as health, money or career. In addition to chronic worry, GAD symptoms include trembling, muscular aches, insomnia, abdominal upsets, dizziness and irritability.
- **Obsessive-Compulsive Disorder (OCD).** In OCD, individuals are plagued by persistent, recurring thoughts (obsessions) that reflect exaggerated anxiety or fears; typical obsessions include worry about being contaminated or fears of behaving improperly or acting violently. The obsessions may lead an individual to perform a ritual or routine (compulsions) such as washing hands, repeating phrases or hoarding – to relieve the anxiety caused by the obsession.
- **Panic Disorder.** People with panic disorder suffer severe attacks of panic – which may make them feel like they are having a heart attack or are going crazy – for no apparent reason. Symptoms include heart palpitations, chest pain or discomfort, sweating, trembling, tingling sensations, feeling of choking, fear of dying, fear of losing control, and feelings of unreality. Panic disorder often occurs with agoraphobia, in which people are afraid of having a panic attack in a place from which escape would be difficult, so they avoid these places.
- **Posttraumatic Stress Disorder (PTSD).** PTSD can follow an exposure to a traumatic event such as a sexual or physical assault, witnessing a death, the unexpected death of a loved one or a natural disaster. There are three main symptoms associated with PTSD: “reliving” the traumatic event (such as flashbacks and nightmares); avoidance behaviors (such as avoiding places related to the trauma) and emotional numbing (detachment from others) and physiological arousal such as difficulty sleeping, irritability or poor concentration.
- **Social Anxiety Disorder (Social Phobia).** Social Anxiety Disorder (SAD) is characterized by extreme anxiety about being judged by others or behaving in a way that might cause embarrassment or ridicule. This intense anxiety may lead to avoidance behavior. Physical symptoms associated with this disorder include heart palpitations, faintness, blushing and profuse sweating.
- **Specific phobias.** People with specific phobias suffer from an intense fear reaction to a specific object, place or situation (such as spiders, dogs, or heights). The level of fear is usually inappropriate to the situation, and is recognized by the sufferer as being irrational. This inordinate fear can lead to the avoidance of common, everyday situations.

APPENDIX E

Recognizing an Anxiety Disorder

- Constant, chronic and unsubstantiated worry that causes significant distress, disturbs your social life and interferes with classes, work and social life
- Avoidance of common situations for fear of being judged, embarrassed or humiliated
- Repeated, random panic attacks or persistent worry/anticipation of another panic attack and feelings of terror or impending doom
- Irrational fear of an object, place or situation that poses little or no threat of danger
- Performing uncontrollable repeated actions, such as washing your hands repeatedly or checking things over and over
- Ongoing and recurring nightmares, flashbacks or emotional numbing relating to a traumatic event in your life that occurred several months or years ago

Tips for Students

If the symptoms listed above sound like any of the symptoms you are currently experiencing, find ways to seek help either through talking to friends and family or visiting your school health or counseling center. Below are some useful tips that could help you manage your *anxiety disorder*.

- **Exercise.** Physical activity helps your body and mind. Go to the gym. Take a jog. Go for a walk. Do yoga. Play Frisbee. Just get moving!
- **Eat a balanced diet.** Don't skip meals. Try to eat from all of the food groups, and try to stay away from caffeine (minimize soda or coffee). Caffeine can trigger symptoms of an *anxiety disorder* i.e. cause panic attacks.

- **Limit alcohol and stay away from illegal drugs.** Alcohol and drugs aggravate anxiety disorders and can also trigger *panic attacks*.
- **Do your BEST instead of trying to be PERFECT.** We all know perfection isn't possible, so be proud of however close you get.
- **Take a time out.** Take a deep breath and count to 10. Stepping back from the problem lets you clear your head. Do yoga. Meditate. Get a massage. Learn relaxation techniques. Listen to music.
- **Put things in perspective.** Think about your situation. Ask yourself whether it's really as bad as you think it is or if you could be blowing it out of proportion.
- **Talk to someone.** Don't let things bottle up to the verge of explosion. Reach out to your roommate, boyfriend, girlfriend, family member or counselor if you're feeling low.
- **Find out what triggers your anxiety.** Take notes or write in a journal when you're feeling anxious or stressed, and then look for patterns.

If chronic and unsubstantiated worry is consistently affecting your daily activities such as sleeping, leaving your dorm room, studying or socializing with your friends, you need to speak with someone that can help you understand whether you have an *anxiety disorder* and guide you through the options for getting help.

Some places to seek help include:

- Your campus health or counseling center
- Your school advisor
- Your school's chaplain, religious or spiritual leader
- Your family physician or pediatrician
- Your roommate, friend or family member

Helping a Friend with an Anxiety Disorder

The best thing you can do for a friend suffering from the symptoms listed previously is to help him or her get treatment. This may involve encouraging the person to seek professional help or to stay in treatment once it is begun. Offer them your emotional support. This involves understanding, patience, affection and encouragement. Engage your friend in conversation or activities and be gently insistent if you are met with resistance. Reassure your friend that with time and help, he or she will feel better.

- **Learn about the disorder.** Understanding what your friend or roommate is going through will help you give support, as well as keep your worry under control.
- **Realize and accept stressful periods.** Modify your expectations of how your friend should act and be sure to be extra supportive during difficult times.
- **Remember everyone experiences anxiety differently.** Be tolerant, supportive and non-judgmental.
- **Be encouraging and don't get discouraged.** Give praise for even the smallest accomplishment. Stay positive.
- **Talk to someone.** Being supportive all the time is difficult, so make sure you have someone – a roommate, friend, family member or counselor – to support you.

APPENDIX F

Tips for Parents: Helping Your Teenager Cope with Excessive Anxiety

- Be an active listener — lend an open ear when your child is feeling stressed or overwhelmed. Listen to what he or she says, as well as to what is not said. Respect their feelings even if you don't understand exactly what he or she is going through. This will encourage him or her to start talking and serve as a source of comfort when he or she is feeling alone and overwhelmed.
 - Educate yourself about the differences between normal stress and anxiety versus an *anxiety disorder* — this will help you learn what to listen and look for.
 - Encourage participation in social, sports and other extracurricular activities — these can help relieve stress, assist young people in making new friends and build self-esteem.
 - Explore opportunities for seeking help — if you think anxiety is affecting your child's daily life, investigate what mental health and other treatment options are available on campus and in the local community.
- Share what you find with your child — once you've accumulated information about getting help, pass it along. Having the information available will give your child the option to get help when he or she feels ready.
 - Be patient if your child doesn't seek help right away — sometimes it takes a while for a person to take the first step. It's important especially with teenagers that they feel treatment is their decision.
 - Provide your child with resources that let them know that he or she is not alone and can be helped — The ADAA college program *Got Anxiety?*, provides young people with information on *anxiety disorders*; how to manage stress and anxiety; personal stories from college students; treatment options for *anxiety disorders* and a variety of other resources.

Visit www.gotanxiety.org for more information.