



CAPS Services and Mental Health Trends

CAPS offers a wide range of counseling and psychological services to full-time, degree-seeking students at the University of Richmond, including short-term psychotherapy, psychiatric services, group counseling, crisis intervention, workshops, assessment, consultation, and referral.

CAPS Contact Information

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CAPS Staff (804-289-8119)

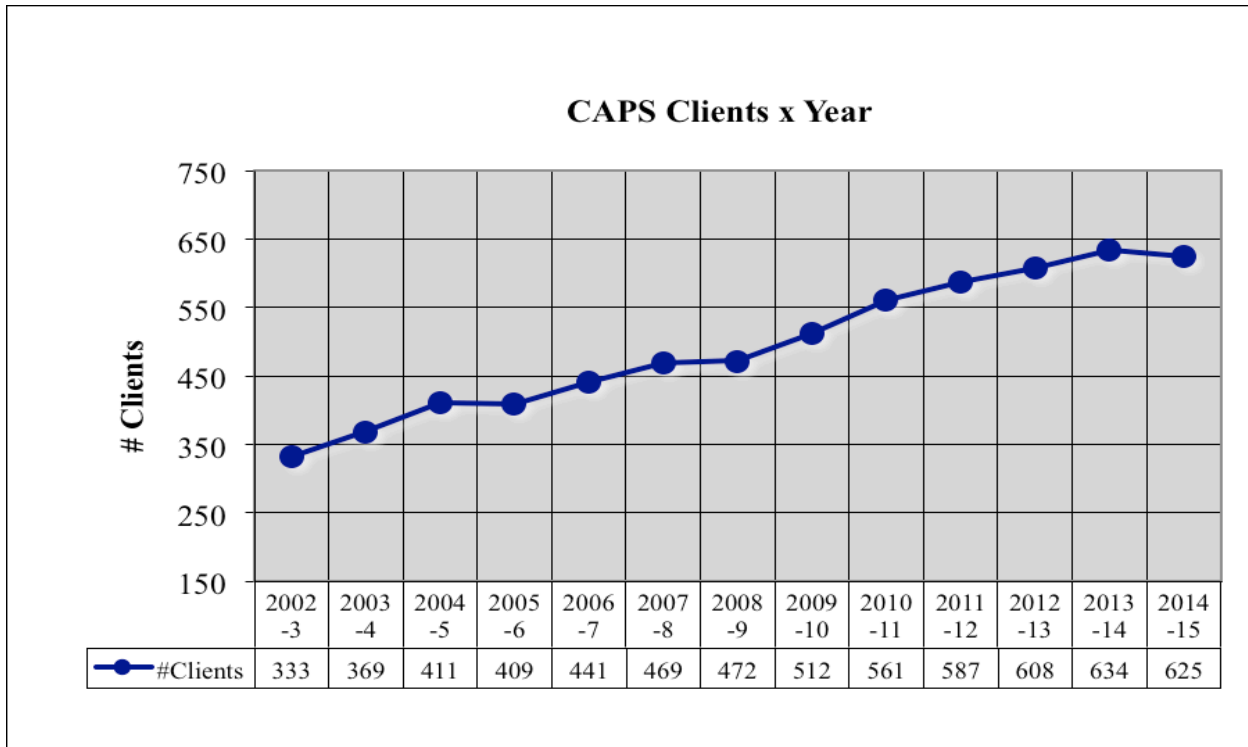
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(Dr. Knouse is a UR Psychology faculty member who also sees a few clients per week at CAPS)

Independent Contractors (see students part-time at CAPS, but are not UR employees)

Several psychiatric providers and several doctoral-level counselors are hired part-time each academic year, as funding permits, to provide clinical services to students at CAPS:

Carly DiMeglio, PMHNP	Licensed Psychiatric Mental Health Nurse Practitioner
Elliott Spanier, M.D.	Licensed Psychiatrist
Sherry Ceperich, Ph.D.	Licensed Psychologist
Lisa Griffin, Ph.D.	Licensed Psychologist
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Over the past 12 years, there's been an 90% increase in students seeking mental health services at CAPS. CAPS has had to institute a waiting list before the halfway point of each of the last 8 semesters because student need for counseling outpaced the available resources. CAPS saw 18.1% of all (non-SPCS, non-MBA) students last year (21.6% of the women, and 14.4% of the men). About one third of undergraduates use CAPS services one or more times before they graduate.

Although the total unique clients seen by CAPS in 2014-15 were slightly lower than in 2013-14 (625 vs 634), this was most likely due the fact that a full-time CAPS staff member was out on leave all of the Spring semester. Although additional independent contractor hours were offered to help offset the temporary loss of this staff member, the total number of clinical hours available was less than the year before.

In 2015-16, with all staff back, and additional funding received for more independent contractor hours, CAPS expects the counseling demand to increase once again.

The top reasons students sought services at CAPS during academic year 2014-15 are presented below (CAPS tracks over 40 student counseling concerns; only the top 22 concerns are listed below):

Top Reasons Students Sought CAPS Services in 2014-15

WOMEN (n = 379)		MEN (n = 243)	
Anxiety	64.7%	Anxiety	53.3%
Stress	61.3%	Depression	45.9%
Depression	52.5%	Stress	43.8%
Relationship problems	50.1%	Relationship problems	33.7%
Family concerns	45.4%	Family concerns	28.9%
Self-esteem issues	40.3%	Self-esteem issues	28.1%
Sleep disturbance	31.3%	Adjusting to college	24.8%
Lonely/isolated	26.0%	Study habits/time management	23.6%
Study habits/time management	24.7%	Lonely/isolated	19.8%
Career/vocational concerns	21.2%	Sleep disturbance	19.0%
Adjusting to college	20.7%	Substance abuse	18.1%
Transition after graduation	18.3%	Career/vocational concerns	17.4%
Financial concerns	15.4%	Transition after graduation	12.8%
Eating disorder issues*	14.3%	Suicidal ideation	9.9%
Medical / physical problems	12.5%	Medical / physical problems	9.5%
Grief	9.8%	Grief	9.1%
Suicidal ideation	9.5%	Financial concerns	7.0%
Substance abuse (any)	9.2%	Existential concerns (meaning, purpose, etc)	5.0%
Perfectionism	8.0%	Legal/disciplinary problem**	5.0%
Consultation (concern for a significant other)	7.4%	LGBTQ issues**	5.0%
Existential concerns	7.4%	Perfectionism	4.5%
Sexual abuse/assault (at UR)*	5.6%	Consultation (concern for a significant other)	3.3%

* Not in top 22 concerns for men

** Not in top 22 concerns for women

(NOTE: The numbers add up to more than 100% because most students coming to CAPS have multiple concerns)

Over the past two decades or so, anxiety and stress have become the top two or three most frequent concerns for college students seeking mental health services, not only at UR, but also at most other colleges and universities across the U.S.

Although the percentages fluctuate somewhat from year to year, CAPS clients are pretty evenly split among the four undergraduate classes. About 8% of CAPS clients each year are law students.

CAPS Clients by Class Rank

CLASS RANK	2011-12		2012-13		2013-14		2014-15	
	Number	Pct of Total	Number	Pct of Total	Number	Pct of Total	Number	Pct of Total
First-Years	133	22.7%	121	19.9%	139	21.9%	141	22.6%
Sophomores	141	24.0%	140	23.0%	154	24.2%	173	27.7%
Juniors	158	26.9%	123	20.2%	139	21.9%	120	19.2%
Seniors	115	19.6%	166	27.3%	139	21.9%	133	21.3%
Law Students	39	6.6%	51	8.4%	43	6.8%	54	8.6%
Graduate Students	0	0	0	0	1	0.2%	0	0
Other	1	0.2%	3	0.5%	5	0.8%	4	0.6%
TOTAL	587	100%	608	100%	634	100%	625	100%

Like mental health services of all kinds, more women than men seek services at CAPS. Although there are some gender differences in the prevalence of certain disorders, the difference in service usage is likely primarily due to gender differences in mental-health-help-seeking behavior.

CAPS Clients by Sex

YEAR	Total # Men	% of CAPS Clients	Total # Women	% of CAPS Clients	Total # Trans/Other	% of CAPS Clients	TOTAL
2005-6	161	39.4%	248	60.6%	NA	NA	409
2006-7	151	34.2%	290	65.8%	NA	NA	441
2007-8	177	37.7%	292	62.3%	NA	NA	469
2008-9	190	40.3%	282	59.7%	NA	NA	472
2009-10	192	37.5%	320	62.5%	NA	NA	512
2010-11	204	36.4%	354	63.1%	3	0.6%	561
2011-12	214	36.5%	373	63.5%	0	0	587
2012-13	220	36.2%	388	63.8%	0	0	608
2013-14	225	35.5%	409	64.5%	0	0	634
2014-15	243	38.9%	379	60.6%	3	0.5%	625

The race/ethnicity of CAPS clients tends to be representative of the UR student population.

CAPS Clients by Race/Ethnicity

YEAR	African-American	Asian-American	Caucasian	Latino-American	Native American Indian	Inter-national	Other Race
2006-7	5.0%	2.9%	83.7%	3.2%	0.7%	5.9%	3.2%
2007-8	6.9%	3.4%	81.1%	4.3%	1.3%	4.5%	2.2%
2008-9	8.1%	3.0%	82.6%	2.5%	0.6%	4.7%	3.0%
2009-10	8.8%	3.5%	77.0%	5.3%	0.8%	5.1%	3.3%
2010-11	10.1%	6.3%	74.9%	6.0%	0.9%	4.8%	4.5%
2011-12	9.7%	6.7%	74.6%	7.3%	0.3%	7.1%	5.3%
2012-13	8.7%	6.9%	76.6%	7.9%	1.2%	4.8%	4.8%
2013-14	6.8%	7.8%	76.7%	7.6%	1.3%	5.0%	2.1%
2014-15	9.2%	7.4%	72.3%	7.3%	1.5%	7.6%	2.9%

* The percentages may add up to more than 100% because some clients indicated more than one race/ethnicity.

Mental Health of the UR Student Population

High percentages of all UR undergraduates (not just CAPS clients) report that mental health concerns (e.g., sleep difficulties, relationship issues, anxiety, depression, eating disorder, attention deficit disorder, etc) have contributed to academic problems for them (Healthy Minds Survey, Spring, 2013).

Over the past year, have any of the following contributed to academic problems for you? (HMS, 2013). Percentage of UR students who said “yes”:	UG Men	UG Women	UG Total
Lack of motivation	37.0%	36.5%	36.6%
Sleep difficulties	31.0%	36.9%	35.1%
Lack of interest in classes	34.3%	32.8%	33.3%
Relationship issues	24.8%	35.9%	32.3%
Difficulty level of classes	27.7%	30.9%	29.9%
Organizational or time management issues	28.7%	30.1%	29.7%
Anxiety	19.5%	30.9%	27.3%
Depression	16.8%	23.2%	21.2%
Excessive internet or video / computer game use	14.5%	9.4%	11.1%
Financial problems	7.6%	11.7%	10.4%
Eating disorder or body image issues	4.0%	11.9%	9.4%
Attention deficit disorder or other learning issue	10.3%	8.4%	9.0%
Alcohol or drug use	11.0%	7.0%	8.2%
Physical health problem	4.6%	9.3%	7.8%
Grief	6.3%	7.7%	7.3%
Suicidal thoughts or urges	4.6%	3.6%	3.9%
History of physical, sexual, or emotional abuse	0.3%	4.5%	3.2%
Physical or sexual assault	0.7%	3.4%	2.5%
Post-traumatic stress disorder	1.0%	2.8%	2.2%

About one-fourth of UR undergraduates have been diagnosed with a mental health disorder.

Have You Ever Been Diagnosed With a Mental Health Disorder by a Health Professional? (HMS, 2013)	UG Men	UG Women	UG Total
Yes	15.1%	26.5%	22.9%
Don't Know	6.3%	4.0%	4.7%

About one-fourth of UR undergraduates currently meet screening criteria for depression, anxiety, and/or an eating disorder.

Currently Meets Screening Criteria For: (HMS, 2013)	UG Men	UG Women	UG Total
Depression or Anxiety Disorder	19.1%	24.2%	22.9%
Probable Eating Disorder	2.5%	8.2%	6.3%

About one-third of UR undergraduates currently meet screening criteria for hazardous drinking. About 3% of UR undergraduates currently meet screening criteria for alcohol dependence.

Currently Meets Screening Criteria For: (HMS, 2013)	UG Men	UG Women	UG Total
Hazardous Drinking	43.7%	27.9%	32.8%
Problem Drinking	11.4%	7.1%	8.4%
Alcohol Dependence	4.8%	2.5%	3.2%

About one-third of UR undergraduates have used some form of mental health treatment in the past year. About one-fifth of UR undergraduates have used some form of mental health treatment at CAPS in the past year.

Use of Mental Health Treatment (HMS, 2013):	UG Men	UG Women	Total
Any Medication or Therapy - Past Year	24.8%	35.7%	32.3%
Any Medication of Therapy - Current	9.9%	19.4%	16.5%
Psychotropic Medication - Past Year	15.3%	18.5%	17.5%
Psychotropic Medication - Current	7.9%	13.5%	11.8%
Use of CAPS Services:	UG Men	UG Women	Total
Any use of CAPS Counseling Services - Past Year	15.0%	22.1%	19.0%
Any use of CAPS Psychiatric Services - Past Year	5.0%	2.2%	3.6%

41.0% of all UR students (46.1% of women, 29.7% of men) thought they needed mental health help during the past 12 months.

8.1% of UR students report that they seriously thought about committing suicide in the past year (HMS, 2013). This is identical to the 8.1% of all U.S. college students who seriously considered suicide, based on the National College Health Assessment in Spring, 2014 (ACHA, 2014).

Self-Injury and Suicidal Ideation (HMS, 2013):	UG Men	UG Women	UG Total
Injured self intentionally during the past year (non-suicidal)	14.9%	15.4%	15.3%
Seriously thought about committing suicide in past year	7.0%	8.2%	8.1%
Made a suicide plan during the past year	0.0%	1.8%	1.4%
Attempted suicide during the past year	0.0%	0.9%	0.6%

Students report that CAPS counseling services help them academically.

Based on anonymous surveys conducted with CAPS clients during 2014-15:

60.5% of CAPS clients reported that counseling helped them do better academically.

52.1% of CAPS clients reported that counseling services helped them stay in school.

Nationally, the demand for mental health services among U.S. college students continues to grow.

Reasons for increase in college mental health problems include: (CASA, 2007)

- Lower stigma regarding mental illness & treatment
- Greater availability of psychiatric medications
- Interruptions in mental health care in transition from HS to college
- Students choosing to discontinue treatment upon entering college
- Using alcohol or sedating drugs while taking antidepressant medications (accentuating depressant effects)
- Decreased dropout rates among students experiencing mental health problems
- Increased academic pressure, competitiveness & sleep deprivation

Despite an overall reduction in mental health stigma, most college students who have mental health problems are still not getting any form of treatment (Eisenberg, Hunt, & Speer, 2012).

Nationally, the most common reasons U.S. college students who thought they needed mental health did not seek any mental health services were:

- “I don’t have time”
- “I prefer to deal with these issues on my own”
- “Stress is normal in college”
- “I question how serious my needs are”

Mental health and behavioral problems are learning problems, and jeopardize the academic mission of the university (ACE, 2014).

Nationally, 9 of the top 10 impediments to academic performance are mental health or behavioral in nature. The percentage of U.S. college students reporting academic impediment from each of the following, based on the Spring, 2014 National College Health Assessment of 79,266 U.S. college students (ACHA, 2014), are:

- Stress (30.3%)
- Anxiety (21.9%)
- Sleep difficulties (20.8%)
- Cold / flu / sore throat (15.2%)
- Work (13.9%)
- Depression (13.5%)
- Internet use / computer games (11.7%)
- Concerned for a troubled friend or family member (10.9%)
- Participation in extracurricular activities (10.5%)
- Relationship difficulties (9.4%)

Students who are anxious, depressed, abusing substances, having difficulty sleeping, etc., are not able to perform up to their potential cognitively. Memory is often impaired, as well as concentration, mood, and energy level. Optimal learning is not able to happen under these conditions.

A large, longitudinal study conducted by Dr. Daniel Eisenberg (an economist) at the University of Michigan found that (Eisenberg, Golberstein, & Hunt, 2009):

- Depression scores were a significant predictor of lower GPA
- Co-occurring depression and anxiety was associated with lower GPA
- Depression was associated with increased likelihood of dropping out of the university
- These results were true for both men and women, and for both undergraduates and graduate students

References

- ACHA (2014). *American college health association national college health assessment II (ACHA-NCHA II) Spring 2014 reference group data report*. Available at: http://www.acha-ncha.org/docs/ACHA-NCHA-II_ReferenceGroup_DataReport_Spring2014.pdf
- ACE (2014). *A strategic primer on college mental health*. Washington, DC: American Council on Education.
- CASA (2007). *Wasting the Best and the Brightest: Substance Abuse at America's Colleges and Universities*. New York: Author.
- Eisenberg, D., Golberstein, E., & Hunt, J. (2009). Mental health and academic success in college. *The B.E. Journal of Economic Analysis & Policy*, 9 (1).
- Eisenberg, D., Hunt, J., & Speer, N. (2012). Help seeking for mental health on college campuses: review of evidence and next steps for research and practice. *Harvard Review of Psychiatry*, 20, 222-232.
- Fisher, B.S., Cullen, F.T., Turner, M.G. (2000). *The sexual victimization of college women*. Washington, D.C.: U.S. Dept of Justice.
- Healthy Minds Survey (2013). National survey conducted by University of Michigan (National PI: Dr. Dan Eisenberg; UR PI: Dr. Peter LeViness).
- Howard, D.E., Schiraldi, G., Pineda, A., & Campanella, R. (2006). Stress and mental health among college students: overview and promising prevention interventions. In M.V. Landow (Ed.), *Stress and Mental Health of College Students* (pp. 91-104). New York: Nova Science.
- Kadison, R., & DiGeronimo, T.F. (2004). *College of the overwhelmed: the campus mental health crisis and what to do about it*. San Francisco, CA: Jossey-Bass.
- Seaman, B. (2005). *Binge: campus life in an age of disconnection and excess*. Hoboken, NJ: Wiley.
- Twenge, J. M. (2006). *Generation me: why today's young Americans are more confident, assertive, entitled – and more miserable – than ever before*. New York: Free Press.
- White House (2014). *Rape and sexual assault: a renewed call to action*. Washington, D.C.: White House Council on Women and Girls.