Whole Texans

Combining Mental Health Treatment and Exercise is Medicine into an Integrated College Wellness Model
Brain Exercise

“Movement is a medicine for creating change in a person’s physical emotional and mental states.” ~Carol Welch
Presenters

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Objectives

1. Develop an understanding of prevalence and treatment options for mental health on college campuses.
2. Explore one model option for service delivery.
3. Discuss possible applications for integrated wellness on your campus.
Campus Mental Health

According to the Healthy Minds Network (2014), 32% of students on college campuses are dealing with mental illness at any given time:

- 5% panic disorders
- 6% anxiety disorders
- 9% depression
- 15% non-suicidal self injury
- 20% consider suicide in their college career

(suicide is the second-leading cause of death among college students)

Recent surveys (Grasgreen, 2012) indicate that only 40% of students with mental illness seek help – there is some indication that this is due to stigma.
According to the ACHA/NCHA (2016), in the last 12 months:

16.7% of students reported feeling “so depressed that it was difficult to function
   ● 6.8% seriously considered suicide
   ● 1.1% attempted suicide

20.6% reported feeling overwhelming anxiety
   ● 18.3% reported feeling overwhelming anger

30.9% of students report that sleep difficulties have been “traumatic or very difficult to handle.”

54% of students report “more than average” or “tremendous” levels of stress
Most frequent concerns

According to the Association for University and College Counseling Centers (AUCCCD)

- **47.3%** of students present with symptoms of Anxiety (the most common diagnosis)
- **40.1%** present with symptoms of Depression
Most Frequent Presenting Concerns In Counseling Centers
2016 AUCCCD Survey

Counseling Center Staffing Issues

- **34.6%** of Student Counseling Centers must waitlist students for ongoing counseling services due to understaffing.
- **5.48** is the average number of sessions per client.
- **73.1%** of Counseling Center Directors indicate that the severity of student mental health concerns has risen significantly in the past year.
- Counseling Centers are often so overwhelmed by the demand for individual/group counseling services, that primary prevention efforts are minimized, and adjunctive therapies like TAO are utilized.
  - Could physical activity be incorporated as an adjunctive therapy?

**CHANGES IN OPERATING BUDGETS**

<table>
<thead>
<tr>
<th>Change</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Increased 1-3%</td>
<td>15%</td>
</tr>
<tr>
<td>Increased 4-6%</td>
<td>4%</td>
</tr>
<tr>
<td>Increased 7% or more</td>
<td>3%</td>
</tr>
<tr>
<td>Stayed the same</td>
<td>55%</td>
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<tr>
<td>Decreased 7% or more</td>
<td>6%</td>
</tr>
<tr>
<td>Decreased 4-6%</td>
<td>5%</td>
</tr>
<tr>
<td>Decreased 1-3%</td>
<td>12%</td>
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**WHO ISN’T BEING SERVED**

Percentage of center directors who identify these groups as underserved:

- Black/African-American: 53.7%
- Asian/Asian-American: 44.5%
- Latino/Latina: 51.7%
- Male: 52.6%
- Gay: 58.7%
- Lesbian: 55.6%
- Bisexual: 48.2%
- International: 56.1%

(Images and charts included for visual representation of data.)
Salmon (2001) provides a summary of the literature and poses a unified theory of the anxiolytic and antidepressant mechanisms of exercise, along with resistance to the physiological and emotional impacts of stressors.

Byrne & Byrne (1993), in their meta-analysis, report that “there is general support for the claim that exercise treatments have positive psychological benefits for clinical and non-clinical samples,” (p. 572), though they urge caution in interpreting results of individual studies without replications.

They highlight time and cost effectiveness of exercise, as compared to psychotherapy and/or medication, and do not carry the additional burden of side-effects.

De Moor, et al. (2006) found that exercisers have lower rates of depression, anxiety, and neuroticism.
Exercise IS Medicine
American College of Sports Medicine

The **mission** of EIM-OC is to foster collaborative relationships and leadership on campuses between exercise, health, and other disciplines that support the EIM-OC vision and goals.

The **vision** of EIM is to see all campus and community members across multiple disciplines discover, share and adopt the principles of EIM-OC that will help change the culture of chronic disease prevention and management campus-wide.

*EIM focuses on encouraging physicians and other health care providers to include physical activity when designing treatment plans for patients.*
Call to Action

Call upon members of the university to become engaged in the promotion of physical activity as a vital sign of health. The EIM program sought to link clinical services with real world application through student services providers. The campus is a microcosm of society and helps prepare our students for future healthy living opportunities. The EIM on campus program is designed to engage university students, faculty, and staff in ongoing efforts to improve physical fitness, health and wellness across campus with the possibility for community outreach.
Campus Recreation + University Health Care Providers

- Academic Departments
- University Administration
- University Marketing & Communications
- Clubs and organizations
- Curriculum coursework
- Students
Inter-campus Education

- Physical Activity Awareness and Promotion
  - Fitness initiatives
- EIM Educational Activities
  - Lunch and Learn events
- Implementation of the EIM solution in Campus Health Care
  - Vital Sign
  - Prescription
Campus Recognition

- Engaging the media
- EIM-OC Month
- ACSM recognition
Whole Texans Model

Reduce Stigma and Promote Early Identification & Treatment

- Mental Health First Aid
  - Included in the Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Registry of Evidence Based Programs and Practices (NREPP).
- EIM PT are trained on referral
  - All Campus Recreation staff are Mental Health First Aid Certified (socially influential cadre of students)

Provide Adjunctive & Alternative Treatment Options

- Vital Sign
  - Exercise is incorporated as a vital sign for all student health and counseling appointments.
- Prescription
  - If students demonstrate interest, prescriptions for physical activity may be written as a course of treatment.
Current Research

- Referral Rates
- Incentivizing Participation
- Completion Rates
  - Did you fill your prescription?
  - Motivators vs Barriers to exercise
  - Assessment of current activity level
References


work hard & be nice.
Framework for Delivery