

Universities miss chance to identify depressed students

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One out of every four or five students who visits a university health center for a routine cold or sore throat turns out to be depressed, but most centers miss the opportunity to identify these students because they don't screen for depression, according to new Northwestern Medicine research.

About 2 to 3 percent of these depressed [students](#) have had [suicidal thoughts](#) or are considering [suicide](#), the study found.

"[Depression screening](#) is easy to do, we know it works, and it can save lives," said Michael Fleming, professor of family and community medicine at Northwestern University Feinberg School of Medicine. "It should be done for every student who walks into a health center."

The consequences of not finding and treating these students can be can be serious and even deadly. "These kids might drop out of school because they are so sad or hurt or kill themselves by drinking too much or taking drugs," Fleming said.

"Things continually happen to students – a low grade or problems with a boyfriend or girlfriend -- that can trigger depression," Fleming said. "If you don't take the opportunity to screen at every visit, you are going to miss these kids."

Fleming, who joined Feinberg in the fall of 2010, is lead author of a paper on the findings in the January issue of the *American Journal of*

Orthopsychiatry. He conducted the research when he was a faculty member at the University of Wisconsin.

The study is the first to screen for depression in a large population of students who are coming to campus health centers for routine care. Prior depression studies have been conducted by surveying general college samples or students in counseling centers. The frequency of depression and suicidal thoughts among campus health clinic users was nearly twice as high as rates reported in general college samples.

Depressed students need treatment, which may include counseling and medication. These students are more likely to drink, smoke and be involved in intimate partner violence, the study found.

With new technology, screening students is simple, Fleming noted. While waiting for an appointment at the health center, the student could answer seven simple questions – a depression screening tool that could be immediately entered into his electronic health record. "They can answer those seven questions in a minute," Fleming said.

When the doctor or nurse sees the student, she then could address the student's sadness or depression.

Universities typically separate mental health treatment from primary care treatment. If a student comes to a campus health center and complains about depression, he is referred to a counseling center.

"But students don't necessarily get there unless they are pretty depressed," Fleming said. "If we screen, we can try to find every student that is depressed."

Historical perceptions and biases against preventive screenings are that kids who need treatment the most don't go to campus health centers, and

they won't tell the truth about their [depression](#).

That's wrong. "Students will tell you the truth," Fleming said. "If they are sad and depressed, they will tell you that. And, kids who are drinking too much or who are suicidal do go to the campus health centers."

The study also found that students who exercise frequently are not as depressed. "That's the one thing that seemed to be protective," Fleming said.

The study surveyed 1,622 college students at college campuses including the University of Wisconsin, the University of Washington and the University of British Columbia.

Provided by Northwestern University

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