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What Parents and Emerging Adults Should Know

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College life can be a health hazardous. The information below is critical for emerging adults' well being.

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[Suicide](#)

- Estimated at 1,100 student deaths annually¹
- Suicide is the second leading cause of death among North Americans of college age²
- Annual rate of one per ten thousand nationwide²
- For every successful suicide, there are 40 failed attempts²
- Some colleges ask those who've disclosed thoughts of suicide to withdraw, inadvertently keeping students from seeking help¹
- At Harvard University, from 2001 to 2003, visits by undergraduates to the mental health counseling center had increased 30% to 4,871 students²
- Massachusetts Institute of Technology (MIT) Julie Carpenter died in April 2001—she was the sixth suicide in four years²
- Before that, Elizabeth Shin had emolliated herself at MIT and in 2000—the Shin family sued MIT for \$27 million²

Depression

- A study of college students' mental health reported incidents of depression and suicidal thoughts doubled during the 1990s²
- Average age of onset for depression dropped from 29 to 20 in just two decades²
- 40% of college men and 50% of college women surveyed said they had experienced depression so severe at some point in time that they could "barely function," 14.9% said they had been medically diagnosed with clinical depression⁷

Eating Disorders

- Over the course of a lifetime, about 0.5 to 3.7% of girls and women will develop anorexia nervosa,³ a psychiatric diagnosis that describes an eating disorder characterized by low body weight and body image distortion with an obsessive fear of gaining weight. Individuals with anorexia often control body weight by voluntary starvation, purging, vomiting, excessive exercise, or other weight control measures, such as diet pills or diuretic drugs. It primarily affects adolescent females, however approximately 10% of people with the diagnosis are male. Anorexia nervosa is a complex condition, involving psychological, neurobiological, and sociological components
- About 1.1 to 4.2 % will develop bulimia nervosa,³ commonly known as **bulimia**, is an eating disorder and psychological condition in which the subject engages in recurrent binge eating followed by feelings of guilt, depression, and self-condemnation and intentional purging to compensate for the excessive eating, usually to prevent weight gain (see anorexia nervosa). Purging can take the form of vomiting, fasting, inappropriate use of laxatives, enemas, diuretics or other medication, or excessive physical exercise. The cycle damages bodily organs. Bulimia is common especially among young women of normal or nearly normal weight
- About 0.5 % of those with anorexia die each year as a result of their illness, making it one of the top psychiatric illnesses that lead to death³
- Eating disorders have their highest rate of incidence in college-aged women⁷

Cutting

- 4 in 100 Americans will harm themselves at some time in their lives⁴
- Nearly 1 in 5 students at Cornell University and Princeton University say they have purposely injured themselves by cutting or burning. Of that group, 70% had done so multiple times⁵
- About half said they'd experienced sexual, emotional or physical abuse⁵
- Repeat self-abusers were more likely to be female and to have had eating disorders or suicidal tendencies⁵

Alcohol

- Each year 2.8 million college students drive while intoxicated¹
- 1,700 die from alcohol-related injuries¹
- Hospitalization for alcohol overdoses has become a regular feature of weekend life at even the best colleges²
- By winter break in 2003, more than 20 Hamilton College students had been hospitalized for treatment of alcohol overdoses—seven admitted in one weekend alone²
- Dartmouth College has 4,400 undergraduates, and, on average, about 200 alcohol emergencies a year²
- Middlebury College, with 2,300 students, had about 100 emergency room transports in the 2002-2003 academic year²
- Before Thanksgiving in 2004, Pomona College had sent nine to the Emergency Room – more than twice its total alcohol hospitalizations the entire previous year and the highest number in eleven years²
- More often these days, college students die from drinking's secondary effects, drowning in one's own vomit²
- 18% of US college students suffered clinically significant alcohol-related problems⁶
- 44.1% of students in 116 colleges surveyed were binge drinkers, 19.5% were frequent binge drinkers, 15.6 % said they abstained from alcohol use⁶
- 4 in 5 fraternity or sorority members were binge drinkers⁶
- Survey of 28,000 students at 44 colleges found that 80% of students drink⁶

Drugs

- Use of narcotics has risen to record levels¹
- 29% say they have used prescription drugs recreationally¹
- Drug use in high school is also up¹
- In 2001, roughly 15% of college students reported using Ecstasy – more than a sevenfold increase from a decade earlier²
- Ecstasy occasionally set off psychotic episodes and appeared to have some long-term – perhaps permanent – effect on the body's serotonin levels, meaning it might lead to chronic depression and permanent personality change²
- College Ecstasy activity faded but it did not disappear completely²

Women and Substance Use Disorders

- Individuals with substance use disorders report high rates of physical, sexual and emotional abuse and neglect during their childhood
- The rate of childhood sexual abuse among females with substance use disorders is twice as high as that found in the general female population
- Women suffering from substance use disorders also face gender-specific barriers, including childcare, family responsibilities and greater likelihood of a co-occurring disorder such as depression

Substance Use Disorders and Treatment

- In 2004, over 1.2 million Illinois residents suffered from a substance use disorder
- (including alcohol)
- Of these individuals, only about 10% received treatment
- In Illinois, approximately 266,000 individuals had both a substance use disorder and a mental health disorder, but only about 6% received care for both.

Social benefits of treatment include:

- Improved health, better employment outcomes, reduced criminal offense rates, increased self-monitoring and reduced serious health problems

Numerous studies that have analyzed the cost savings of treatment demonstrate positive financial outcomes. Treatment is cost effective in a number of ways:

- If \$2.3 million were spent on treatment, Illinois taxpayers would save about \$40 million dollars per year
- Treatment lowers criminal activity and criminal recidivism (e.g., incarceration costs, criminal prosecution costs, and costs of drug-related crime)
- Treatment increases the number of taxpayers through employment

Youth and Drug Use



For many Illinois youth, substance use initiation begins at an early age. Analysis of the 2003 Treatment Episode Data Set (TEDS) of publicly funded treatment demonstrated:

- 56% of all Illinois heroin treatment participants first used heroin before the age of 18. Of these, over 5% were aged 11 or younger, while 21% were between 12 and 14 years of age
- 72% of methamphetamine treatment participants first used methamphetamine before age 18 and nearly 10% first used methamphetamine by age 11. About 29% first used between ages 12 and 14, while 34% began using between 15 and 17 years of age
- 65% of cocaine treatment participants used cocaine before age 18, and nearly 10% first used cocaine earlier than age 12. Twenty-five percent began using cocaine between the ages of 12 to 14, and about 30% used cocaine for the first time between ages 15 to 17
- Nearly 90% of marijuana treatment participants first used marijuana before the age of 18
- Since the elimination of D.A.R.E. (Drug Abuse Resistance Education) funding in Illinois, a comprehensive drug education strategy for Illinois youth has yet to be implemented. The Illinois State Board of Education does state goals for drug education, but no standards or strategies exist for systematic implementation of these goals into curricula

Sexuality

- Half a million engage in unprotected sex¹
- 100,000 students are victims of alcohol-related sexual assault or date rape¹
- Use of Rohypnol (roofies) or gamma hydroxybutyrate (GHB, often called G), are the best known of the so-called date rape drugs. Between 1998 and 2000, emergency room admissions in the United States for GHB quadrupled²

References

- 1) Smart Money magazine, September 2006 issue

- 2) *Binge* by Barrett Seaman
- 3) Taylor CB, et al. Prevention of Eating Disorders in At-risk College-age women. *Archives of General Psychiatry*. August 2006
- 4) www.cutthemovie.com 8/15/2006
- 5) Associated Press, June 5, 2006
- 6) Fox News, *College Alcohol Abuse Sparks Drinking Prevention Debate*, by Michael Park, August 28, 2006
- 7) Fox News, *Colleges Struggle, Innovate to Meet Mental Health Needs of Students*, by Robin Wallace, August 29, 2006

Tips for Parents

- Don't expect a lot of communication from college administration. Your child is now an adult. You will not even legally be able to open grade reports that come in the mail.
- Let your student know that you are there for support and advice, but not for lectures. Parents of college students need to be mentors/sounding boards, but not the problem solvers. Parents can suggest solutions or offer emotional support, but not interfere (e.g., *tell your student to talk to a problematic professor, but don't call the dean or professor*). Don't call too frequently. You need to give your student time to be independent, but if there is a big problem, you are always available.
- If your student has a history of emotional or academic problems, they may need special support that they may not know how to access at college. Route them to student services. Some students (especially those from private, preparatory, or parochial high schools) may have undiagnosed learning disabilities that can derail them.
- If your student has a track record of drinking, using drugs, or self-harming the stresses of moving, college classes, fitting in, learning the new surroundings and rules (or lack thereof) and negotiating roommate adaptations can be compounded by not having the support that home offered or access to familiar friends, which can lead to a deterioration in functioning. Many colleges have abandoned clinical- counseling centers in favor of career/academic-counseling centers, so not all colleges have a place where students can get emotional support. Parents should find this out in advance if they suspect their student would benefit from such help.
- The best ways to communicate is to engage your son or daughter in conversations. The best conversations come from a non-judgmental, non-pressured dialogue. The best dialogues come from asking sincere questions that are not cross-examinations.

Tips for Students



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- Never drink from an open container or punch bowl. Never leave your cup unattended. If you do, throw it out. Even if you know the host, you don't know everyone at the party. If you don't want to drink, don't, or have a soft drink instead.
 - Alcohol poisoning is more common than you think. Much more.
 - Depression, anxiety and stress can be part of college life. Most of the time they pass, but if they don't, and talking with supportive and trusted peers does not help, seek help from a mental health professional
 - You have a right to make decisions that are safe and healthful. You should never be intimidated or pressured into doing something you do not feel comfortable doing. This includes your sexuality (e.g., pregnancy, Sexually Transmitted Illnesses), your integrity (e.g., cheating, throwing a game), your safety (e.g., violence, date- rape), your body (e.g., drugs/alcohol/self-harm/branding/tattooing) or your emotions (e.g., psychological issues, intimidation, manipulation, suicidality, addiction, etc.).
 - Experimentation and sampling are normal parts of development and common to college years, however they should not be confused with risk-taking behaviors.