

DEPRESSION
REDUCTION
ACHIEVING
WELLNESS (DRAW)
PROGRAM

EVALUATION REPORT

JANUARY 1, 2013 – JUNE 30, 2014

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I. Executive Summary

DRAW is a program aimed at reducing the amount of depression and suicide risk in students age 18 and older in Kings and Tulare Counties. With activities in the natural setting of college campuses and vocational schools that began in September 2013, it is funded by the Tulare and Kings Counties Suicide Prevention Task Force with Mental Health Services Act (Proposition 63) Prevention and Early Intervention funds.

Participating educational institutions include the College of the Sequoias (in Hanford, Tulare, and Visalia), Fresno Pacific University, the Milan Institute, Porterville College, San Joaquin Valley College (in Hanford and Visalia), and the West Hills College campus in Lemoore.

From September 1, 2013 through June 30, 2014 the DRAW Program:

- Developed and distributed a mental health resource bookmark in English and Spanish for students, a mental health Student Fact Sheet brochure in English and Spanish, and a ten-page guide for faculty and staff to helping distressed students. Approximately 4,000 bookmarks, 13,000 Student Fact Sheets, and 500 faculty and staff guides were distributed on seven campuses in Tulare and Kings Counties.
- Screened 197 students for depression at three events, on the College of the Sequoias campuses in Hanford and Visalia and at San Joaquin Valley College in Visalia.
- Held 31 additional outreach events on seven campuses.
- Held ten workshops for students attended by 236 students and six faculty and staff members. The workshops included brief education about the signs and symptoms of depression and the risk of suicide, the stigma of mental illness, stress, anxiety, coping skills, self-care, and where to go to receive counseling (both within the program from the DRAW therapist and from outside clinicians).
- Held nine workshops for faculty and staff on assisting students in distress attended by 94 individuals.
- Admitted 72 students to DRAW mental health counseling services. As of October 31, 2014, 70 of these students completed counseling, with an average of 2.6 sessions each.
- Referred counseling participants to a wide assortment mental health and non-mental health services and provided them with a variety of resources.

Outcomes of DRAW include:

- 78 students screened “at risk” for moderate to serious anxiety, 58 for moderate or severe depression, 23 for post-traumatic stress disorder, and four for bipolar disorder. Screening results are not considered diagnostic.
- 95% of faculty and staff workshop participants agree or strongly agree that they feel better prepared to assist a student in distress related to mental illness than before the workshop.
- Survey results show that stereotypical or discriminatory (stigma-infused) thinking about people with mental illness decreased among attendees of a faculty and staff workshop on four of the five indicators. The changes in mean responses in two of the indicators were statistically significant: a decrease in fear of people with mental illness and an increase in expressed desire to help them.
- Counseling participants were asked, “If DRAW Program counseling had not been available to you, how likely is it that you would have accessed mental health services elsewhere?” Six in ten (60%) indicated that it was “unlikely” or “very unlikely” that they would have accessed mental health services elsewhere.
- On average, the counseling participants responded between “agree” and “strongly agree” (3.6 out of 4.0) to “Since receiving DRAW services I am more aware of what mental health services are available in my area” and to “Since receiving DRAW services I am more aware of how to access mental health services in my area.”
- Counseling participants, on average, responded between “agree” and “strongly agree” (3.4 out of 4.0) to “Since receiving DRAW services I am more willing to access mental health services” and (3.6 out of 4.0) to “The counseling I received in this program helped me with my mental health problem or problems.”
- The counseling participants, on average, responded between “agree” and “strongly agree” (3.5 out of 4.0) to “The counseling I received in this program helped me with my depression” and to “This program helped me learn more about depression.”
- About 30 days following their final counseling session, 64% of the responding counseling participants said that the information and/or counseling they received from the DRAW therapist was “very helpful.” The remaining 36% said they were “helpful.”
- About 30 days following their final counseling session, 91% of the responding counseling participants indicated that the information or the referral(s) they received from DRAW helped to improve their mental health.

- Similarly, about 30 days following their final counseling session, 90% of the responding counseling participants said that the information or the referral(s) they received from DRAW helped to reduce their depression.
- Nearly one-third (27%) of the responding counseling participants said they were able to make contact with the referral(s) the counselor provided to them within 30 days.

The DRAW Program has succeeded in achieving its goal of providing mental health services in a natural setting, on the campuses of the colleges and vocational schools the students attend. These preliminary findings also provide evidence that DRAW has achieved its second goal, of reducing the stigma of mental illness, and its third goal, of reducing the number of untreated cases of depression that may ultimately require a higher level of care, and thereby potentially decrease the incidence of suicide.

II. Program Description

DRAW is a new program aimed at reducing the amount of depression and suicide risk in students 18 years old and older in Kings and Tulare Counties. With activities in the natural setting of college and vocational school campuses that began in September 2013, it is funded by the Tulare and Kings Counties Suicide Prevention Task Force with Mental Health Services Act (Proposition 63) Prevention and Early Intervention funds.

The goals of DRAW are:

- To offer mental health services in a natural community setting.
- To reduce the stigma of mental illness, so students will feel more comfortable accessing mental health services.
- To reduce the number of untreated cases of depression that may ultimately require a higher level of care, and thereby decrease the incidence of suicide.

DRAW provides outreach to students, faculty, and staff at community colleges and vocational training schools in both counties. This outreach includes in-person contact with students, faculty, and staff as well as the creation and distribution of informational materials.

In addition, DRAW staff screen students for depression and other mental illnesses and have offered as many as four counseling sessions to students in need of mental health services as well as referral to outside service providers, in the area of mental health as well as other areas of need.

The DRAW program has two staff members, a Program Coordinator (Jill Maze, LCSW) and a Therapist (Seng Leang Tang-Hignojoz, MFT Registered Intern of the Kings View Behavioral Health System). The Program Coordinator works on DRAW for about four hours a week and the Therapist works for DRAW for approximately 32 hours a week.

Participating educational institutions include the College of the Sequoias (in Hanford, Tulare, and Visalia), Fresno Pacific University, the Milan Institute, Porterville College, San Joaquin Valley College (in Hanford and Visalia), and the West Hills College campus in Lemoore. Table 2-1, on the following page, presents a timeline of the program.

Table 2-1

Program Timeline	
Date	Event
January 2013	Beginning of outreach meetings with local college and vocational school representatives to develop interest and build partnerships
March 2013	Mental Health First Aid offered to Milan Institute faculty, staff, and students. Began developing a service agreement with the Kings View Behavioral Health Systems for a DRAW therapist. Surveyed College of the Sequoias (COS) students to develop the logo and marketing materials for DRAW resources.
April 2013	Logo selected. Graphic designers working on print materials.
July 2013	Print materials finished and began distribution to partner schools. Contract with Kings View secured.
August 2013	DRAW therapist hired and begins to get oriented to the partnering school sites. COS Hanford and SJVC Visalia enter into the partnership. Outreach meetings with local colleges and school representatives continue.
September 2013	Workshops and outreach to students, faculty, and staff begin at COS Hanford, the Milan Institute, and San Joaquin Valley College. Counseling services begin at these sites.
October 2013	Porterville College awareness event. Depression screenings begin.
December 2013	San Joaquin Valley College's Hanford campus joins the partnership.
February 2014	The College of the Sequoias Tulare campus and the West Hills College's Lemoore campus join the partnership.

III. Outreach to Students, Faculty, and Staff

A. Printed Materials

Staff of the DRAW Program and of the Tulare County Health and Human Services Agency developed three informative printed materials to give out to students, faculty, and staff:

- A bookmark (with English and Spanish versions) with the statement “There’s Always a Solution” / “Siempre Hoy Una Solución” on the obverse side and telephone numbers of nine local and national resources for suicide intervention and mental health on the reverse side
- A Student Fact Sheet (with English and Spanish versions), a brochure that provides answers to questions about depression and suicide risk as well as contact information for ten suicide intervention and mental health resources

- A ten-page faculty and staff member informational and resource guide in English. It includes the role of faculty and staff in assisting a student in physical or mental health distress, how to help a student in distress, common behaviors that may indicate distress, guidelines for managing student behavior, general guidelines for meeting with a distressed student, best practices for higher education, and local and national resources. The guide also includes a one-page description of the Mental Health Services Act. (Both this guide and the Student Fact Sheet include the MHSA logo.)

The following tables list approximately how many copies of each handout were distributed at each educational institution, as of June 30, 2014:

1. Bookmarks Distributed

Table 3-1

Bookmarks in English Distributed	
Institution	Number
College of the Sequoias, Hanford	345
College of the Sequoias, Tulare	75
College of the Sequoias, Visalia	750
Fresno Pacific University, Visalia	500
The Milan Institute, Visalia	310
Porterville College	750
San Joaquin Valley College, Hanford	250
San Joaquin Valley College, Visalia	490
Total:	3,470

Table 3-2

Bookmarks in Spanish Distributed	
Institution	Number
College of the Sequoias, Hanford	250
College of the Sequoias, Visalia	250
Porterville College	250
Total:	750

2. Student Fact Sheets Distributed

Table 3-3

Student Fact Sheets in English Distributed	
Institution	Number
College of the Sequoias, Hanford	728
College of the Sequoias, Tulare	765
College of the Sequoias, Visalia	1,125
Fresno Pacific University, Visalia	625
The Milan Institute, Visalia	1,310
Porterville College	1,725
San Joaquin Valley College, Hanford	1,250
San Joaquin Valley College, Visalia	1,490
West Hills College, Lemoore	250
Total:	9,268

Table 3-4

Student Fact Sheets in Spanish Distributed	
Institution	Number
College of the Sequoias, Hanford	625
College of the Sequoias, Visalia	625
The Milan Institute, Visalia	1,250
Porterville College	625
San Joaquin Valley College, Visalia	625
Total:	3,750

3. Faculty/Staff Resource Guides Distributed

Table 3-5

Faculty/Staff Resource Guides (in English) Distributed	
Institution	Number
College of the Sequoias, Visalia	300
Fresno Pacific University	40
The Milan Institute, Visalia	75
Porterville College	40
San Joaquin Valley College, Hanford	30
Total:	485

In addition, there are miscellaneous materials for marketing the program to students, staff, and faculty members. The DRAW logo appears on all them. These materials include pens (1,000 ordered), Post-It Note pads (1,000), magnetic memo clips (1,000), and bottles (500), as well as standing signs and tablecloths.

B. Depression Screenings and Other Events

DRAW staff members reached out to students, faculty, and staff at a variety of events. They screened students for depression and other disorders using the HANDS screening tool at three events. The first screening took place at the COS Visalia campus on October 10, 2013, at which they screened 99 students. Then they screened 11 students at COS's Hanford campus on November 16, 2013. Finally, 87 individuals were screened at San Joaquin Valley College in Visalia on April 23, 2014. At all three events they distributed DRAW materials to students who participated in the screening and to others who showed an interest but did not wish to be screened at that time.

While the HANDS tool screens for depression, it also screens for anxiety, bipolar disorder, and post-traumatic stress disorder. The combined results of the screenings¹ are shown in Table 3-6. The screening results merely indicate that an individual may be at risk of having a mental illness. They are not diagnostic.

¹ The records for the screening of 11 students at the College of the Sequoias Hanford campus on November 16, 2013 were lost, so they are not included in Table 3-6.

Table 3-6

Screenings with the HANDS Screener, 10/10/2013 and 04/23/2014	
Mental Illness	Number Screened as “At Risk”
Depression, moderate	55
Depression, serious	3
Anxiety, moderate to serious	78
Bipolar disorder	4
Post-traumatic stress disorder, possible	8
Post-traumatic stress disorder, moderate	15
Total individuals screened: 186	

In 2011, the American College Health Association–National College Health Assessment (a nationwide survey of college students at two- and four-year institutions) found that about 30% of college students reported feeling “so depressed that it was difficult to function” at some time in the past year. The percentage of students screened in the DRAW Program who screened with moderate or severe depression (30%) matches this nationwide figure.

DRAW staff also participated in other events, at which they did not offer depression screening. These events include new student orientations and “meet and greets” at which a DRAW staff member provided pastries and juice and marketed DRAW. Table 3-7 displays the events that DRAW staff attended:

Table 3-7

DRAW Non-Depression Screening Outreach Events		
Date	Institution	Type of Event
09/11/2013	COS Visalia	Suicide prevention event
09/30/2013	Porterville College	Send Silence Packing
10/16/2013	COS Visalia	Health Fair
11/07/2013	COS Visalia	Veterans' Day Event
11/13/2013	The Milan Institute	Spoke to classes
12/06/2013	SJVC Visalia	Spoke at new student orientation
01/15/2014	The Milan Institute	Spoke to classes
01/15/2014	The Milan Institute	Meet and greet
01/16/2014	The Milan Institute	Spoke to classes
01/16/2014	The Milan Institute	Meet and greet
01/22/2014	The Milan Institute	Spoke at new student orientation
01/29/2014	SJVC Visalia	Spoke to classes
01/29/2014	SJVC Visalia	Meet and greet
01/29/2014	COS Hanford	Meet and greet
01/30/2014	SJVC Hanford	Spoke to classes
01/30/2014	SJVC Hanford	Meet and greet
01/30/2014	SJVC Hanford	Spoke to classes (a second time)
02/13/2014	COS Hanford	Meet and greet
02/21/2014	SJVC Visalia	Spoke at new student orientation
02/27/2014	COS Hanford	Spoke to one class
03/03/2014	COS Hanford	Spoke to one class
03/20/2014	The Milan Institute	New student orientation
03/26/2014	COS Tulare	Meet and greet
03/31/2014	COS Tulare	Spoke to one class
04/22/2014	COS Tulare	Spoke to one class
04/22/2014	COS Tulare	Spoke to one class
05/01/2014	COS Hanford	Health fair
05/02/2014	SJVC Visalia	New student orientation
05/05/2014	The Milan Institute	Meet and greet
05/06/2014	The Milan Institute	New student orientation
05/15/2014	The Milan Institute	New student orientation

IV. Workshops

In addition, DRAW staff offered a number of workshops to students and to faculty and staff.

A. Student Workshops

These student workshops cover the overall goals of the DRAW program, include brief education about the signs and symptoms of depression and the risk of suicide, the stigma of mental illness, stress, anxiety, coping skills, self-care, and where to go to receive counseling (both within the program with the DRAW therapist and with outside clinicians).

Ten workshops were offered between September and December 2013, which 236 students and six faculty and staff members attended.

Table 4-1
Student Workshops

Date	Institution	Topic	Number of students	Number of faculty and staff
08/21/2013	COS Visalia	Depression, Resources, & Self-Care	50	1
08/22/2013	COS Visalia	Depression, Resources, & Self-Care	30	1
08/26/2013	COS Visalia	Depression, Resources, & Self-Care	30	1
09/24/2013	COS Visalia	Depression, Resources, & Self-Care	15	1
10/31/2013	COS Visalia	Depression, Resources, & Self-Care	50	0
11/07/2013	COS Visalia	Depression, Resources, & Self-Care	15	1
11/13/2013	COS Visalia	Depression, Resources, & Self-Care	20	1
11/14/2013	COS Hanford	Depression, Resources, & Self-Care	3	0
11/21/2013	COS Hanford	Depression, Resources, & Self-Care	3	0
04/25/2014	COS Visalia	Depression, Resources, & Self-Care	20	0
Totals:			236	6

B. Faculty and Staff Workshops

DRAW faculty and staff workshops cover how a faculty or staff member can assist a student in distress and who may be in need of DRAW services. It includes how to identify students in need and how and where to refer them. As Table 4-2 shows, nine workshops were offered between September and December 2013. A total of 94 faculty and staff members were in attendance.

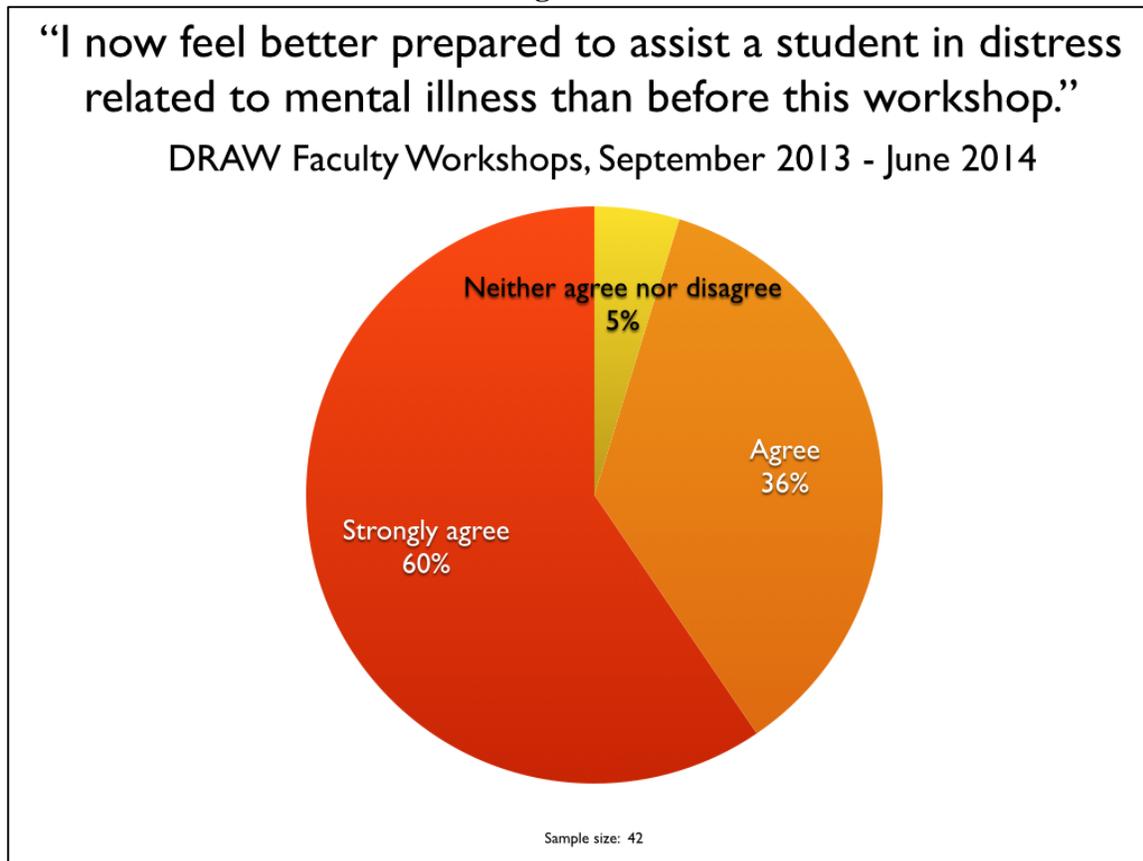
Table 4-2

Faculty and Staff Workshops			
Date	Institution	Topic	Number of faculty and staff
07/19/2013	Milan	Assisting Students in Distress	12
11/18/2013	Fresno Pacific	Assisting Students in Distress	8
11/18/2013	COS Visalia	Assisting Students in Distress	9
11/19/2013	COS Visalia	Assisting Students in Distress	10
12/05/2013	COS Visalia	Assisting Students in Distress	8
03/14/2014	SJVC Visalia	Assisting Students in Distress	12
04/25/2014 - 04/26/2014	Porterville College	Assisting Students in Distress	12
04/29/2014	Porterville College	Assisting Students in Distress	8
05/14/2014	SJVC Visalia	Assisting Students in Distress	15
Total:			94

An evaluation instrument was developed to give to attendees at the end of faculty/staff workshops. The pre/post faculty and staff workshop survey was administered at workshops on November 18, 2013 at Fresno Pacific University, on March 13, 2014 at the Hanford Campus of San Joaquin Valley College, and on April 25, 2014 at Porterville College.

The post survey asked workshop attendees to respond on a five-point Likert agree-disagree scale to the statement, “I now feel better prepared to assist a student in distress related to mental illness than before this workshop.” As Figure 4-1 indicates, of the 42 individuals who responded, 25 (60%) said they “strongly agree,” 15 (36%) indicated they “agree” and the two remaining participants (5%) neither agreed nor disagreed. This result indicates that the faculty/staff workshops were successful in this key area.

Figure 4-1



A portion of an assessment of public mental illness stigma attribution was included in both the pre and post surveys. The assessment, called the AQ-9, was developed and made publicly available by one of the foremost scholars on the stigma of mental illness, Distinguished Professor Patrick W. Corrigan, Psy.D., who serves as the Director of the National Consortium on Stigma and Empowerment.

The following are the five questions from the AQ-9 assessment that faculty and staff workshop participants responded to, on a nine-point Likert scale, before and after the workshop. (Only five stigma-related questions were selected for the survey, in order to reduce completion time.) The section begins with an introductory paragraph about a man with mental illness, named Harry. It was modified from the AQ-9 introductory paragraph, at the request of DRAW staff, to make it more relevant to college faculty members:

“Harry is a 20 year-old single man with schizophrenia. Sometimes he hears voices and becomes upset. He is a community college student and lives alone in an apartment. He has been hospitalized six times because of his illness. **Circle one number in response to each question below. You may circle any number from 1 to 9.**”

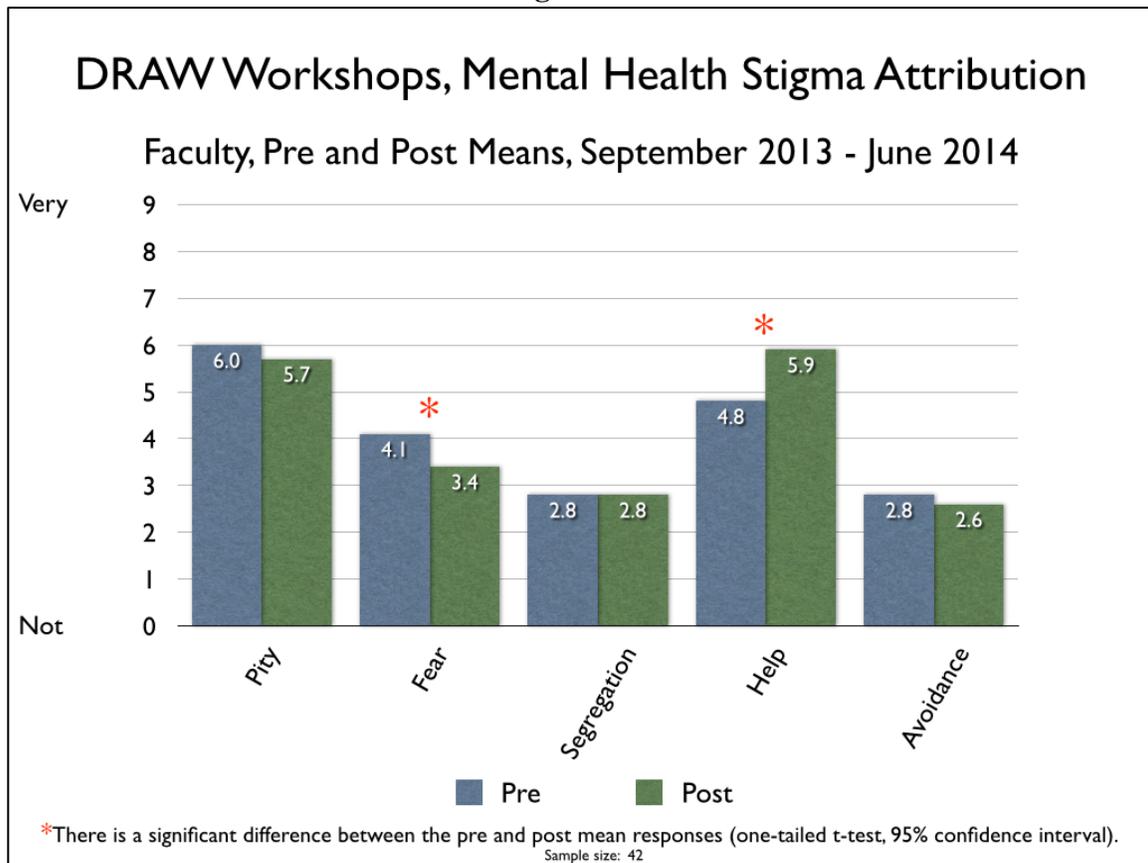
1. “I would feel pity for Harry.”
2. “How scared of Harry would you feel?”
3. “I think it would be best for Harry’s community if he were put away in a psychiatric hospital.”
4. “How likely is it that you would help Harry?”
5. “I would try to stay away from Harry.”

I hypothesize that while DRAW faculty/staff workshops are focused on teaching faculty and staff how to assist students in distress, participation in the workshop will make at least some of the participants more sensitive to the plight and needs of people with mental illness and, thus, be less likely to hold stereotypical or discriminatory opinions about them.

Although the sample size is fairly small – 42 participants filled out both pre and post surveys – they provide some evidence that participation in the workshop reduced stereotypical or discriminatory thinking about people with mental illness among the participants, on average. Figure 4-2 shows that there was a statistically significant decline in fear of the man with mental illness, on average, and a statistically significant increase in expressed desire to help him. There were slight decreases in pity for and expressed desire to avoid him, but no change in mean response to the statement, “I think it would be best for Harry’s community if he were put away in a psychiatric hospital,” although the mean response (2.8 out of a possible 9.0) was low.

These results provide support for the proposition that DRAW has been achieving its goal of reducing the stigma of mental illness, where the program is being implemented.

Figure 4-2



V. Counseling and Referral

An important element of DRAW is the mental health counseling sessions it offers to students in need of help. (The stated limit is three sessions, but four sessions have been offered in a handful of cases.) Counseling is offered by a DRAW staff member, a Marriage and Family Therapist Registered Intern, who is an employee of the Kings View Behavioral Health Systems.

Educational institutions with students receiving DRAW counseling services include the College of the Sequoias Hanford and Tulare campuses, the Milan Institute, and San Joaquin Valley College. In addition, DRAW offers referrals to outside mental health services as well as to other services that the students may need.

During and at the end of DRAW counseling, students are referred to outside service providers for help, in the area of mental health and other areas of need.

As of June 30, 2014, 72 students have been admitted for counseling. As of October 31, 2014, 70 students completed their DRAW counseling, with an average of 2.6 sessions apiece.

DRAW counseling participants were referred to a variety of mental health and non-mental health services. Organizations to which participants have been referred for mental health services include: Family HealthCare Network, Family Services of Tulare County, the Kaweah Delta Health Care District, Kings View Behavioral Health Systems (Behavioral Health, Counseling Services, and Dialectical Behavior Therapy Program), Tulare County One Stop (Tulare County Department of Mental Health), Optimal Hospice, private mental health service providers via private insurance, medical doctors, Synchrony of Visalia, Trinity Ministries, the Visalia Adult Integrated Clinic (Tulare County Department of Mental Health), and the U.S. Department of Veterans Affairs (VA) Mental Health Clinic, and the WARM Line.

Organizations to which counseling participants have been referred for non-mental health services include: 2-1-1, Community Services and Employment Training (CSET), homeless shelters, the Housing Authority, a medical doctor, Optimal Hospice, and the Veterans' Service Office.

Resources given to counseling participants include: 2-1-1 cards, booklets and brochures on various mental illnesses and related issues (including ADHD, bipolar disorder, generalized anxiety disorder, depression, mindfulness, relationships, and teen stress), CareNotes on Grief, cognitive behavioral therapy resources, crisis safety plans, DRAW bookmarks, DRAW Student Fact Sheets, Family Services of Tulare County information sheets, Family Services of Tulare County vouchers, Fresno County resource sheets, Hanford resource sheets, Internet resource sheets, Kings County Behavioral Health resources, Kings View Behavioral Health information, Kings View Counseling Services information, Legal Aid information, Optimal Hospice bereavement support and care information, pamphlets on depression and teenage stress, private mental health practitioner

contact information, Trinity Ministries brochures, Tulare County resource sheets, U.S. Department of Veterans Affairs (VA) information, the VA Crisis Hotline telephone number, Veterans Service Organizations brochures and business cards, and WARM Line brochures.

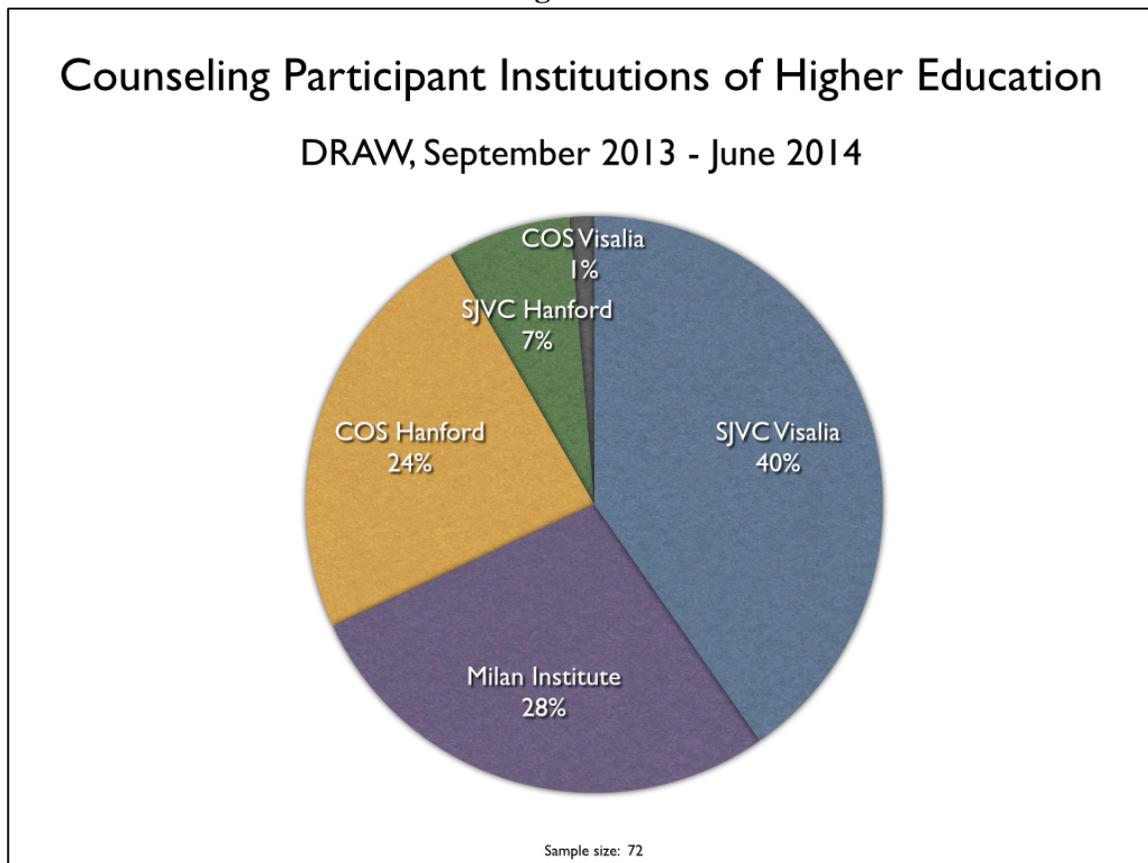
We asked the students who participated in counseling how they found out about DRAW. The most common responses were that: faculty or staff recommended it to them (18), a clinician spoke in their class (17), they learned about it at a student orientation event (7), and they read an e-mail message about the program (7). (Some students noted multiple ways they learned about DRAW.)

A. Counseling Participant Demographics

This section reviews the demographic characteristics of the students who have been admitted for counseling.

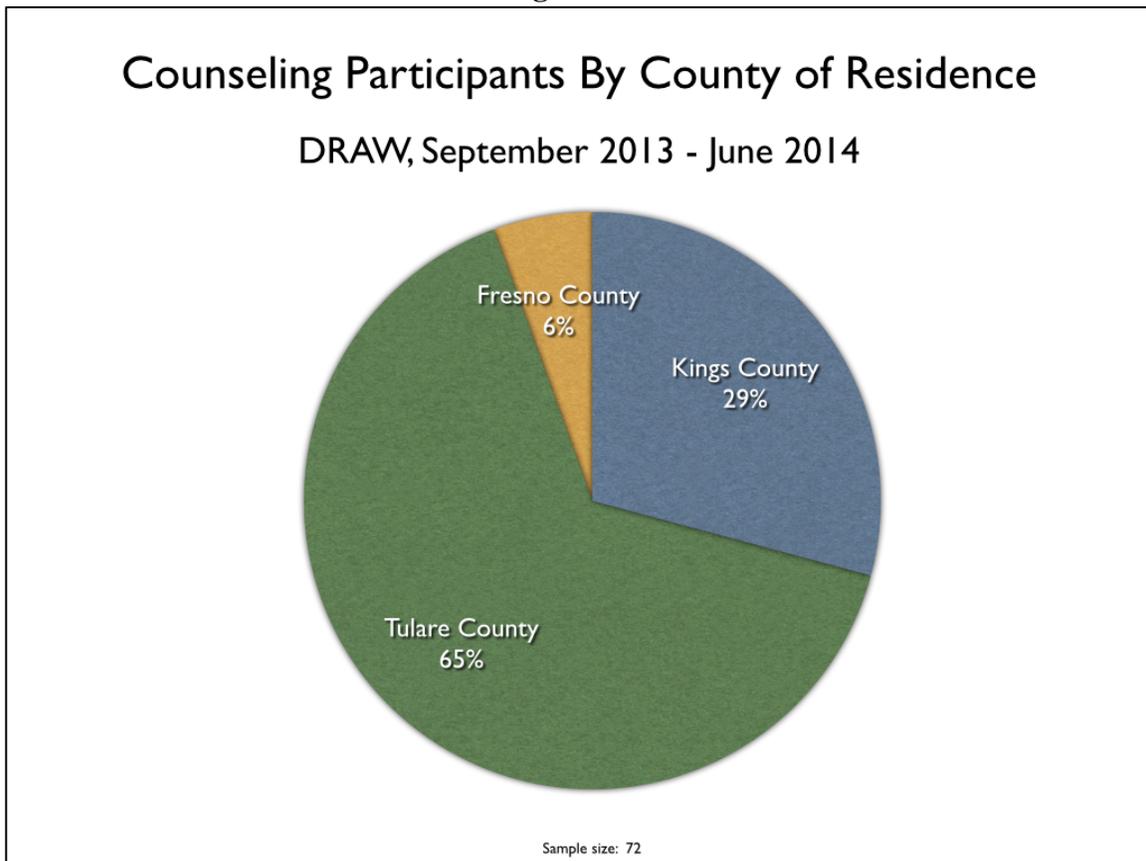
Figure 5-1 shows the percentage of counseling participants who attended each institution of higher education. Twenty-nine (29, 40%) counseling participants attended San Joaquin Valley College (SJVC) in Visalia, 20 (28%) went to the Milan Institute in Visalia, 17 (24%) attended College of the Sequoias (COS) in Hanford, five (7%) went to SJVC in Hanford, and the remaining one (1) participant attended COS in Visalia. (Due to rounding, the percentages in the graphs may not sum to 100%.)

Figure 5-1



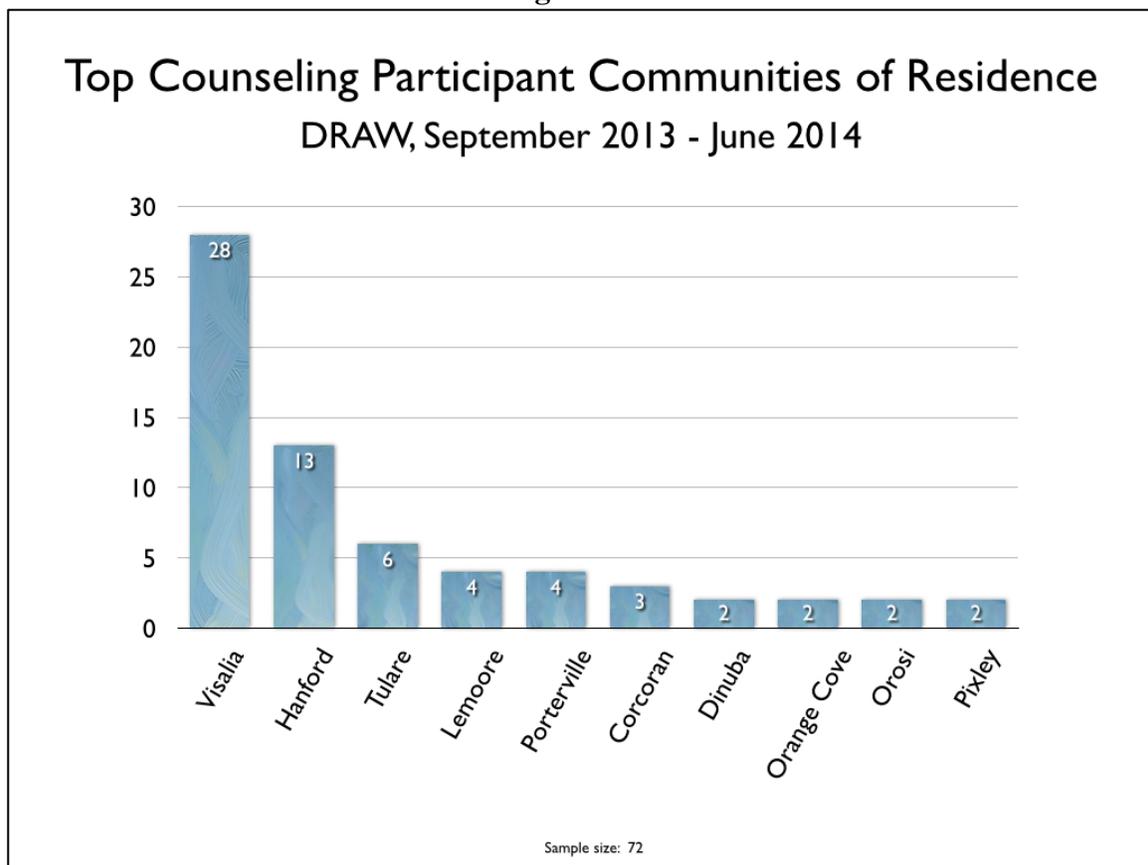
Forty-seven (47, 65%) counseling participants live in Tulare County, 21 (29%) reside in Kings County, and the remaining four (4, 6%) live in Fresno County. (See Figure 5-2.)

Figure 5-2



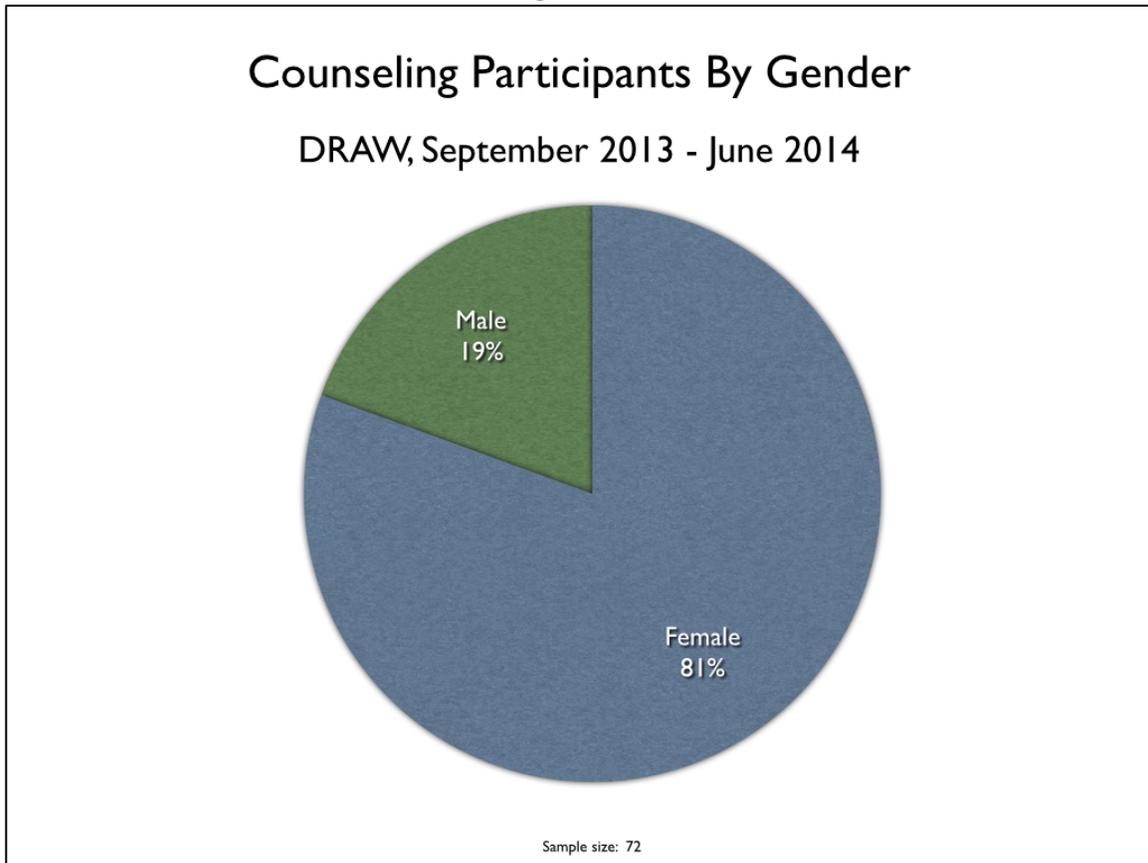
As Figure 5-3 shows, the top communities of residence of counseling participants are Visalia (28), Hanford (13), Tulare (6), Lemoore (4), Porterville (4), Corcoran (3), Dinuba (2), Orange Cove (2), Orosi (2), and Pixley (2). One counseling participant each lives in Exeter, Ivanhoe, Kingsburg, Laton, Reedley, and Traver.

Figure 5-3



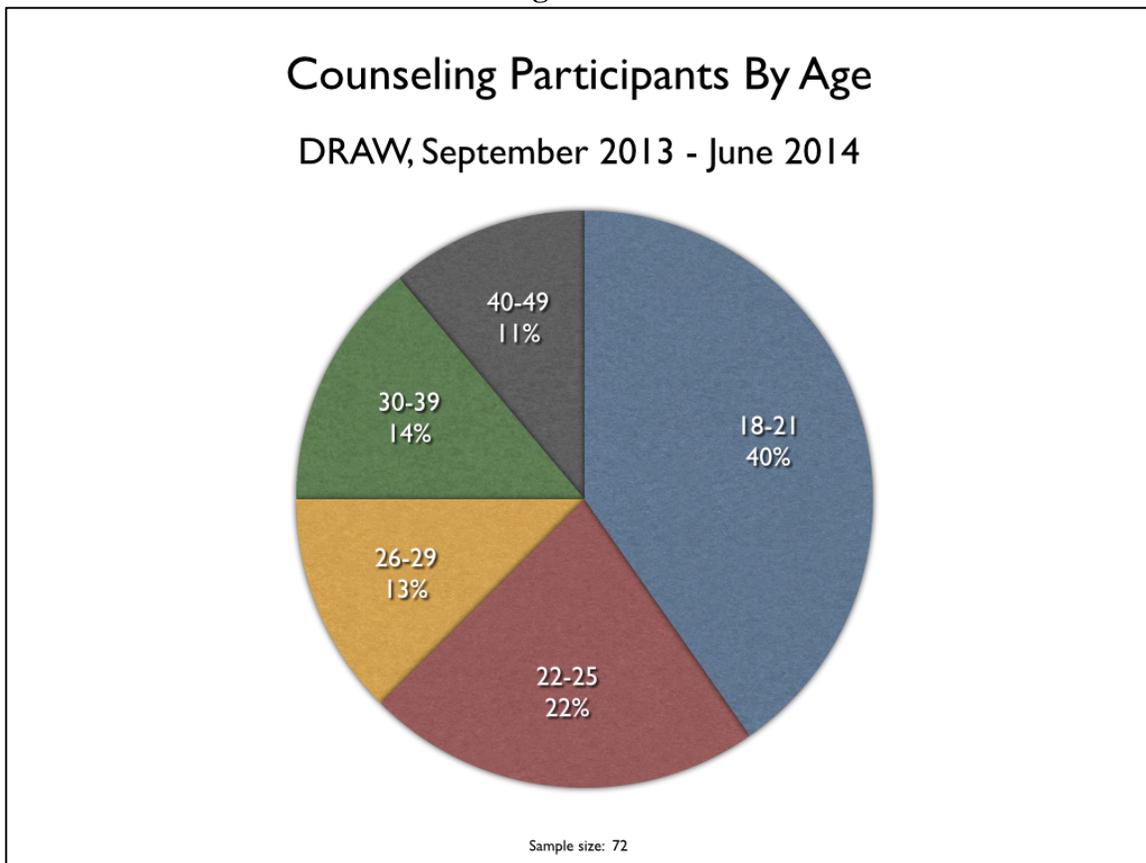
Fifty-eight (58, 81%) counseling participants are female while the remaining 14 (19%) are male.

Figure 5-4



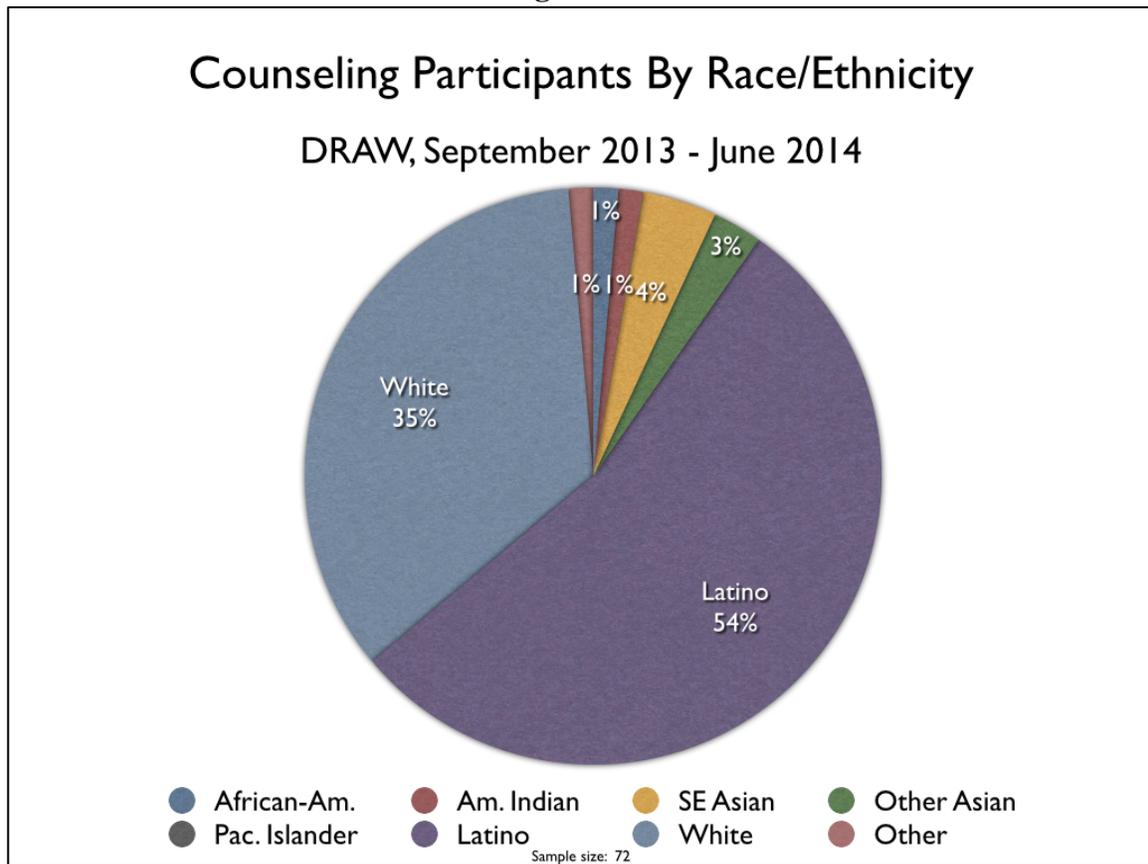
As might be expected, a plurality of counseling participants (40%) – 29 of them – is age 18-21. Sixteen (16, 22%) participants are 22-25 years old, nine (9, 13%) are 26-29, 10 (14%) are 30-39, and eight (8, 11%) are 40-49. These data show vividly that DRAW does not just serve young adults, but rather adults across much of the age spectrum, including a sizeable percentage (11%) in the 40-49 age range. (See Figure 5-5.)

Figure 5-5



A majority (54%, 39) of the counseling participants is Latino, 25 (35%) are white, three (3, 4%) are Southeast Asian, two (2, 3%) are Asian other than Southeast Asian, and one participant each (3%) is African-American, American Indian or Alaskan Native, and Other.

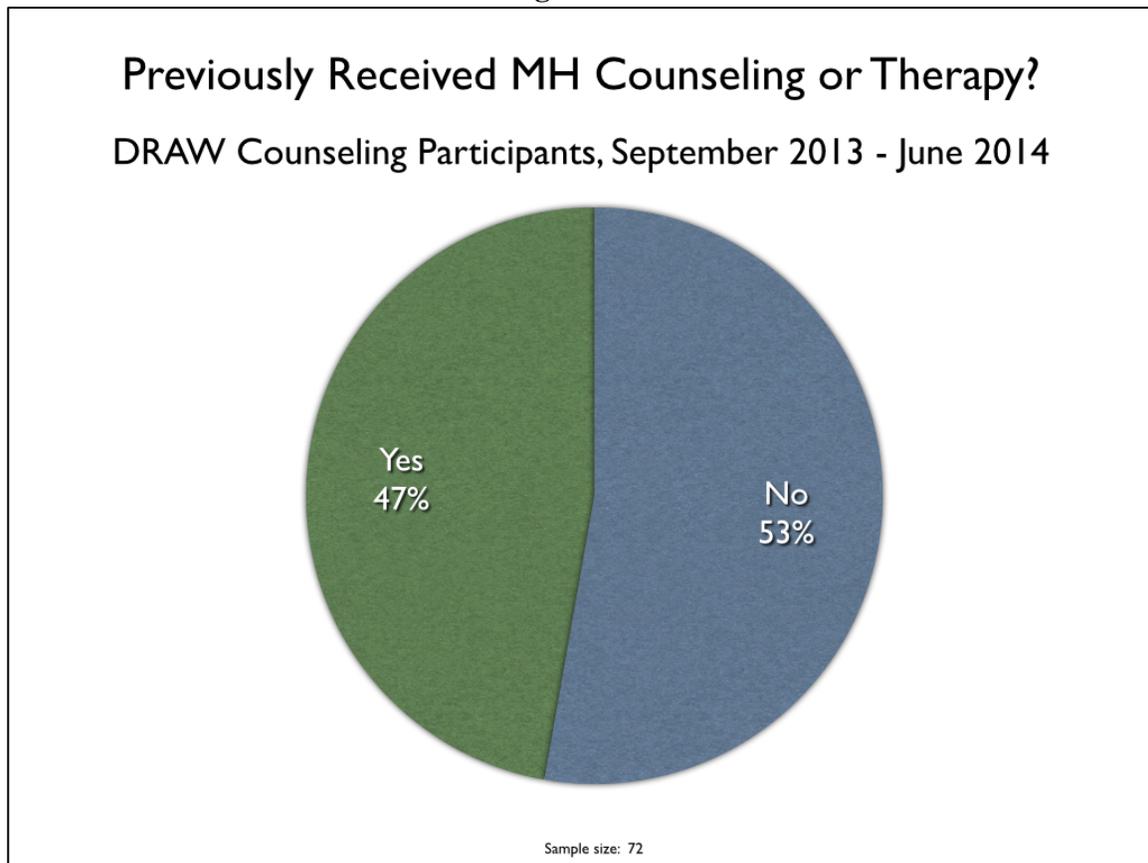
Figure 5-6



B. Medical and Mental Health Characteristics

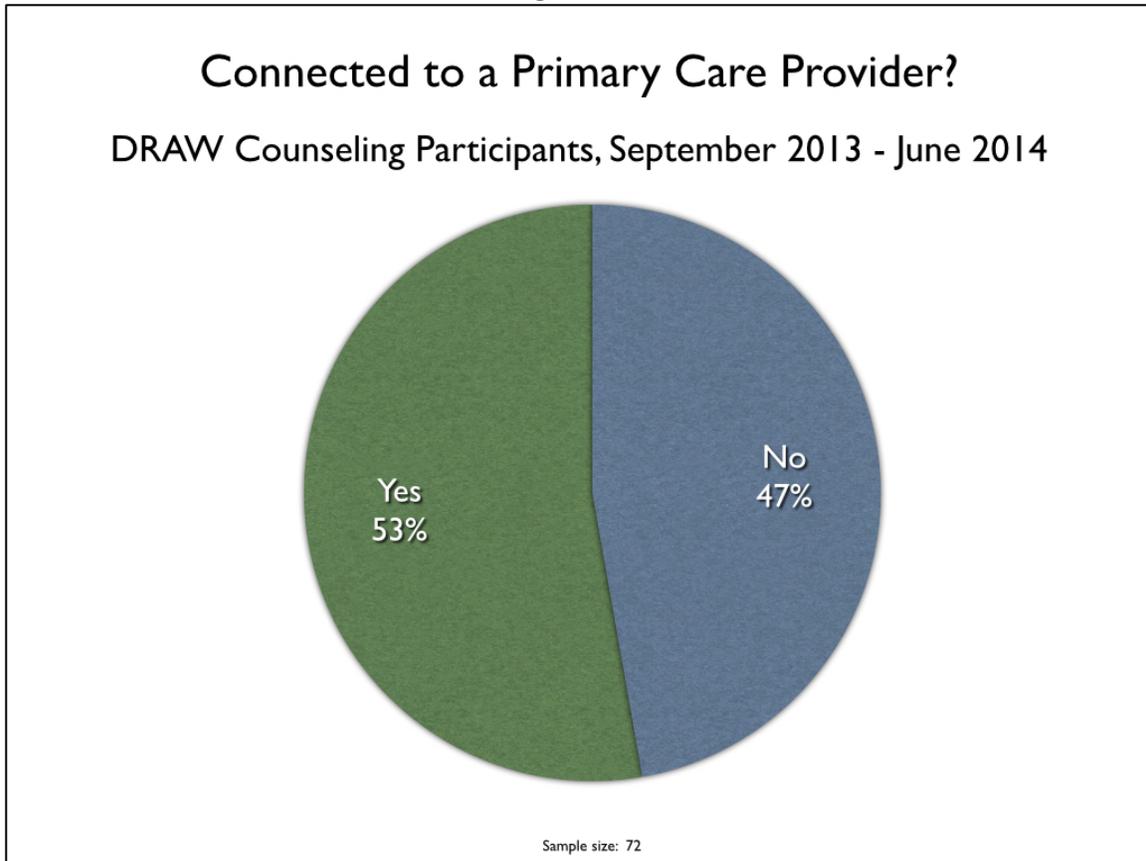
Nearly half (34, 47%) of the counseling participants say they previously received mental health counseling or therapy.

Figure 5-7



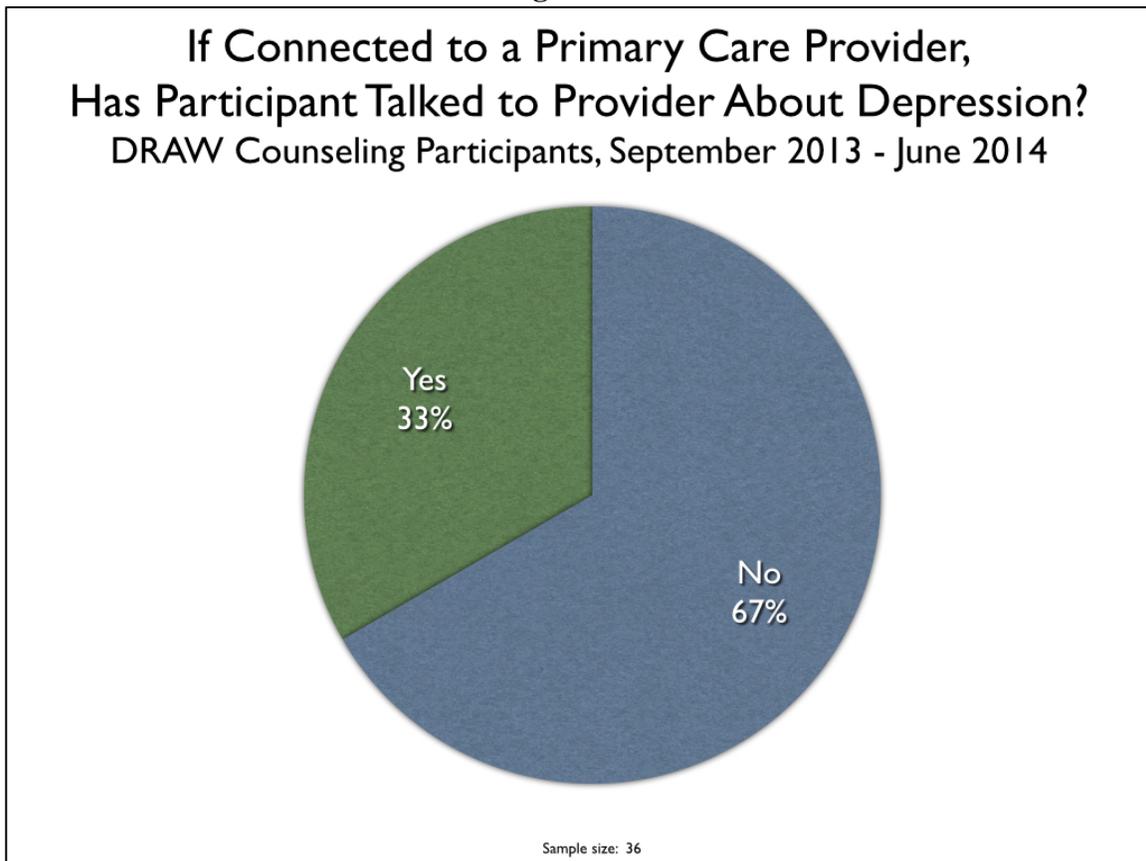
A majority (38, 53%) of the counseling participants indicate that they are connected to a primary care provider.

Figure 5-8



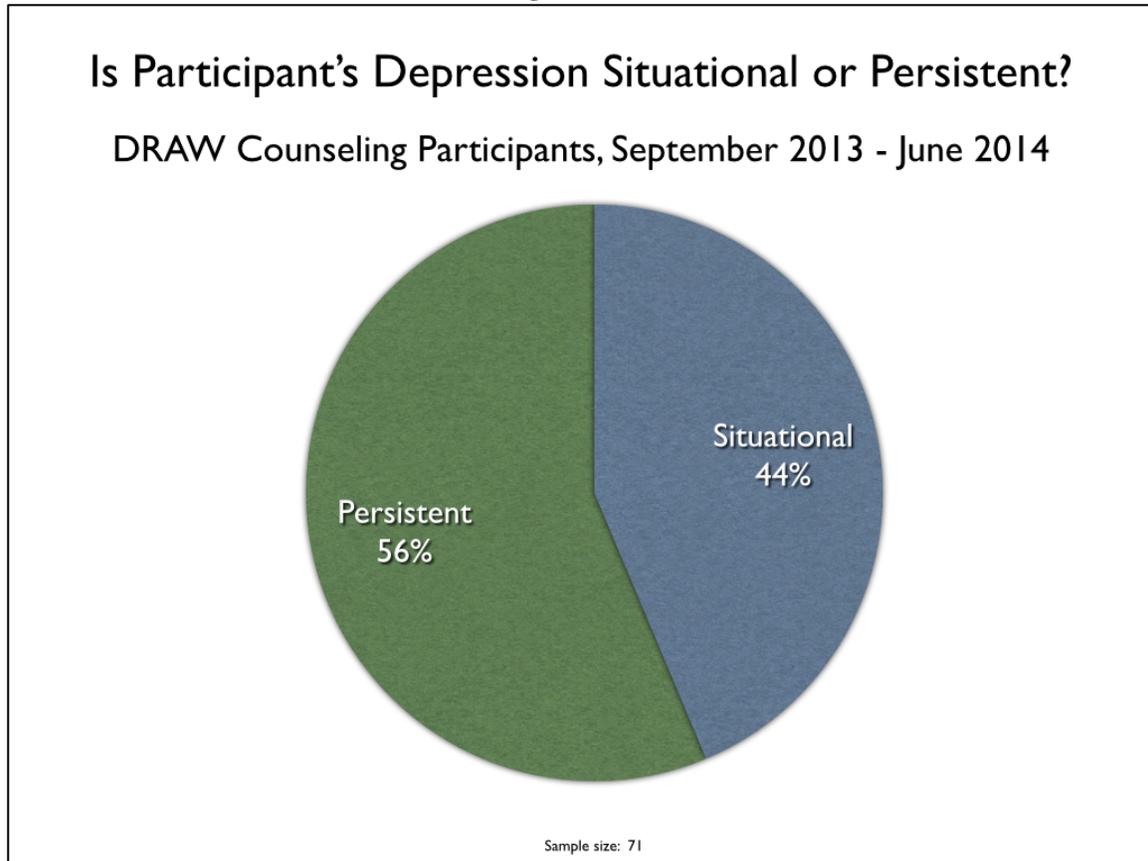
Program staff asked those participants who are connected to a primary care provider whether they have talked to their primary care provider about depression. Just one-third (33%) of those who responded to the question (12 counseling participants) say that they have.

Figure 5-9



Over half (40, 56%) of the counseling participants exhibit persistent depression, according to DRAW program staff, who are trained mental health clinicians. The remaining 44% (31 participants) exhibit situational depression.

Figure 5-10



C. Counseling Outcomes

At the end of their series of counseling sessions (from one to four sessions), the participants are asked to fill out a confidential survey.

On this survey the counseling participants were asked, “If DRAW Program counseling had not been available to you, how likely is it that you would have accessed mental health services elsewhere?” Their mean response, shown in Figure 5-11, fell between “unlikely” and “neither likely nor unlikely.”

Figure 5-12, on the following page, displays the counseling participants’ individual responses to this question. Six in ten (60%) responded either “unlikely” or “very unlikely.”

Figure 5-11

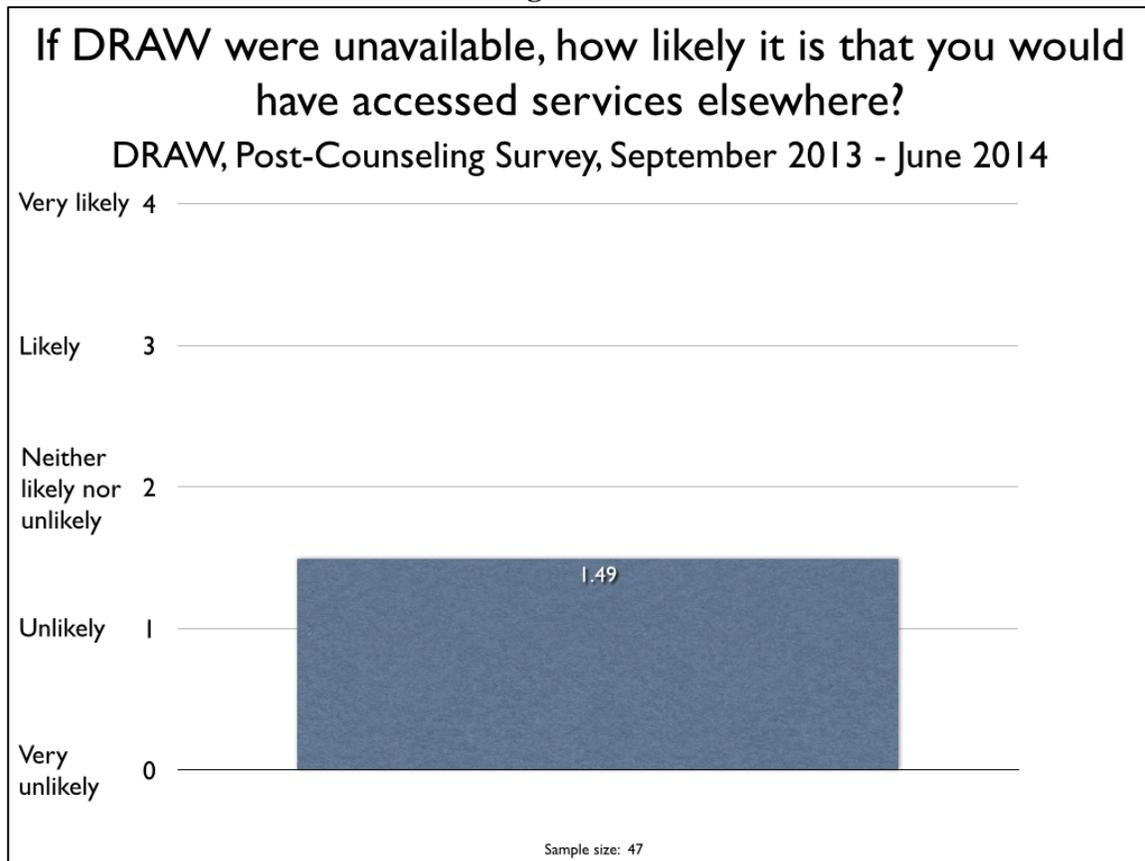
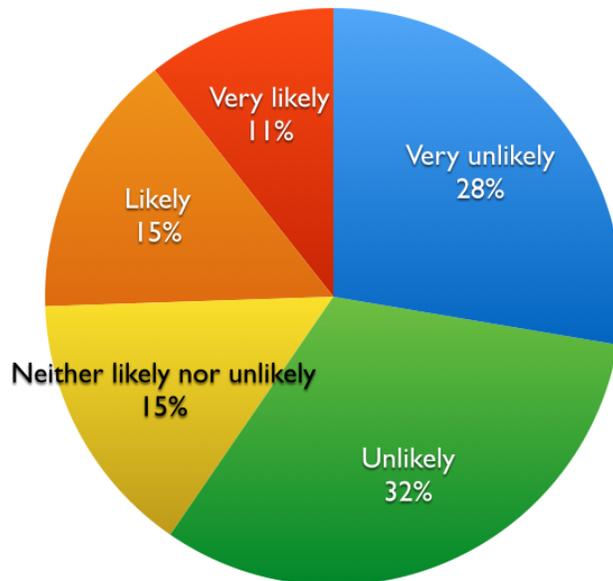


Figure 5-12

If DRAW were unavailable, how likely it is that you would have accessed services elsewhere?

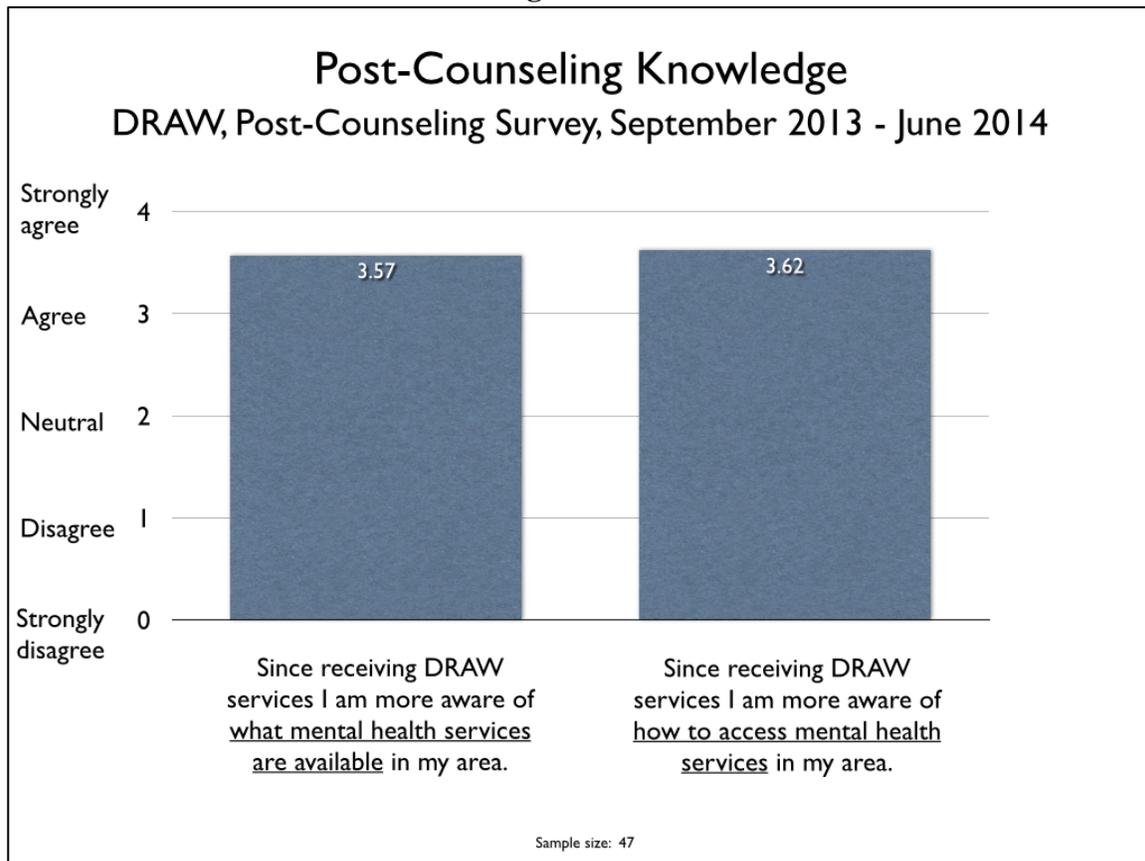
DRAW, Post-Counseling Survey, September 2013 - June 2014



Sample size: 47

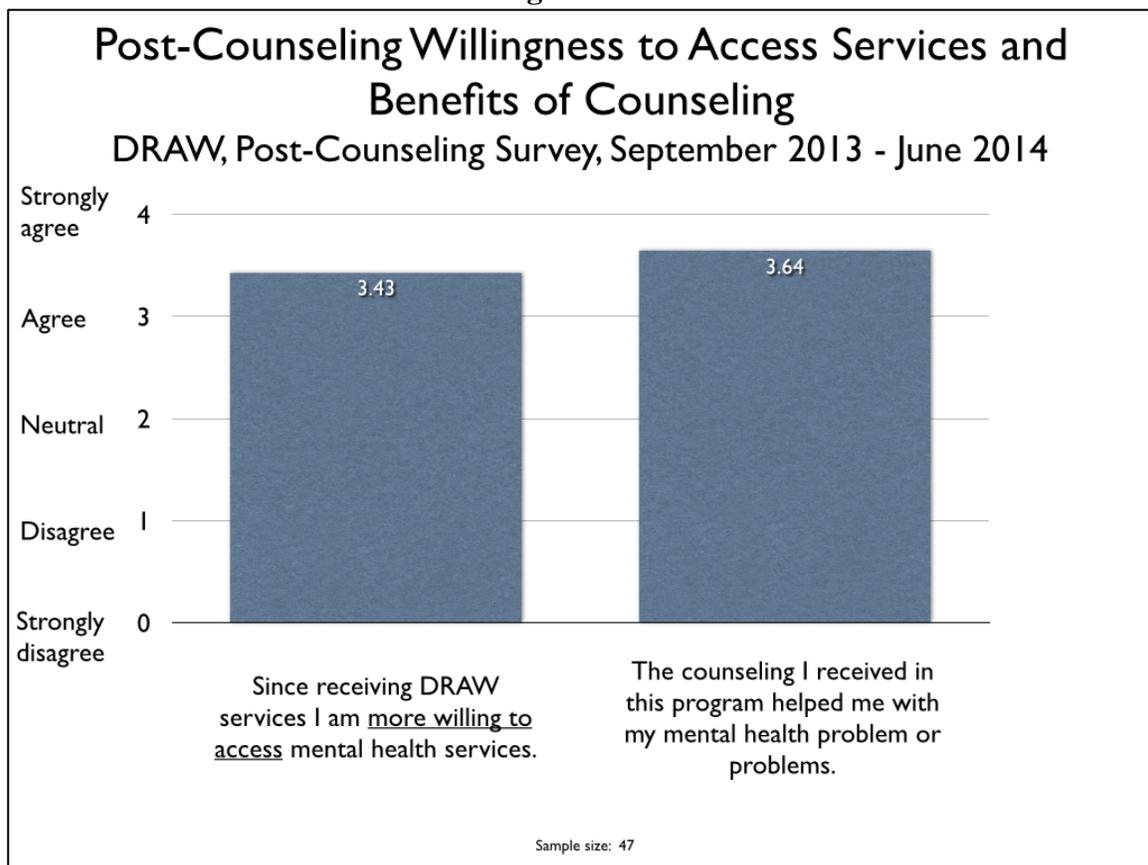
On a very positive note, on average the counseling participants responded between “agree” and “strongly agree” (3.6 out of 4.0) to “Since receiving DRAW services I am more aware of what mental health services are available in my area” and to “Since receiving DRAW services I am more aware of how to access mental health services in my area.”

Figure 5-13



The counseling participants, on average, responded between “agree” and “strongly agree” (3.43 out of 4.00) to “Since receiving DRAW services I am more willing to access mental health services” and (3.64 out of 4.00) to “The counseling I received in this program helped me with my mental health problem or problems.”

Figure 5-14

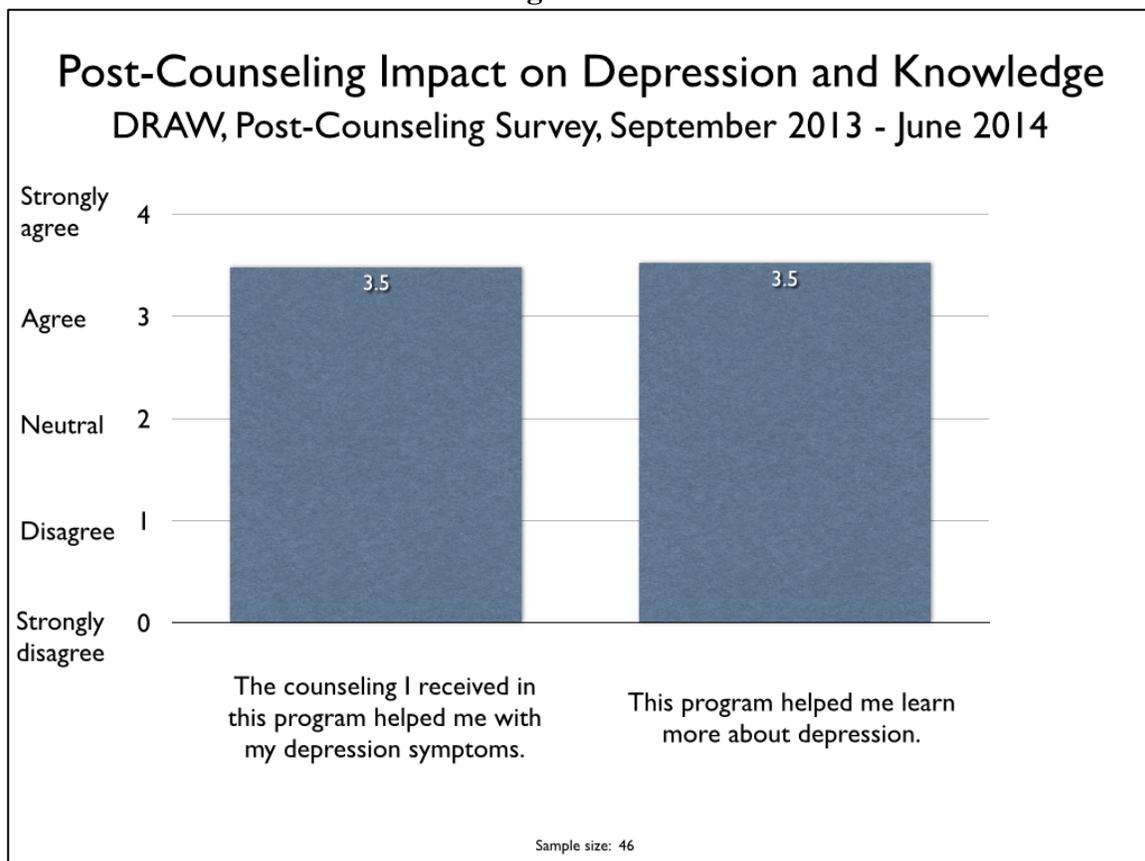


The counseling participants, on average, responded between “agree” and “strongly agree” (3.5 out of 4.0) to “The counseling I received in this program helped me with my depression” and to “This program helped me learn more about depression.”

Reduction of untreated depression is one of the DRAW Program’s three goals. Both the offer of counseling services to students with depression as well as their expressed belief, on average, that the counseling helped them with their depression indicate that this goal has been achieved.

Clearly, these results and the ones shown on the previous two pages are highly positive. They demonstrate that DRAW has been making its participants more aware of the mental health services available locally, educating them about how to access these services, increasing their willingness to access services, teaching them about depression, and helping them with their mental health problems. These outcomes indicate that DRAW has been achieving some of its key goals.

Figure 5-15

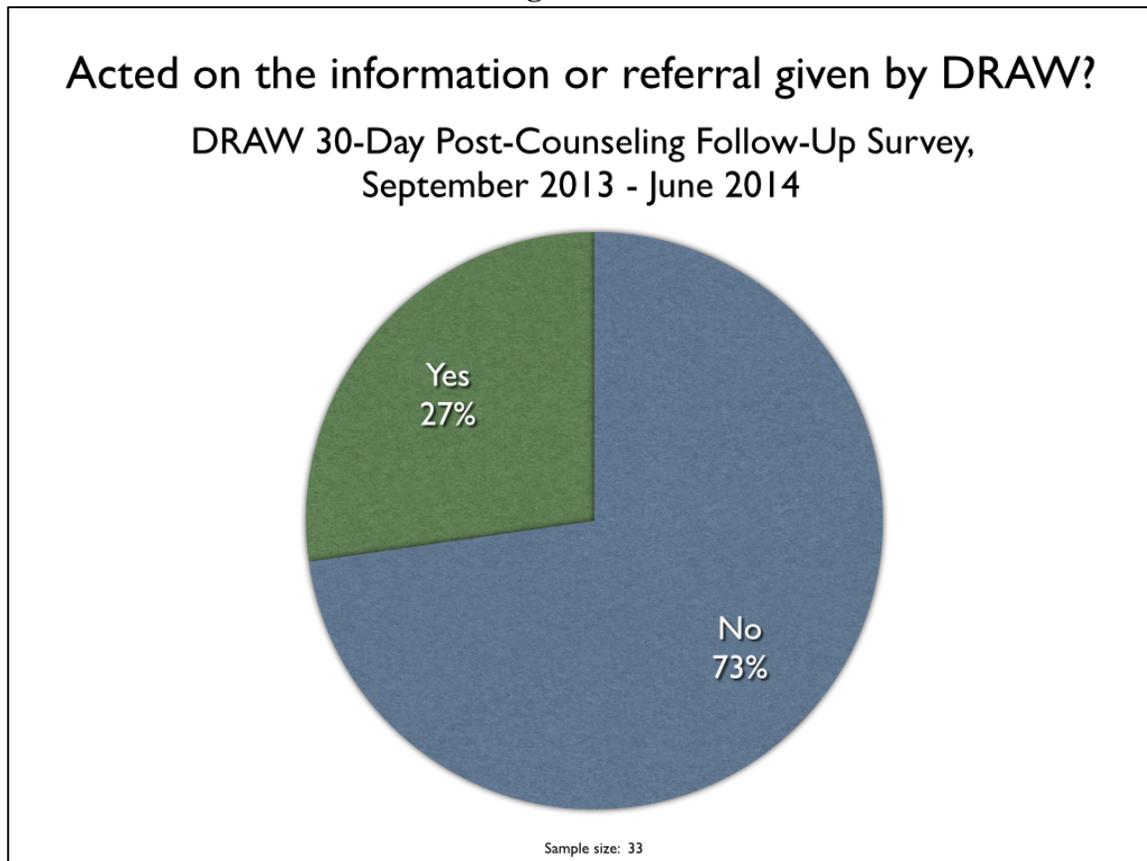


Approximately 30 days following the end of DRAW counseling services, the counseling participants are asked to complete a telephone survey. The survey is administered by the DRAW Program Coordinator, not the staff member who provided the counseling.

Nearly one-third (27%, 9) of the 33 responding counseling participants say they were able to make contact with the referral(s) the counselor provided to them. (See Figure 5-16.)

Beginning in May 2014, the interviewer asked the participants who were not able to make contact with the referral why they did not. Five (5) participants say they did not make contact because they were feeling better; two (2) said they had not had time to do so yet; one (1) was contacted by Kings View; one (1) said she attempted to make contact, but all of the options were too expensive; and one (1) did not make contact because she was going to be moving in the next month.

Figure 5-16



On a highly positive note, the responding counseling participants indicated that the information and/or counseling they received from the DRAW therapist was between “helpful” and “very helpful” (3.64 out of 4.00), on average. (See Figure 5-17.)

Figure 5-18, on the following page, shows the individual counseling participants’ responses. Twenty-one (64%) indicated that the information and/or counseling were “very helpful” while the remaining 12 (36%) said they were “helpful.”

Figure 5-17

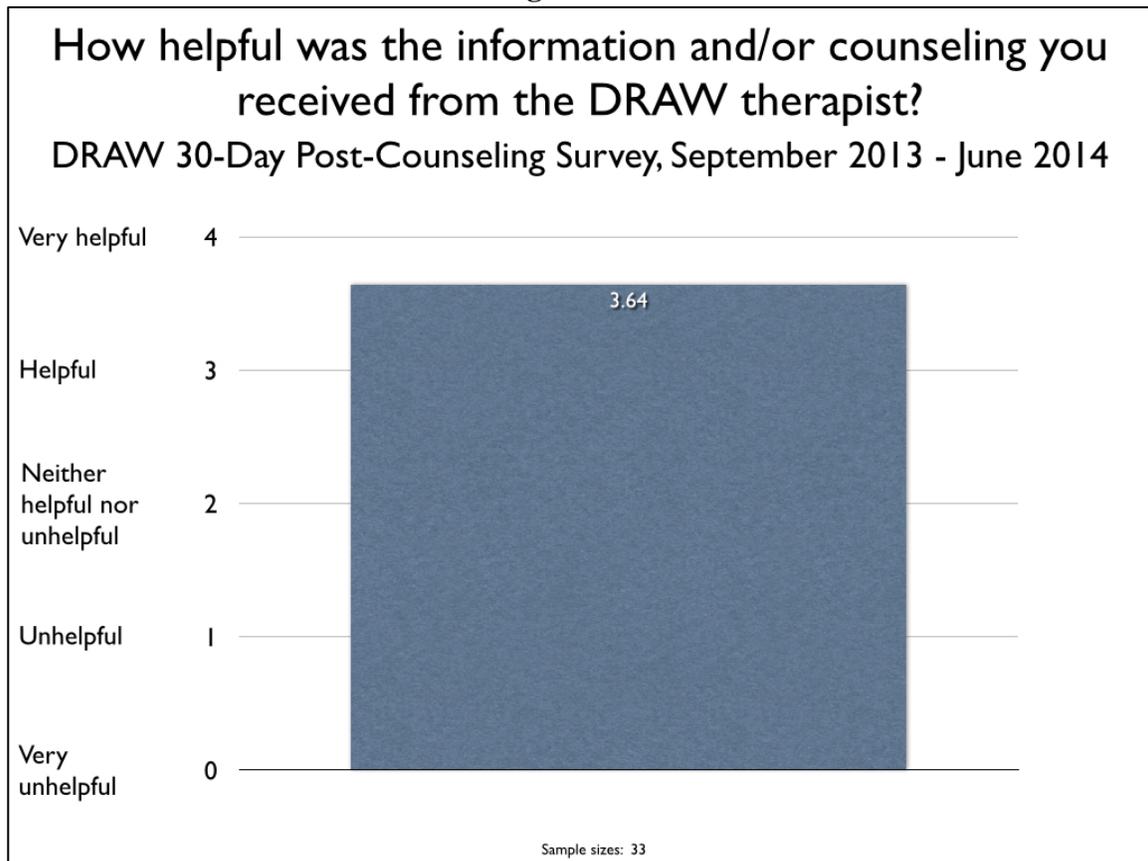
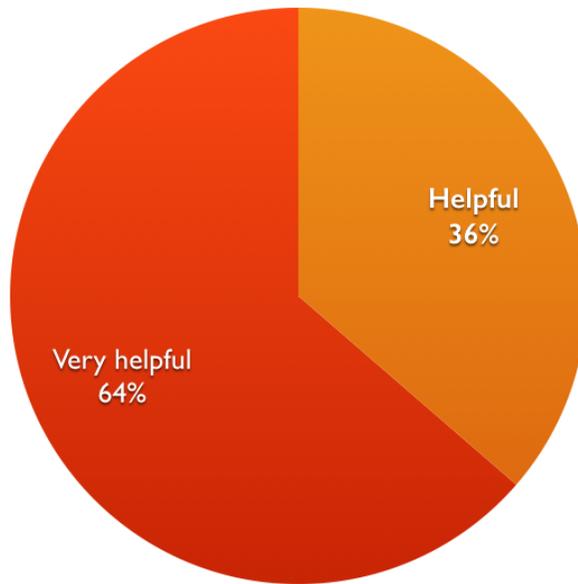


Figure 5-18

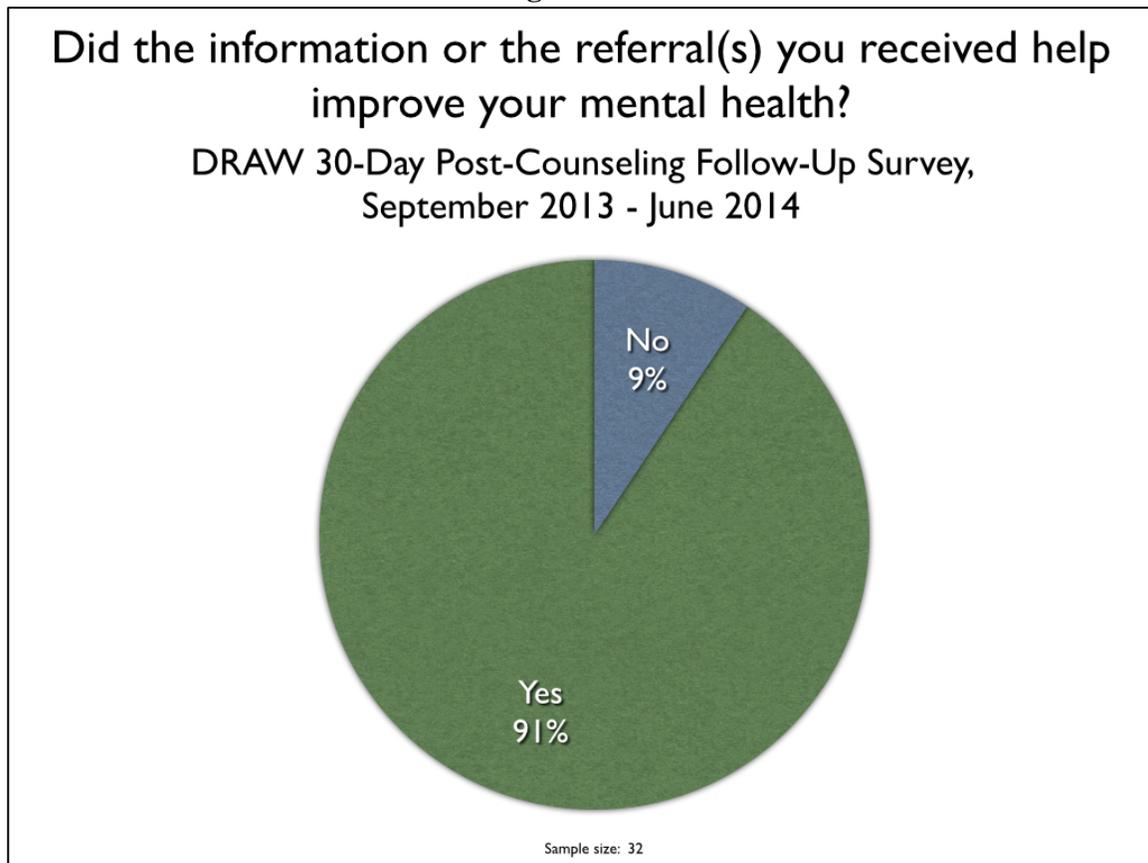
How helpful was the information and/or counseling you received from the DRAW therapist?
DRAW 30-Day Post-Counseling Survey, September 2013 - June 2014



Sample size: 33

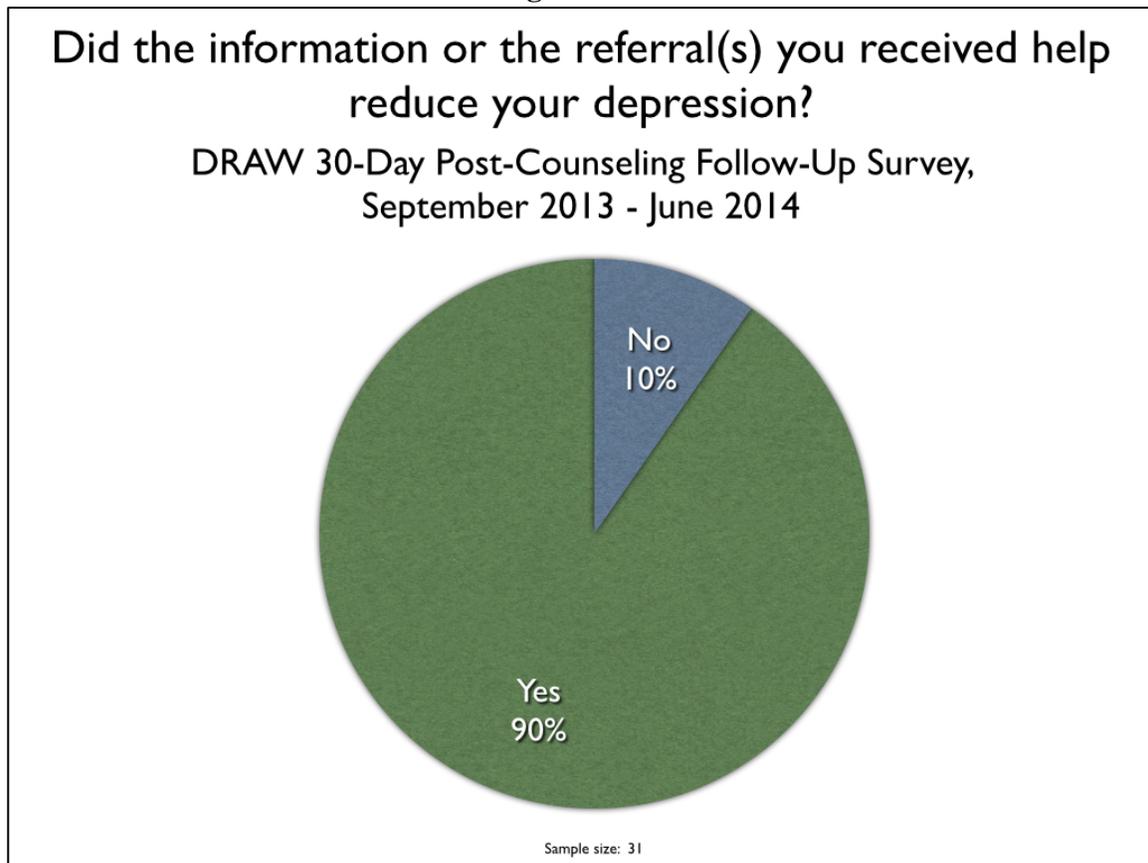
Another highly positive outcome is that 91% (29) of the responding counseling participants indicated that the information or the referral(s) they received from DRAW helped to improve their mental health.

Figure 5-19



Similarly, 90% (28) of the responding counseling participants indicated that the information or the referral(s) they received from DRAW helped to reduce their depression.

Figure 5-20



D. Feedback from Counseling Participants

At the end of the post-counseling survey, the participants were asked, “How could your experience in counseling or with the DRAW Program in general have been improved?” The following are their responses, sorted by category:

No Suggestions / It Was Good, Great, Etc. (19 responses)

- “It was great.” (2)
- “It was perfect.”
- “Nothing. The experience was perfect. I feel more aware of the services available and more aware of my depression and how to cope with it.”
- “I am very happy with my experience. I don’t know how it could have been improved.”
- “It couldn’t. The sessions were great as they were.”
- “None. It was professional & great. Very comfortable talking to her.”
- “Couldn’t have been better. She was very understandable.”
- “(NO IDEA’s) Keep up the good work.”
- “It’s hard to say because I am so happy that this was available. I can’t believe that there is an answer and a way of dealing with what has been going on with me.”
- “I feel my experience was excellent. I feel much better in general and when I feel a problem arising I can quickly assess and deal with it. My experience was wonderful!! Thank you!”
- “Yes, it has helped me in many ways. I have improved a lot. And, I am so thankful but looking forward for more counseling.”
- “Helped me how to see things in a different perspective. Got great advice on how to handle situations. I learned how to do things for myself to stay positive. It improved by getting less stress on my life. I feel more at ease. Overall I am very happy I took this step in my life. Thank you!”

- “Not at all. I feel like at every session I left feeling so much better than when I got there. Thank you so much!”
- “The service was very helpful and I received a lot of information that I could use to help me.”
- “Having someone to talk to and understand and help me cope with my problems helped tremendously!!! It is the best experience!!”
- “I think the program lived to its potential. It was quite helpful. I think without this program I would’ve still been in a rut.”
- “The DRAW program helped me be more aware of myself and feeling. It takes more to become who you want to become and shutting things out is not the easiest thing to do and it is the worst thing possible. I am more aware of how to handle myself in situations.”
- “I think it was wonderful how I was counseled. I really see a difference in myself.”

Provide More or Longer Counseling Sessions (9 responses)

- “I don’t think there are many, if any, ways it could be improved - besides maybe more sessions! Either way, it was a tremendous help and even in my 3 visits I feel we have accomplished so much! THANK YOU! :)”
- “I think things might work a little better if more counseling was available to the students through DRAW. The 3 sessions are over too quickly in my opinion. 3 sessions allow students to become comfortable with their counselor and then it’s over and on to another counseling service.”
- “It was a great experience, I just wish I had more sessions!”
- “To have a few more sessions.”
- “More sessions :-)”
- “More days to be seen.”
- “More sessions and longer sessions.”
- “More time available if needed.”
- “Taking more time to talk to people and giving more advices.”

The Counseling Did Not Help (1 response)

- “This counseling section is not beneficial for me. I’m more interested in being referred to Veteran’s Services.”