Advancing the Provision
of Mental Health Services
and Supports on College
and University Campuses
**TOOLKIT AND
RESOURCE GUIDE**

November 2018

Contents

Advancing the Provision of Mental Health Services and Supports on College and University Campuses:
Toolkit and Resource Guide – November 2018

Page 3

Acknowledgments

This Toolkit and Resource Guide would not have been possible without the contributions of the following individuals.

Our Key Informants:
- Dr. Keith Anderson, Psychologist, Rensselaer Polytechnic Institute
- Dr. Elizabeth Gong-Guy, Executive Director of UCLA Campus and Student Resilience, UCLA
- Mr. Peter Rives, Assistant Director of Wellbeing - Alcohol and Substance Abuse Prevention, Wake Forest University Wellness Center
- Dr. Bryant Ford, Psychologist, Dartmouth College Counseling Center
- Mr. Lee Swain, JED Foundation Director, JED Campus
- Dr. Linda Hancock, Director, VCU Wellness Center
- Dr. Micky Sharma, Director, Counseling and Consultative Service, Ohio State
- Ms. Kathy Douthat, Co-Chair of Community College Task Force, American College Counseling Association

Our Subject Matter Expert Panelists:
- Ms. Carly Wickham, Student, Emerson College, Class of 2018
- Ms. Vanesa Perez, Student, University of Virginia, Class of 2018
- Ms. Lisa Halpin, Parent of student recovering from substance abuse
- Leslie Caplan, Program Officer, National Institute on Disability, Independent Living and Rehabilitation Research
- Ms. Johanna Bergan, Executive Director, Youth Move National
- Dr. Greg Eells, Director of Counseling Services, Cornell University
- Dr. Alene Waller, Student Health Physician, University of Richmond
- Dr. Jane Wiggins, Director, Campus Suicide Prevention Center of VA
- Dr. Marsha Ellison, Deputy Director, Transitions Research and Training Center, UMass Medical School
- Ms. Roz Blogier, Public Health Advisor, SAMHSA

Our counterparts and collaborators at SAMHSA:
- Ms. Diane Sondheimer, Deputy Chief of Child, Adolescent, and Family Branch
- Ms. Amy Andre, Public Health Advisor, Child, Adolescent, and Family Branch

Our pilot institutions:
- Rennselaer Polytechnic Institute: Keith Anderson, Nii Opare-Addo, Janelle Fayette, Kevin Readdean
- James Madison University: Jane Wiggins and Janice Lewis

Advancing the Provision of Mental Health Services and Supports on College and University Campuses:
Toolkit and Resource Guide – November 2018

Page 4

Purpose and Organization of Toolkit and Resource Guide

The purpose of this Toolkit and Resource Guide is to provide a framework for US-based colleges and universities to advance their approach to mental health services and supports to their students. At a time when student demand for mental health services and supports has never been greater, so, too, has the challenge never been greater for universities to find ways to keep pace with this demand. In practice for colleges and universities, this means re-thinking their approach to mental health service and support provision, identifying areas of improvement with respect to how current systems are structured, examining novel ways of providing mental health services and supports, and finding new opportunities for collaboration beyond traditional individual counseling.

This Toolkit and Resource Guide (hereafter referred to as "the Toolkit") aims to support colleges and universities in this important journey. The Toolkit contains the following modules, which each examine a different aspect of this journey.

▶ Module 1: Reaching Scale with Mental Health Services

▶ Module 2: Training College/University Faculty and other Personnel on Mental Health

▶ Module 3: Improving Data Management and Integration

▶ Module 4: Helping Students Overcome Cost, Time, Transportation, and Emotional Barriers to Seeking Care

▶ Module 5: Linking Students with Academic Accommodations

▶ Module 6: Case Management and Crisis Management Systems

▶ Module 7: Planning and Budgeting for Mental Health Services

▶ Module 8: Helping Students Build Resilience and Coping Skills

▶ Module 9: Utilizing Technology to Connect Students to Mental Health Services

▶ Module 10: Improving Mental Health Equity

▶ Module 11: Special Considerations for Different Types of Universities

Importantly, the authors of this Toolkit acknowledge that advancing the provision of mental health services and supports on college and university campuses should not be a "one size fits all" approach. As such, we do not seek to offer a single, prescriptive approach that every university should follow. Recognizing that each institution has its own unique challenges, strengths, opportunities, and constraints, this Toolkit seeks instead to provide colleges and universities with new ideas to consider, tools for decision-making, and resources from other colleges and universities to support their efforts, so that they can proceed on a path that is right for them.

Advancing the Provision of Mental Health Services and Supports on College and University Campuses:
Toolkit and Resource Guide – November 2018

Page 5

MODULE 1:
Reaching Scale with Mental Health Services

Module 1: Reaching Scale with Mental Health Services

SUMMARY OF THE CHALLENGE

The percentage of college and university students seeking mental health services has risen significantly in recent years. A 2015 report by the Center for Collegiate Mental Health documents that, between 2009 and 2015, the number of students visiting counseling centers increased by about 30% on average, while enrollment grew by less than 6%. This trend begs an important question: Is the root cause of this increase in demand an improvement in the health-seeking behavior of college and university students? Or rather, a sign that a greater proportion of college and university students are experiencing mental health issues? The answer, it appears, is both.

It is great news that health-seeking behavior is improving among college and university students. This is largely thanks to growing understanding and acceptance of mental health conditions in American society (notes from the American College Health Association (ACHA) Meeting, November 13, 2017). However, it is troubling that students today experience greater levels of depression, anxiety, and other mental health issues than ever before (Kruisselbrink & Flatt, 2013). According to an American College Health Association (ACHA) survey of more than 63,000 students at 92 schools across the country, in spring 2017, nearly 40% of college and university students said they had felt so depressed in the prior year that it was difficult for them to function, and 61% of students said they had "felt overwhelming anxiety" in the same time period (ACHA Survey, 2016). Compared to previous years, more students are coming to college having already been diagnosed with a mental illness and having taken psychiatric medications (Simon, 2017). There are several hypothesized reasons for this rise in anxiety and depression. Among these are rise in competition/economic anxiety; availability of comparative tools (such as social media) marketing perfection; and more limited coping skills (key informant interviews, 2018).

> UNIVERSITY COUNSELING CENTERS WERE DESIGNED TO PROVIDE SHORT-TERM COUNSELING. BUT NOW THEY'RE BEING TASKED WITH PROVIDING LONG-TERM THERAPY FOR STUDENTS. SO THE MODEL AS IT EXISTS NOW IS NOT SUSTAINABLE, AND IT'S A BIG CHALLENGE
>
> _____
>
> Key informant interviews, 2018

The increased demand for mental health services has, quite simply, put more pressure on college and university counseling centers than they are equipped to handle. Several key informants at college and university counseling centers noted that college and university counseling centers were designed to fill short-term, outpatient mental health needs, with a limited number of visits per student. Now they are being tasked with providing ongoing mental health counseling to any student who requests it, over the life of that student's time at the university. Therefore, the system in its current state is not equipped to meet student demand. Even schools that have the ratio of counselors to students recommended by the International Association of Counseling Services – 1 counselor to every 1000 – 1500 students – find themselves struggling to meet the demand for individual counseling services (key informant interviews, 2018). As a result, many students requesting individual counseling are not able to access it. If they do not seek out alternate forms of support, this means that they do not receive the mental health care they need.

Advancing the Provision of Mental Health Services and Supports on College and University Campuses: Toolkit and Resource Guide – November 2018

Page 7

As these trends have unfolded, there has been growing recognition among colleges and universities that individual counseling alone cannot support students' mental health needs, and that a multi-modal delivery model with less intensive treatment options must be employed to reach scale. In addition, schools are placing greater emphasis on wellness and preventive care, and on and connecting students with a treatment option that matches the type and severity of the mental health issue(s) they face. The following section, "Potential Solutions/Promising Practices", discusses the ways in which colleges and universities have approached each of these strategic elements.

POTENTIAL SOLUTIONS/PROMISING PRACTICES

Colleges and universities have responded to the increased demand for mental health services in a myriad of ways. Some schools have increased the number of counselors on campus. According to the most recent annual survey by the Association for University and College Counseling Center Directors (AUCCCD), more than 35% of college and university counseling centers hired more staff members during the 2016-17 school year. While this approach may make a small contribution to closing the gap between supply and demand of mental health services, it alone is not sufficient.

The recommended approach (regardless of whether counseling staff are augmented) is guided by the following components:

► Shifting the burden of mental health service provision away from the counseling center to a campus-wide approach.

► Shifting the focus away from treatment to wellness/prevention.

► Connecting students with mental health treatment/support services that match their level and type of need, rather than utilizing individual counseling as a "one size fits all" approach.

The "how" of these three components is discussed in further detail below.

Component 1: Taking a Campus-Wide Approach to Mental Health

While campus counseling centers should continue to play a central role in students' mental health, especially in providing students with individual and group counseling services and referring students to other providers as appropriate, campus counseling centers are not equipped to shoulder the entire burden of supporting students' mental health on their own. Taking a campus-wide approach to mental health means in large part decentralizing some of the roles and responsibilities for providing mental health services and supports, and empowering other stakeholders on campus, such as student peers and staff/faculty, to take on important roles in the school's mental health ecosystem. If done well, the result can be a continuum of mental health services that is more proactive, accessible, and responsive to students' mental health needs.

Peer-supported delivery modes:

Peer counseling – a student providing counseling to another student

Peer-led outreach – a student group holding mental health awareness event

Gatekeeper – a student linking a friend in need to counseling services

Decentralizing roles and responsibilities to peers and staff/faculty across campus can take a variety of forms and can be structured in several ways. Some illustrative examples are provided below. At many schools, the model of peer support is "mixed" and represents a combination of one or more of the typologies below.

► **Faculty, staff, and/or peers as gatekeepers**. Kirsch et al. note that many college students experiencing a mental health issue turn to their friends and peers for help first, emphasizing the importance of educating and

Advancing the Provision of Mental Health Services and Supports on College and University Campuses:
Toolkit and Resource Guide – November 2018

Page 8

empowering students to offer supports and be responsive to a friend who is experiencing distress (2014). For example, the Student Support Network (SSN) Training is one such program implemented at Worcester Polytechnic Institute in Massachusetts that recruits student leaders to participate in a 6-week training program to foster a caring and responsive campus community. The program is led by a mix of counseling center staff and non-clinical staff on campus and aims to increase awareness of mental health conditions and connect students experiencing mental health distress with supports and/or professional help. This approach is effective because it capitalizes on the tendency of students to turn to each other for help, empowering students to offer support or referrals to those seeking help while dispelling mental illness discrimination by fostering a caring, inclusive community.

▶ **Peer-led outreach and education groups**: This type of role is exemplified by Active Minds, a national organization of student leaders with the mission to educate students and dispel prejudice around mental illness. The group started at University of Pennsylvania nearly twenty years ago by a college student whose brother died by suicide, recognizing a need to acknowledge and openly discuss mental illness on her campus. It has since expanded to over 400 campus chapters nationwide (Active Minds, n.d.). These student-led groups advocate for and raise awareness on campus about mental health issues, educate peers and faculty, and advocate for improved mental health services (National Council on Disability, 2017; Jed Foundation, 2011; Stebleton, Soria, & Huesman, 2014). Many colleges support these chapters, creating an environment for collaboration and partnerships in programming with college administration, staff, and faculty (Wood, 2012; Watkins, et al., 2012). In addition to active chapters at many four-year institutions, a number of community colleges have Active Minds groups, which can help empower these students to educate and advocate their campus and community on mental health issues and support (Eisenberg, Goldrick-Rab, Ketchen Lipson, & Broton, 2016).

▶ **Peer counselors**: In this approach, students receive basic training in counseling in order to provide some form of counseling to their peers. According to the most recent AUCCCD survey, 30 percent of respondents reported that their college or university had trained peer counselors on campus (National Council on Disability, 2017). Some peer counselors provide support in-person; others provide it remotely through technological platforms. An example of the latter is UCLA's peer-supported, online-administered cognitive behavioral therapy (CBT). UCLA trained peers as counselors through their wellness center's "Resilience Peer Network". These peers were trained to support fellow students through a texting app for CBT, which is geared towards students experiencing mild to moderate depression. This serves as a convenient and efficient way to reach these students and hopefully mitigate their mental health issues before this becomes worse. It also frees up resources in the counseling center to focus on the more severe cases. If peers encounter a student with more severe issues through this online-administered CBT, they can direct them to campus counselors or other appropriate resources.

In sum, peer-led support for mental health services on college and university campuses can take a variety of forms and can do much to supplement the campus' capacity to handle student mental health issues. However, despite this, it should not be viewed as a panacea for reaching scale on mental health service provision. Officials in the Department of Health and Human Services (DHHS), as well as Youth M.O.V.E., one of the leading non-profits in the space of college mental health, agree that peer support should not be viewed as a complete substitute for traditional counseling; rather, it should be viewed as part of a continuum of services provided on college campuses.

In addition to decentralizing roles and responsibilities, the other hallmark of the campus-wide approach is utilizing interdisciplinary teams composed of individuals across the school to establish a campus-wide environment that supports mental health and wellbeing (Jed Foundation, 2011). At colleges and universities that utilize such groups, these groups meet regularly throughout the year, and are often composed of students, faculty, college/university leadership, disability services offices, and resident life personnel. Their charge could be broad (e.g., to discuss the

MODULE
1

Summary
of the
Challenge

Potential
Solutions/
Promising
Practices

Decision-
Making
Tools/
Exercises

Selected
Resources

Advancing the Provision of Mental Health Services and Supports on College and University Campuses:
Toolkit and Resource Guide – November 2018

Page 9

types and design of mental health services and their funding), or narrow (e.g. case management, suicide prevention, etc.). Establishment of such a coalition or taskforce can enhance engagement with campus administration and aid in fostering a positive environment for mental health that is responsive to, and well-grounded in, student needs. This is discussed further under Module 6 of this toolkit, particularly as it relates to case management and crisis management.

Component 2: Shifting the Focus Away from Treatment to Wellness/Prevention

To make optimal use of mental health human and financial resources, and to generate better mental health outcomes for students, many campuses have shifted the focus of their mental health efforts from treatment to prevention (or "wellness"). The ultimate goals of this approach are to encourage self-care and wellness among students, to help them pinpoint mental health issues early and address them proactively, and to prevent crises to the extent possible. This is the "public health approach" to mental health recommended by the Jed Foundation.

> IT'S EASIER TO TEACH A STUDENT TO MAINTAIN WELLNESS THAN TO BRING THEM BACK TO WELLNESS ONCE THEY'VE LOST IT.
>
> ⸻
>
> Dr. Jane Wiggins, Director, Campus Suicide Prevention Center of Virginia

Examples of wellness initiatives that have been implemented on college and university campuses include but are not limited to:

▶ Mental health awareness, education, or outreach events

▶ Mindfulness or meditation group sessions

▶ Mental health screenings to identify students in need of support

▶ Publications and other signage dedicated to raising awareness of mental health conditions, treatment options, or suicide prevention

▶ Other efforts to improve the campus culture with regard to acceptance and awareness of mental health issues

On some campuses, wellness programming is run by the counseling center, often by an Outreach Coordinator or similar. On other (better-resourced) campuses, there is a "Wellness Office" separate from the counseling center that handles this programming. It is ideal if the wellness office, counseling center, and student health center are co-located in the same building or group of adjacent buildings, so that students can be easily referred among offices (key informant interviews, 2018).

The University of Minnesota is an example of an institution that has undergone a cultural shift in its approach to mental health to a comprehensive, public health approach that reaches across the entire campus and touches students, faculty, and staff (Ringeisen, Ryder-Burge, Langer Ellison, Biebel, & Alikhan, 2015). The university has implemented a variety of initiatives that work collaboratively to address mental health and wellbeing of students. Examples include:

▶ The Provost's Committee on Student Mental Health, which contains members who represent the University and the larger community, was initially formed to change the overall outlook of mental health at the University;

▶ The Behavioral Consultation Team, which responds to and provides advice to students at risk of harming themselves or others;

▶ Signs posted on bridges around campus with a 24/7 number people can call to speak with a university-trained crisis counselor;

▶ A disability resource center that provide accommodations to students with documented disabilities, including mental health conditions, and educates faculty and staff on mental illness and resources and supports available; and

▶ An on-campus mental health clinic that organizes a number of events to educate and promote mental health each year.

Advancing the Provision of Mental Health Services and Supports on College and University Campuses: Toolkit and Resource Guide – November 2018

Page 10

Wellness efforts have the potential to make a significant positive impact on the mental health of students. However, the uptake of such activities is mixed, given students' limited time and the fact that they may not view themselves as "needing" to participate in wellness activities. As a next step, to increase exposure to wellness activities, several university staff and faculty we interviewed recommended integrating wellness efforts into the academic curriculum (key informant interviews, 2018). This could take several forms, such as:

Connections being formed between wellness efforts and curricula

- Having a core class for first-year students on a wellness topic, such as positive psychology, mindfulness, meditation, etc.
- Conducting mindfulness meditation for the first few minutes of class (key informant interview, 2018)
- Giving academic course credit for participating university wellness activities

Component 3: Connecting Students with Mental Health Services Appropriate to their Need

The idea that students should be connected with mental health treatment/support services that match their level and type of need is gaining traction. As one of our subject matter experts put it, "Not every student needs counseling" (Subject Matter Expert panel, 2018). This idea has a basis in the "Stepped Care" model championed by Peter Cornish of the United Kingdom. Cornish argues that the issue in many health systems (applicable to college/university campuses as well) is that the system is geared towards high-intensity interventions, when in reality, patients need care on a continuum consisting of various levels (Siebarth, 2017). Stepped Care 2.0 takes the UK model and the re-imagined model described by O'Donahue and Draper (2011) and extends it to health and mental health promotion and illness prevention activities. Developed at Memorial University in Newfoundland, Stepped Care 2.0 works to increase access to mental health services while maximizing effectiveness and efficiency in resource allocation. It does so by educating and empowering patients/students to manage their own care to the best of their ability. In step one, patients meet with a counselor and together they determine the patient's/student's level of need. "Patients with sub-thresholds and mild depression are offered inventions of low intensity such as psycho-education, self-help counseling, physical exercise recommendations or problem-solving treatment (Franx, et al., 2012). Structured similarly to an academic course, these initial steps of the model decrease demand on counselors' time offering readings, workshops, online courses, etc. outside the traditional counselling environment. Patients with more severe problems or those who do not successfully respond to these initial steps are offered more intensive treatment options. Stepped Care 2.0 integrates a range of established and emerging online mental health programs systematically along dimensions of treatment intensity and associated student autonomy. Treatment intensity can be either stepped up or down depending on the level of patient distress or need. A major component of this system is monitoring and assessment, empowering the patient to participate in the decision-making process but also ensuring appropriate levels of care.

College and university campuses in the US are beginning to apply the stepped care methodology to their mental health service provision. According to the AUCCCD 2017 survey, 12.4% of counseling centers nationwide are employing the stepped care approach. While encouraging, this percentage is relatively low, and it would be ideal if more colleges and universities could adopt this approach.

In a similar vein, many colleges and universities are implementing triage systems to assess students' level of need for mental health services and direct them to the appropriate type of service that matches their needs. Some schools, such as Renssalaer Polytechnic Institute (RPI), even have triage personnel available to connect with students online. According to Keith Anderson, Psychologist and Outreach Coordinator at RPI, this type of online access to triage personnel is a means to providing easier and quicker access to

counseling center services. Dr. Anderson also reports that their new triage system, in addition to being more responsive to student needs, has also had the added benefit of lightening the burden on individual counselors (key informant interview, 2018).

How the triage system works on college campuses

MODULE
1

Summary
of the
Challenge

Potential
Solutions/
Promising
Practices

Decision-
Making
Tools/
Exercises

Selected
Resources

Student with Mental Health Concern	→	Triage Counselor	→	Hospitalization	Moderate to severe cases
				Individual Counseling	
				Peer Support	Mild to moderate cases
				Peer Support	
				Online CBT	
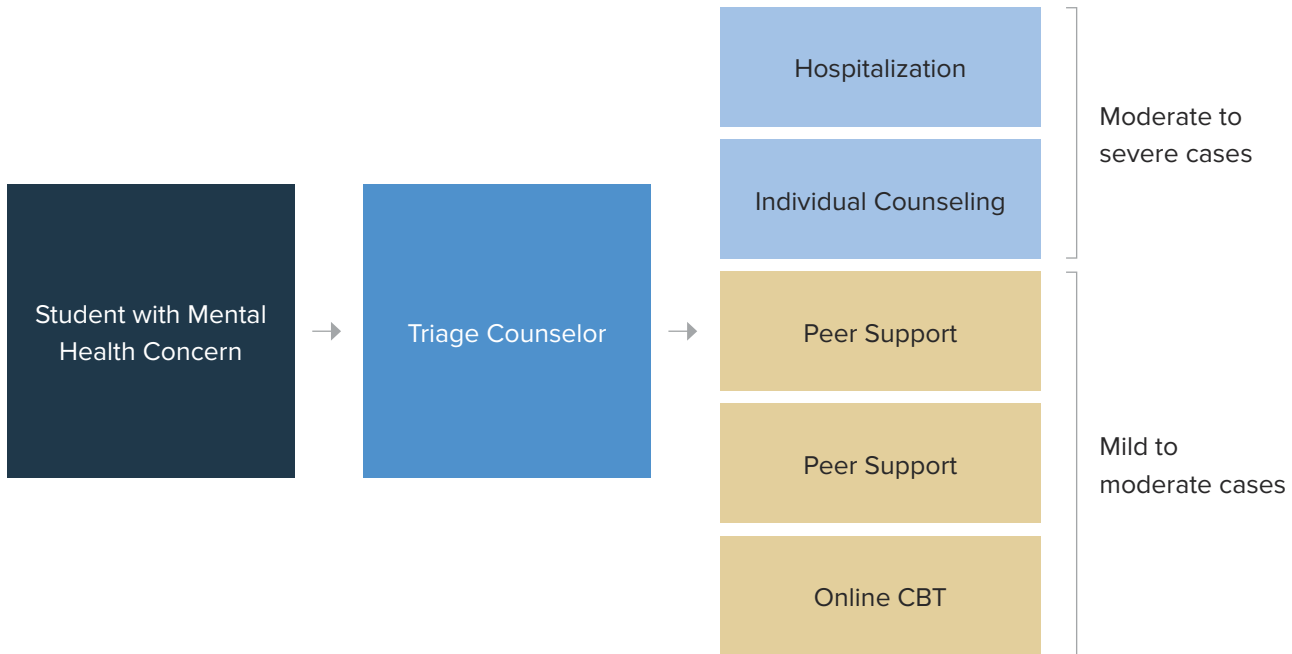
Indeed, this seems to be recognized by other colleges and universities, which (when presented with the opportunity to hire additional counseling center staff) have chosen to hire triage personnel over hiring additional counselors. Still other colleges and universities, like UCLA, have recently chosen to shift some former counseling staff to serve as case managers who also act as triage personnel (key informant interview, 2018).

Importantly, however, hiring triage personnel must be accompanied by the development of systems to route students to the appropriate care. If these systems are not in place, and triage personnel are only figuring out which students to route to individual counseling and not providing the rest with appropriate supports, this presents an ethical issue.

OTHER BEST PRACTICES

Clarifying the scope and limitations of services the counseling center provides

Even if campuses implement Components 1, 2, and 3 of this approach, it is still probable that even the most well-resourced campuses will not be able to match student demand for individual counseling services. Given this, it is thought to be helpful to counselors, students, and parents alike to be clear on what the limitations of university counseling services are. Dr. Alene Waller, Student Health Physician at University of Richmond, states that, "It is hard for a university to support 100% of students' mental health needs. We need to explain to students the limitations of the current university counseling model." Carly Wickham, student at Emerson College and a leader in the campus' Active Minds chapter, states that Emerson does well at educating students on what mental health services are available to them, and what the limitations of those services are, from the time of initial intake. She says her college's counseling center also works actively to connect students to resources in the community which can supplement the resources available at the college.

Adding more psychiatrist hours

Just 65% of schools have a psychiatrist available, even part-time, to prescribe or adjust medications,

Advancing the Provision of Mental Health Services and Supports on College and University Campuses:
Toolkit and Resource Guide – November 2018

Page 12

according to the annual survey conducted by the Association for University and College Counseling Center Directors (AUCCCD, 2017). Of the schools that have a psychiatrist on campus, 67% reported that they need more psychiatrist hours to meet students' needs. Given that approximately 25% of students seeking mental health services are already on psychotropic medications that need to be managed, adding more psychiatrist hours on campus represents a great need for schools.
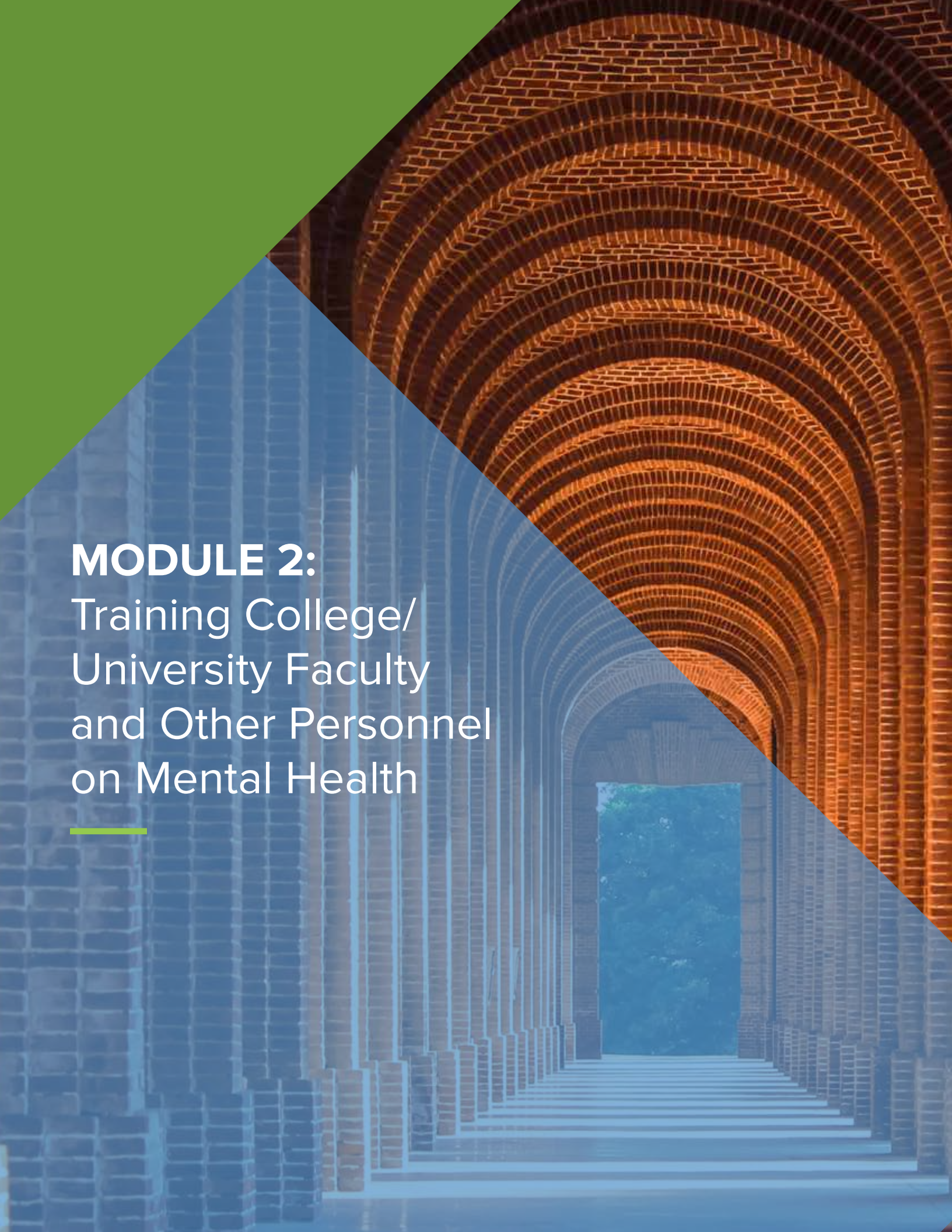
DECISION-MAKING TOOLS/EXERCISES

1. Jed Campus. Provided through the Jed Foundation, Jed Campus offers a $22,000 4-year comprehensive program described as a "collaborative process of systems, programs and policy development with customized support." Understanding that each campus has distinctive strengths and challenges, the program spends the bulk of the first year collecting data, primarily through their Healthy Minds Study, "an in-depth assessment of students' attitudes, behaviors and awareness of mental health issues" and JED Campus Baseline Assessment, "a 130-item tool measuring systems, policies and programs based on JED's comprehensive framework." The pre-post data is used to create a summary report for the institution, provide feedback on where the institution succeeds and where there is room for improvement. Participants have access to a variety of resources through Jed Campus in institutional, academic and student-centered realms. Examples of these include two online resource libraries: ULifeline, which is geared towards students, and the Jed Campus Playbook, which provide resources such as scholarly articles on emotional well-being and information on mental health programs. Over the course of the program, a Jed Campus Data Management teams collaborates with the institution's senior leadership to find and work on mental health service campus initiatives. The initial assessments are given a second time towards the conclusion of the program, while a sustainability plan is developed so the university can succeed in its initiatives once the program has commenced. Participants then have resources made available to them through Jed Campus to maintain their progress once the 4-year program finishes. Financial aid is offered to campuses committed to improving their mental health programs with limited funding.

2. Healthy Minds Study. "The Healthy Minds Study (HMS) is an annual, web-based survey study examining mental health, service utilization, and related issues among undergraduate and graduate students. Since its national launch in 2007, HMS has been fielded at over 180 colleges and universities, with over 200,000 survey respondents. To participate, your university must enroll with HMS. HMS is available for implementation at all types of higher and post-secondary institutions, including U.S. and international four-year colleges and universities as well as community colleges. To learn more about participation, visit our 'How to Participate' page."

Advancing the Provision of Mental Health Services and Supports on College and University Campuses: Toolkit and Resource Guide – November 2018

Page 13

SELECTED RESOURCES FROM OTHER SCHOOLS AND ORGANIZATIONS

1. The "CoachLink" program at Eastern Mennonite University. This is an example of a peer support model which pairs trained, supervised counseling graduate students with freshmen who come to campus with a diagnosed mental health concern. The two meet regularly to provide the student with guidance and support as well as easy access to additional care when needed.

2. **OKHigherEd.org**, "Best Practices for Mental Health Services in Colleges and Universities". "Best Practices" highlights the challenges campuses face in establishing the right selection of resources and programs to accommodate the needs of their student body. Best practices are broken into categories: Building Infrastructure, Engaging in a Strategic Planning Process, Strategies for Promoting Mental Health and Preventing Suicide. The latter category includes its own set of sub-categories: Identify students at risk, Increase help-seeking behavior, Provide mental health services, Follow crisis management procedures, Restrict access to potentially lethal means, Develop life skills, and Promote social networks. It then lists Additional Initiatives and notes the Jed Foundation's programs such as the CampusMHAP, "a published a guide for campuses to create a structured plan to promote the mental health of all students. This guide outlines the action steps that campuses can take to build infrastructure, engaging in strategic planning, and develop strategies to promote mental health and prevent suicide" (Jed Foundation Campus Mental Health Action Map, 2011). In partnership with the Jed Foundation, the American Psychiatric Foundation has also instituted a program called My Transition Year that helps students and their families prepare "before, during and after the college transition." Lastly, example of Evidence Based Programs and the benefits of providing mental health programs on campus are provided.

3. **ACHA (American College Health Organization)**, Considerations for Integration of Counseling and Health Services on College and University Campuses. This paper offers insights into how individual counseling and health services work and what current organizational structures are in place across colleges and universities, and how those structures have worked well or need to be improved upon. Using this information, the paper "offers recommendations for schools considering the integration of campus mental and physical health care." Qualitative data outlines how integration has impacted campus organizational and administrative function, the professional affiliation of program directors, how well collaborative efforts have gone, etc.

Summary of the Challenge

Potential Solutions/ Promising Practices

Decision-Making Tools/ Exercises

Selected Resources

MODULE 2:
Training College/University Faculty and Other Personnel on Mental Health

Module 2: Training College/University Faculty and Other Personnel on Mental Health

—

SUMMARY OF THE CHALLENGE

Mental Health Affects Academic Performance

It is well-known that a student's mental health impacts their academic performance. Mental illness can impede a students's ability to concentrate while studying, and complete assignments on time, negatively affect class attendance, and prevent participation in social and extracurricular activities, among other aspects of college life (Collins & Mowbray, 2005). Anxiety and depression, the two most common mental health concerns reported by students, are associated with a lower GPA and higher probability of dropping out, particularly when co-occurring (Eisenberg, Golberstein, & Hunt, 2009). On many college campuses, students are experiencing greater levels of depression, anxiety, and stress-related issues than ever before (Kruisselbrink & Flatt, 2013). While all students experience stress from the demands of college life, students with a pre-existing or psychiatric illness are at a disadvantage compared to their peers without these conditions. Individuals with psychiatric disabilities who attend college experience delays in enrolling and significantly higher dropout rates than their peers who do not experience psychiatric disabilities (Ringeisen, et al., 2017). One survey found that of students living with a psychiatric disability, 65% said the reason they dropped out of college was due to a mental health condition (Gruttadaro & Crudo, 2012). Many of these students find academic studies difficult to resume later in life once they have been disrupted (Collins & Mowbray, 2005).

Faculty Members are Critical to the Success to Students

Students with mental health issues need colleges and universities to support them in accessing the appropriate care so that they have a better chance of succeeding academically. Faculty members are the first line of defense in this work, as they have regular interactions with the lives of students. A professor who recognizes the signs and symptoms of mental illness in a student, or in whom a student confides their struggles, can be instrumental in encouraging that student to seek care. Faculty buy-in is crucial in creating a "whole campus" mental health ecosystem. Faculty members promoting and modeling positive attitudes toward mental health concern de-stigmatizes mental health issues. Such an empathetic and supportive attitude on the part of a faculty member can have a critical impact on a student's journey to recovery and also help that student achieve greater academic success in the long run. Encouragingly, in response to the escalating mental health burden among college students, Gallagher, et al. (2015) reported that 64% of colleges and universities across the country have increased faculty trainings to respond to students and make appropriate referrals.

Advancing the Provision of Mental Health Services and Supports on College and University Campuses: Toolkit and Resource Guide – November 2018

Page 16

By the same token, if faculty are not sensitized to students' mental health issues or are not knowledgeable about how to talk to a student about seeking help, colleges and universities miss an opportunity to bolster their institutions mental health ecosystem. Worse still, if faculty have an insensitive attitude towards mental health struggles or are not supportive of seeking care and/or academic accommodations, it can have a negative effect on students' wellness and overall academic success. The National Council on Disability (2017) notes that although awareness of mental health issues has increased among faculty, some faculty members are resistant to providing students with "invisible" disabilities with appropriate accommodations despite the fact that they are required to do so by law. In conversation with our key informants, we found that even with growing societal understanding and acceptance of mental health issues, many institutions' faculty continue to harbor prejudice towards mental illness. One informant noted several reasons for this phenomenon, the first being that "some faculty do not believe it is a college or university's role to provide mental health services and supports." Secondly, she added, "faculty do not want to admit that students struggle with mental health issues. Many lack understanding of mental health issues. Some think students are "acting out" and do not realize that they may be suffering from a mental disorder." Such attitudes can discourage students from seeking help; negatively influence the level of financial resources devoted to mental health service provision by the institution; and contribute to further stigmatization of mental health challenges. Additionally colleges and universities with administrations, boards of directors, presidents, and provosts that support mental health access, care and supports for students and faculty have an easier time gaining funding for new and innovative initiatives. It is important that the entire college and university community sees students mental health as central to the university experience.

POTENTIAL SOLUTIONS/PROMISING PRACTICES

College and university staff play a critical role in the life of a student. Aside from peers, it is often professors that have the most direct and consistent interactions with students. Teachers are uniquely placed to identify students struggling with mental health issues and refer them to the appropriate mental health services and supports. In order to do this, faculty and other personnel need to be trained in mental health literacy. Mental health literacy is "the ability to identify mental disorders or various forms of psychological distress, knowledge and beliefs regarding risk factors and determinants to mental health problems or disorders, knowledge and beliefs about self-help interventions, knowledge and beliefs about available professional help, as well as attitudes, which aid in recognition and appropriate help-seeking behavior, and knowledge on how to access mental health information (Woods, 2017)."

Woods's definition of mental health literacy reflects the ideal benchmarks for training college and university faculty and staff. Most of the trainings currently available do not wholly cover this ideal range of mental health literacy "competencies", but if delivered concurrently, they can begin to address complementary topics as Woods suggests. A further, and perhaps more important, recommendation is that colleges and universities that do not already provide mental health literacy training to their faculty and staff should take steps to do so.

Training faculty and other personnel in mental health literacy promotes a "whole-campus" mental health services and supports approach. Building faculty buy-in is essential to a "whole-campus" mental health approach. One way colleges and universities can lead this charge is by integrating mental health literacy training into pre-existing faculty professional development. To aid in managing the cost of increased faulty training we recommend, colleges and universities institute web-based training programs. One of the most popular web-based training programs is one by Kognito, entitled "At Risk for Faculty and Staff." At Risk is an online suite of evidence-based programs that train faculty and staff to recognize signs of distress among students and to engage students on order to get them connected with the mental health services and supports they need. Programs like Kognito's At Risk are a cost-effective tool to train faculty and staff in mental health literacy.

DECISION-MAKING TOOLS/EXERCISES

College and universities training their faculty and staff members on mental health is a step in the right direction towards supporting students with mental health conditions. In choosing to train faculty and staff colleges and

MODULE
2

Summary
of the
Challenge

Potential
Solutions/
Promising
Practices

Decision-
Making
Tools/
Exercises

Selected
Resources

Advancing the Provision of Mental Health Services and Supports on College and University Campuses:
Toolkit and Resource Guide – November 2018

Page 17

universities demonstrate a "whole campus" approach to mental health. Such actions work to show students that mental health wellness does not exist solely within counseling center walls. The Counseling Center at the University of California-Irvine, led by researchers, Negar Sherkarabi, Psy.D. and Rodolfo Victoria, Ph.D. published a document on "Engaging University & Staff as Mental Health Allies." This document uses a public health model to help colleges and universities "gain strategies for program development to recruit faculty and staff as mental health allies and learn the basic objectives of suicide prevention and stigma reduction training programs implemented on university campuses." It outlines how one university took a "whole campus" approach to mental health services and supports and maps which stakeholders UC Irvine engaged.

Flow Chart Outlining UC Irvine's Process of Mobilizing Stakeholders
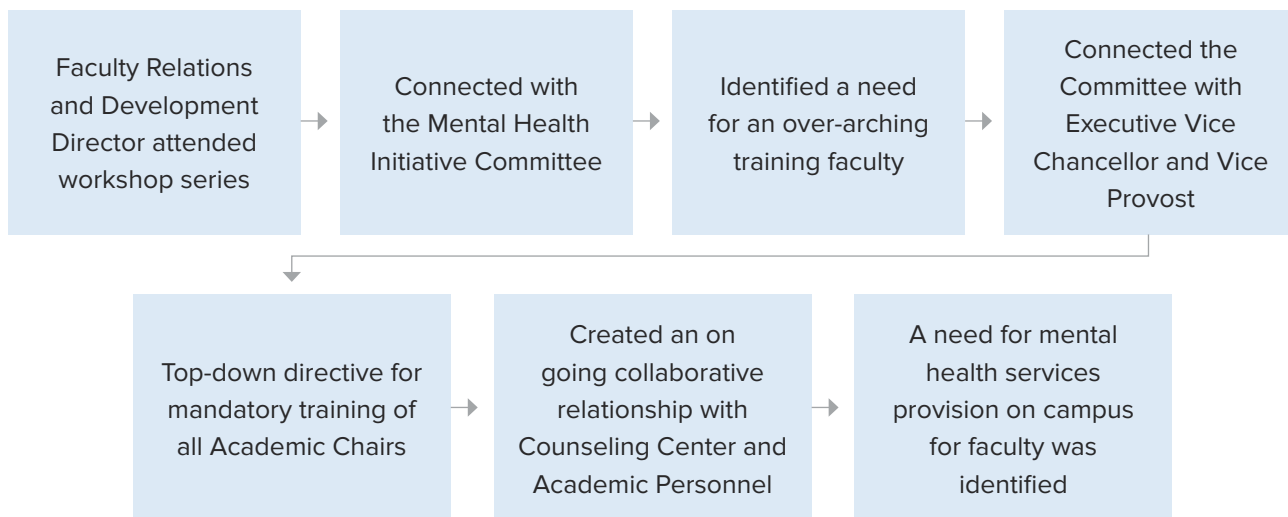
The graphic above shows the process that UC Irvine went through in order to begin implementing faculty and staff training programs. It highlights the need for total buy-in at the highest levels of college and university administrations.

SELECTED RESOURCES FROM OTHER SCHOOLS AND ORGANIZATIONS

Much of the work done in this area relies on training university faculty and staff as gatekeepers and bystander interventionists. Many schools have developed their faculty and staff training programs based on Mental Health First Aid (MHFA) training. Mental Health First Aid is modelled after medical first aid or CPR- and is designed to give people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis. This evidence-based program builds mental health literacy in students, faculty, staff, and other university personnel including a discussion on campus culture, stress and risk factors, resources and creating actions plans for various participant specific scenarios. See briefer here from Mental Health First Aid.

1. Healthy Minds Philly: Mental Health Training for College Professors through MHFA (Mental Health First Aid). Healthy Minds Philly offers a mental health training course Mental Health First Aid (MHFA) offers two primary curricula: Adult and Youth. Professors, adjuncts, and college faculty can take MHFA for Adults to better understand colleagues and students, while the student body can take Youth MHFA in order to better support one another. It offers easy, user-friendly online registration. In addition to these, a supplement is offered with a focus on higher education settings, designed to blend with the existing 8-hour adult / "core" MHFA course.

Similar programs can be found at:
- ▶ Carnegie Mellon: MHFA Training for Faculty and Staff
- ▶ University of Missouri: Trains staff using RESPOND, which builds upon MHFA

Advancing the Provision of Mental Health Services and Supports on College and University Campuses: Toolkit and Resource Guide – November 2018

Page 18

Gatekeeper training programs are impactful in that they train the wider university campus beyond counseling center personnel to recognize warning signs of suicide and empower struggling students to seek help. Examples of gatekeeper programs are listed below:

2. **Boston University**, Helping Someone in Distress: A Guide for Faculty and Staff. BU gives staff online overviews of how to deal with someone in distress, offers the Terriers Connect program to train staff & faculty on how to identify someone in distress, how to communicate, be supportive and relay information to a mental health professional. They also offer Gatekeeper Training. They use a 45-minute online training program called Kognito in hopes of increasing the "safety net" for students at Boston University by educating faculty and staff in identifying signs of distress; how to approach a student and express concern and escalate to outside resources if necessary. The course, At-Risk for Faculty & Staff, focuses on effective listening over long therapy sessions.

3. **CaLMHSA CCC**: Suicide Prevention Gatekeeper Training Programs for College Campuses. Charts out 22 different trainings that fall under the Gatekeeper Training Umbrella, separated into 2 categories: Gatekeeper Training for those who will not be training others, and Training for Trainers. The programs range in cost from a few dollars to several thousand dollars per individual, and vary in training style, level of intensity and subject matter. This guide would serve as an excellent template in the development of thorough and diverse Gatekeeper Training in other states for faculty and trainers.

    At other schools, in offering faculty support for their mental health struggles they create an environment of acceptance in which students see their professors seeking care and thus promoting an environment that combats perfectionism.

4. **Temple University**, Promoting Supportive Academic Environments for Faculty with Mental Illnesses: Resource Guide and Suggestions for Practice. Temple University offers a downloadable entitled "Promoting Supportive Academic Environments for Faculty with Mental Illnesses: Resource Guide and Suggestions for Practice." The guide provides "concrete suggestions" for creating a "culture of access" and focuses on creating a better working environment for faculty with mental illness by addressing areas such as using inclusive language, reconnecting after an employee takes leave, and how to create and sustain employment with these faculty members. Mental health concerns on a university campus are not limited to students. .

Advancing the Provision of Mental Health Services and Supports on College and University Campuses:
Toolkit and Resource Guide – November 2018

Page 19

MODULE 3:
Improving Data Management and Integration

Module 3: Improving Data Management and Integration
—

SUMMARY OF THE CHALLENGE

It is well-understood that electronic medical records that integrate multiple sources of data (from different providers) on a person's health, and are accessible to different health providers, facilitate better-informed diagnoses and treatment and better continuity of care. The same is true for mental health at the college and university level. If a college or university had a mental health information system (MHIS) to capture students' mental health records during their college years, and also integrated this data for each student with that student's mental health history before coming to post-secondary school, this improved, integrated storage of information could lead to better-informed diagnosis and treatment of mental health conditions. Better still, if this college/university MHIS was "interoperable" with (i.e. connected to) electronic records held by the student health center on campus, this would support more holistic and appropriate treatment of the student from both a physical health and mental health standpoint, because providers in both offices would be getting a fuller picture of the student's health as a whole.

Unfortunately, these systems are often not in place at US colleges and universities. Many college and university counseling centers are still using paper records. Additionally, of the institutions that have an MHIS system, only 28.2% have this system working inter-operably with the electronic medical records system held by the student health center (AUCCCD, 2017). This makes it difficult to encapsulate the entire picture of a student's health history, and thus undermines the university's ability to provide the best possible diagnosis and treatment for each student. It also makes it difficult to identify trends (in diagnoses, treatment length, risk factors for suicide, etc.), and therefore, makes it difficult respond and strategize as a campus. While there is nationwide data gathered through the Healthy Minds Study and surveys administered by the American College Health Association (ACHA), among other sources of information, it is important for each college and university to track this data at the campus level to gain insight on the specific issues and trends that are present for their unique student population.

A factor which can impede the development of an MHIS system and making it interoperable with the student health records system at a university, is the hesitancy among some counseling center professionals to have therapy notes shared with campus medical professionals. This is understandable, as students are often sharing very personal information in these sessions, and counselors want to protect this information for them. When this is the case, it may be helpful to have a conversation between medical professionals and counselors so that each can voice their concerns openly with one another. It will be important to mention in the context of such a conversation that when these two systems are made interoperable with one another, there can be different levels of access for each provider, such that counselors only see the necessary information from the students' medical records, and physicians/nurses only see the students' mental health diagnosis, not the rest of the therapy notes.

Advancing the Provision of Mental Health Services and Supports on College and University Campuses: Toolkit and Resource Guide – November 2018

Page 21

POTENTIAL SOLUTIONS/PROMISING PRACTICES

The best solution would be to create an online MHIS and make this interoperable with an electronic medical records system held by the student health center. An example of a school that has successfully done this is UCLA. In UCLA's shared record system between the counseling center and student health center, counselors can directly message their patient's doctor or nurse in the student health center, and vice versa. There are also appropriate access barriers to protect student privacy. In other words, counselors can only see a limited amount of information about a student's physical health, and student health physicians can only see a limited amount of information about a student's mental health – only what is necessary to support that student's care from their standpoint. This protects students' privacy while sharing "need to know" information.

It is often challenging to know how to start building an MHIS and what people, processes, decisions, and resources are involved. To this end, the World Health Organization has developed an MHIS guide called "Mental Health Policy and Service Guide Package: Mental Health Information Systems (MHIS)". The link to this guide is listed in the next section of this module, "Decision-Making Tools/ Exercises". While this guide was written in a global health context (i.e. for countries interested in developing a country-wide MHIS), the processes, decisions, and resources are still relevant to the college or university context and can be easily adapted. An excerpt from this tool is shown to the right.

MHIS on College and University Campuses
According to the AUCCCD 2017 Survey, 66.5% of counseling centers nationwide use Titanium software as their record-keeping system, 8.9% use Medicat, and 7.8% use Point and Click. 11.6% of centers continue to use paper records.

It is well-recognized and appreciated that resource limitations may not make such a system possible in the near future. In these cases, the good news is that it is also possible to share records across departments using paper records, if a college or university is intentional about doing so. A great example of this is what has been done at Wake Forest University. Mr. Peter Rives, Assistant Director of Wellbeing - Alcohol and Substance Abuse Prevention at Wake Forest University, described the way that the university shares information across campus departments (not only student health and counseling, but also the academic side of the university) without the use of any technological platform. He says, "Our university has a sub-committee on 'Assessment and Evaluation'. Representatives from different offices across campus come together and discuss the data around each student (which is tracked according to student ID numbers). We discuss any relevant issues about a student from our own perspectives, and this combination of inputs gives everyone a fuller picture of what is going on for that student. This process also helps us to understand, at a campus level, what the data are telling us, and this helps us shift resources accordingly and do predictive analyses. It also fosters a culture of using data to drive decision-making and builds collaboration among departments for an integrated approach to student care" (Key informant interviews, 2018).

Steps in Creating an MHIS. Excerpted from WHO MHIS Guide.

Step 1. Needs assessment: what information do we need?
Tasks:
1. Establish task team
2. Review current policy and planning objective
3. Consult with all relevant stakeholders
4. Identify indicators to measure the policy and planning objectives

Step 2. Situation analysis: what information do we have?
Tasks:
1. Review the current situation
2. Conduct a "walk-through" analysis

Step 4. Evaluation: how well is the MHIS working?
Tasks:
1. Establish criteria for evaluation the MHIS
2. Establish a framework for evaluation the MHIS
3. Compare with baseline data
4. Determine the frequency of the evaluations

Step 3. Implementation: how can we get the information we need?
Tasks:
1. Identity the essential MHIS subsystems and indicators
2. Establish the minimum data set
3. Map the information flow
4. Set a time line
5. Identify roles and responsibilities
6. Design and distribute materials
7. Schedule staff training
8. Address practical barriers to getting the needed information
9. Build in quality checks
10. Conduct a pilot project
11. Roll out the MHUS

DECISION-MAKING TOOLS/EXERCISES

1. **World Health Organization**. Mental Health Policy and Service Guide Package: Mental Health Information Systems (MHIS). This guide includes an introduction to MHIS, the principles of MHIS system development, steps in designing and implementing an MHIS, and common challenges and their respective solutions. While it is written in the global health context (i.e., for countries to implement a country-wide MHIS), the processes, resources, and decision points are still relevant to the college or university context and can be easily adapted.

2. **Better Immunization Data (BID) Initiative**, Total Cost of Ownership Tool. This tool, written at the country level in a global health context, helps countries estimate the total cost of developing, launching, and maintaining a health information system. It can be adapted to help colleges and universities do the same so that they can plan their budgets and human resources accordingly.

Advancing the Provision of Mental Health Services and Supports on College and University Campuses: Toolkit and Resource Guide – November 2018

Page 23

SELECTED RESOURCES FROM OTHER SCHOOLS AND ORGANIZATIONS

1. **Webinar**: Successful Implementation of a Health Information Software. "The Better Immunization Data Learning Network (BLN) recently held a webinar entitled *Successful implementation of a Health information Software*. In this webinar, the speakers shared Mali' experience implementing health information software. The presentation took the audience through: the software identification process, including identifying and involving stakeholders and effective communication; key implementation steps; and software deployment and related activities. The webinar is aimed at both technical and non-technical personnel with an interest in using Information Technology based immunization information systems to improve vaccine delivery in national immunization programs. Learn from our experienced speakers, Mr. Tidiani Togola and Dr Ousmane Ly from Mali. In case you missed the virtual event, you can view the webinar here."

2. A web-based information system for a regional public mental healthcare service network in Brazil. "The Centro de Informação e Informática e Saúde (CIIS) created a computerized system for the regional public mental health care service network. Their first decision was to open a dialogue with many different types of health professionals from an array of fields, so they knew how best to approach constructing the system. Using this whole community approach is important when universities and colleges are designing their own data systems since the data needed to appropriately scale mental health services will involve various aspects of both the internal university community, and the external communities that students and faculty belong to, such as the state and local healthcare providers. They outline exactly the software and web technologies, such as HTML and PHP that were used. At the end of the system development, the "involved stakeholders and administrative health" completed training sessions and a monitoring group was formed to continue to oversee monthly evaluations and improvements. They also discuss problems that were faced and the difficulties in sharing information between services."

Advancing the Provision of Mental Health Services and Supports on College and University Campuses:
Toolkit and Resource Guide – November 2018

Page 24

MODULE 4:
Helping Students Overcome Cost, Time, Transportation, and Emotional Barriers to Seeking Care

Module 4: Helping Students Overcome Cost, Time, Transportation, and Emotional Barriers to Seeking Care
—

MODULE
4

Summary
of the
Challenge

Potential
Solutions/
Promising
Practices

Decision-
Making
Tools/
Exercises

Selected
Resources

SUMMARY OF THE CHALLENGE

Cost Barriers to Seeking Care

In our key informant interviews and subject matter expert panels with students, parents, and mental health professionals, the issue of cost echoed throughout. It was clear through these conversations that students often perceive seeking mental health care as an expensive endeavor. While many counseling centers offer low- to no-cost counseling sessions, these services usually end at five to six sessions per student. When students exceed this number of sessions, they are usually referred out to mental health providers in the community.

Counseling sessions at off-campus locations are often expensive, particularly if the student's health insurance does not cover these visits (or if the student does not have health insurance). In addition, there are time and transportation barriers involved in seeking off-campus care. Thus, off-campus referrals are often not a practical solution for students and result in loss-to-follow up (Notes from ACHA Mental Health Symposium, 2017). One key informant stated that he wished more campuses offered health insurance to students that covered long-term provision of mental health services on campus.

Time and Transportation Barriers to Seeking Care

Students also experience time and transportation barriers to accessing care. As far as transportation is concerned, many students simply do not have a reliable means of transportation to go to an off-campus appointment (Notes from ACHA Mental Health Symposium, 2017). One parent we spoke to stated that, when her daughter needed an off-campus outpatient facility, the only reason she could access the care she needed was due to the fact that she had a car, and implied that this was the exception, rather than the rule, among her daughter's peers (Subject Matter Expert panel, 2018). As far as time is concerned, students are often so consumed with their day-to-day schedules (managing coursework, extracurricular activities, and often jobs) that they find it difficult to carve out time to seek mental health care (Subject Matter Expert panel, 2018).

Emotional Barriers to Seeking Care

In addition to cost, time, and transportation barriers, students also experience emotional barriers to seeking care. Mainly, this ties into prejudice or discrimination (whether real or perceived) about mental health issues. The evidence on how much prejudice actually affects students' health-seeking behavior is mixed. Some recent studies suggest that prejudice is not a primary barrier for many students (Czyz, et al., 2013; Eisenberg, et al., 2012). However, other studies show that one particular domain of prejudice – perceived public prejudice against those with mental illnesses – does negatively affect students' behavior in seeking mental health services and supports and academic supports (Gruttadaro & Crudo, 2012). In other words, some students choose not to seek mental health services and supports for fear of what others may think of them, even if in actuality, others would not judge them for having a mental health condition or seeking help.

Advancing the Provision of Mental Health Services and Supports on College and University Campuses:
Toolkit and Resource Guide – November 2018

Page 26

Further, data from the Healthy Minds Network's study on students' reasons for not seeking treatment identifies the following other mental/emotional barriers:

▶ Students believe their problem will improve without help;

▶ Students believe that stress is normal in college;

▶ Students question the seriousness of their problem; and

▶ Students prefer to handle their problem on their own (Eisenberg & Ketchen-Lipson, 2017).

POTENTIAL SOLUTIONS/PROMISING PRACTICES

Across the nation, many colleges and universities are working to make care more accessible to students. Interventions that work to increase student access to care should also work to weaken barriers to seeking care. Below, we highlight a few potential solutions that directly address the barriers to seeking care discussed above.

Cost Barriers– Example from Olin College

Olin College in Needham, Massachusetts provides an exemplary mental health program in partnership with Colony Care. Olin offers mental health care services and supports to students at no charge, and there is no limit to the number of appointments a student can make (Mental Health and Wellness, Olin College). They also provide transportation off-campus for non-emergency appointments. The downside of such a partnership is that students do not have much flexibility in terms of where they can seek treatment. "Most appointments occur at Colony Care's Wellesley office, but a limited number of appointments are offered on campus each week. Students need to identify themselves as an Olin student and sign the receipt given to them by the taxi driver." (Mental Health and Wellness, Olin College) With these efforts, Olin College is working to dismantle both cost and transportation barriers.

Time and Transportation Barriers – Co-Location

Proximity to mental health services is critical to students being able to access those services. All the mental health professionals interviewed as part of our Subject Matter Expert panel praised co-location of counseling services with student health services (and possibly the student recreation center and wellness center) as an effective way to getting students to access mental health services.

Dickey Health and Wellness Center

Dickey Health and Wellness Center >
Medical Services >
Counseling Services >
Wellness Center >
Contact Information >
Appointments and Health Insurance >

Advancing the Provision of Mental Health Services and Supports on College and University Campuses:
Toolkit and Resource Guide – November 2018

Page 27

Emotional Barriers – Peer-Led Outreach

To combat stigma, peer-lead outreach presents an opportunity to create enabling environments for students to seek care. Active Minds, a national organization of student leaders with the mission to educate students and dispel prejudice around mental illness. The group started at University of Pennsylvania nearly twenty years ago by a college student whose brother died by suicide, recognizing a need to acknowledge and openly discuss mental illness on her campus. It has since expanded to over 400 campus chapters nationwide (Active Minds, n.d.). These student-led groups advocate for and raise awareness on campus about mental health issues, educate peers and faculty, and advocate for improved mental health services (National Council on Disability, 2017; Jed Foundation, 2011; Stebleton, Soria, & Huesman, 2014). In addition to active chapters at many four-year institutions, a number of community colleges have Active Minds chapters. Active Minds, as a group led by students for students, is an important and effective leader in the peer support movement on college and university campuses.

DECISION-MAKING TOOLS/EXERCISES

Here we offer resources addressing. The following paper charts out the steps institutions looking to decrease barriers to seeking care, in the treatment of both mental and physical health. It also examines the obstacles that can be met at each of those steps. The author discusses the use and implications of a public policy approach, warning that such an approach has to be carefully monitored (Mechanic, 2002). Colleges and universities seeking to address cost, time, transportation, and emotional barriers should work to address the following concerns:

1. How can colleges and universities extend insurance coverage for psychiatric morbidity?
2. Where are opportunities for continued development and dissemination of models of best practice;
3. How can they encourage evidence-based decision process;
4. What procedures to ensure continued dialogue and procedural fairness in managed care decision making (Mechanic, 2002)?

SELECTED RESOURCES FROM OTHER SCHOOLS AND ORGANIZATIONS

At many college campuses, mental health care is either free or very lost cost. However, due to resource scarcity, students are limited in how much care and the type of care they can receive. The following resources below are readings guides describing the potential solutions to removing barriers for students seeking care. More research needs to be done on the practical application of programs that work to reduce cost, time, transportation, and emotional barriers to seeking care.

1. **Council of Ontario Universities** "In It Together: Taking Action on Student Mental Health". In It Together is a program designed to elevate the levels of mental healthcare students in Ontario receive. The first guiding principle is using a '"whole of community" approach with clearly defined roles and responsibilities of government ministries, post-secondary institutions, student associations, health-care providers and community organizations.'" Then, "all post-secondary students, regardless of geographic location, should be able to access gender and culturally sensitive mental health services and supports that are timely, effective and flexible, and provided in a safe and comfortable environment," and lastly, "Prevention and harm reduction are important elements of mental health priorities." Using these guiding principles, they collaborate on how all organizations involved can ensure these principles become policy.

MODULE
4

Summary
of the
Challenge

Potential
Solutions/
Promising
Practices

Decision-
Making
Tools/
Exercises

Selected
Resources

Advancing the Provision of Mental Health Services peed Supports on College and University Campuses:
Toolkit and Resource Guide – November 2018

Page 28

2. [Economic barriers to better mental health practice and policy](#). This article discusses the economic barriers people in low and middle-income countries face when it comes to mental health practice and how the policy of those countries could change to help lessen those barriers. The six sets they find are an information barrier, resource insufficiency, resource distribution, resource inappropriateness, resource inflexibility and resource timing. Applying these findings to a university setting would help understand why students from low or middle-income countries would not be able to or feel able to seek help, in addition to learning from what policies have been suggested to counteract these problems.

3. [Overcoming Barriers to Integrating Behavioral Health and Primary Care Services](#). This article identifies 6 organizations that successfully integrated behavioral health and primary care services. It looks at the commonalities between these organizations, what barriers they experienced, such as family factors, financing and organizational issues, and what solutions have been found, such as prioritizing vulnerable populations, having diverse revenue streams and using data driven best practices. These organizations strategies would serve as a model for a campus seeking to integrate it's on mental health services and supports with primary care services.

4. [Removing Barriers to Care Among Persons with Psychiatric Symptoms](#). This paper charts out the steps the public takes when seeking help, in the treatment of both mental and physical health, then examines the obstacles that can be met at each of those steps and how to remove them. It also examines the use and implications of a public policy approach, warning that it will have to be very closely managed.

Advancing the Provision of Mental Health Services and Supports on College and University Campuses:
Toolkit and Resource Guide – November 2018

Page 29
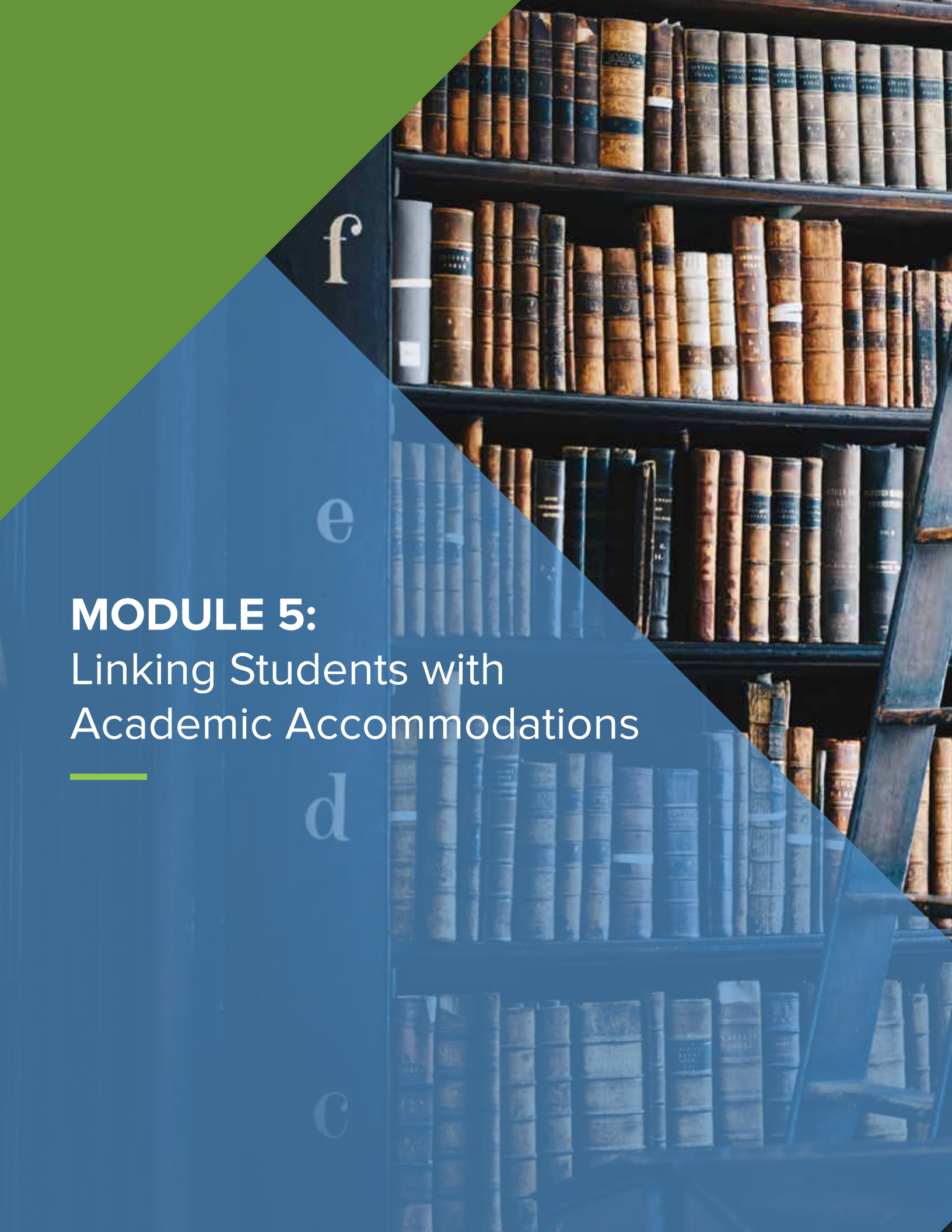
MODULE 5:
Linking Students with Academic Accommodations

Module 5: Linking Students with Academic Accommodations

SUMMARY OF THE CHALLENGE

When a study by the Center for Collegiate Mental Health at Penn State in Spring 2016 announced that anxiety had surpassed depression as the leading mental health issue facing its students, the story made national headlines (Hoffman, 2017). Both anxiety and depression are associated with a lower GPA and higher probability of dropping out, particularly when co-occurring (Eisenberg, Golberstein, & Hunt, 2009). Mental illness can impede a student's ability to concentrate on studying, complete assignments on time, attend class regularly, and participate in social and extracurricular activities (Collins & Mowbray, 2005). The prevalence of mental illness on college campuses today is higher than ever before, and it is an overwhelming challenge for students hoping to achieve high marks academically without the necessary support or coping skills (Kruisselbrink & Flatt, 2013).

College and university disability offices have traditionally served as the administrators of academic accommodations for students. Such academic accommodations can be of great support to students whose mental illness leaves them struggling to achieve academically to the level at which they are capable. Too often, though, college and university disability offices fall short in providing adequate accommodations to meet the needs of these students, for both supply-side and demand-side reasons. On the supply side, it is often the case that the range of services offered by these offices, office size, level of staffing, and staff knowledge of psychiatric disabilities are inadequate to meet student demand (Collins & Mowbray, 2005). On the demand side, students see the documentation processes necessary to receive accommodations to be burdensome, which in turn makes them less likely to request accommodations (Subject Matter Expert panel, 2018). Students who wish to receive academic accommodation must get documentation that they have a diagnosed mental illness and submit this documentation to the university's disability services office for their case to be reviewed and processed (Key informant interviews, 2018). Additionally, from a demand standpoint, academic accommodations are not on some students' radars and thus they may not seek them out (Subject Matter Expert panel, 2018).

The provision of academic accommodations at community colleges is structured the same way that it is at four-year colleges and universities: these services are administered through a disability services office that is separate from the counseling center (Key informant interviews, 2018). Similar to their counterparts at four-year universities, community college students wishing to receive academic accommodations must obtain documentation of a diagnosed mental illness through a psychiatric examination. Since community colleges typically do not have psychiatric staff on hand to do this, students are referred out to community-based practices to access testing. This adds another layer of difficulty for students of community colleges in obtaining the needed supports.

Advancing the Provision of Mental Health Services and Supports on College and University Campuses: Toolkit and Resource Guide – November 2018

Page 31

The chart below shows the marked change in accessing accommodations at the primary and secondary school level vs. the college and university. Tertiary/postsecondary school student must seeks out care.

<table>
<tr><td>Primary and secondary school accommodations</td><td>Postsecondary accommodations</td></tr>
<tr><td>
Identify

Evaluate

Provide institutionalized special education
</td><td>
University must inform applicants on the availability of auxiliary aids, services and academic accommodations and disseminating services

Name designated office coordinating disability services
</td></tr>
</table>

POTENTIAL SOLUTIONS/PROMISING PRACTICES

To support students with mental health conditions and learning disabilities in succeeding in postsecondary education environments, the necessary accommodations and support need to be more accessible for these students with preexisting diagnoses. Just as the problem has supply-side and demand-side components, so must the solution. From the supply side, part of this solution involves colleges and universities being more proactive about linking students to accommodations. For example, students presenting at counseling centers with mental health conditions that are impeding their academic performance could be more often referred to the disability services office at the institution. Personnel at the disability services office should explain the benefits of academic accommodations to these students, and instruct the students on how to go about obtaining such accommodations.

The other part of the solution on the supply side is seeking additional approaches to support this population. One emerging model includes supported education (SEd) programs, which assist and support people with serious mental illness in attaining their educational goals, improve educational competencies, and navigate the educational environment (Ringeisen, et al., 2017). These programs are still emerging and vary greatly between locations and settings but offer a promising approach to supporting students with mental health conditions because they help students navigate the college environment. Biebel, Mizrahi, and Ringeisen (2017) investigated SEd initiatives across the United States, finding that successful programs included the following services: access to specialists; an emphasis on wellness; organizational skill trainings for academic success; and facilitating academic accommodations. They also noted the importance of relationships in these programs, in which students have personal connections with individuals supporting them in establishing and attaining their educational goals. Peer support is an important element to these programs. Peers who also experience psychiatric disabilities can share their experiences and offer support and guidance to program participants, forming relationships that are mutually beneficial (Biebel, et al., 2017). Academic accommodations and support services are critical to retaining these students and helping them succeed academically (Salzer, et al., 2008).

Types of services provided by Supported Education programs

▸ Academic goal setting

▸ One-on-one or group skill-building sessions

▸ Coordination in obtaining post-secondary and mental health supports such as educational accommodations and financial aid

▸ Mindfulness techniques to manage stress and anxiety

▸ Formation of positive and supportive relationships

Advancing the Provision of Mental Health Services and Supports on College and University Campuses: Toolkit and Resource Guide – November 2018

Page 32

In addition, it goes without saying that schools should continue to provide and link students with the types of accommodations traditionally provided, based on individual student needs. The literature on accommodations lists the follow accommodations as options for ensuring access to equal educational opportunity.

Types of accommodations to support students with psychiatric disabilities (New table TBD)

Classroom Accommodations	Examination Accommodations	Assignment Accommodations
Preferential seating, especially near the door to allow leaving class for breaks	Exams in alternate format (ex: multiple choice vs. essay, oral, presentation, portfolio, etc.)	Substitute assignments
Assigned classmate as notetakers	Adaptive technology	Advance notice of assignments
Early availability of syllabus and textbooks	Extended time for test taking	Permission to submitted assignments handwritten as opposed to typed or vice versa
Private feedback on academic performance	Separate test taking area	

Faculty and staff play a role in linking students to academic accommodations. Please refer to Module 2 for more on faculty and staff training. As it concerns academic accommodations, training faculty and staff on available accommodations for students is important to creating a "whole campus" approach to mental health care. It is professors that will interact with students needing academic accommodations, training faculty is fundamental to providing academic accommodations to students. Schools have the opportunity to promote and train faculty in understanding and supporting the provision of academic accommodations for students in need. The "Transitions" program at the University of Massachusetts Medical School produces a guide for students seeking "out of the box" accommodations. This guide could be tailored to faculty and staff with real solutions beyond those outlined in the table above that work for students needing academic accommodations due to mental health. There is also an accompanying video online.

Screenshot from "Outside the Box Accommodations in College"

Advancing the Provision of Mental Health Services and Supports on College and University Campuses: Toolkit and Resource Guide – November 2018

Page 33

From the demand side, students must self-advocate in greater numbers for academic accommodations. The crux of this is students taking responsibility for their own health and wellness. This is a large mentality shift for students, who up until this point have had others (parents, guardians, high school teachers, etc.) advocating on their behalf. As one of our Subject Matter Experts (SMEs) put it, "It's a transition from an IEP (individualized education plan) mentality, to an ADA (Americans with Disabilities Act) world for students" (Subject Matter Expert panel, 2018).

To help students and their parents to navigate this new type of environment, the National Alliance on Mental Illness (NAMI) produced a college guide designed to start conversations about mental health wellness before students matriculate. In partnership with the Jed Foundation, the guide walks students and parents through privacy rights (FERPA and HIPAA), explain the Office for Students with Disabilities, and even offers an "Authorization of Health Information Release" form. The Guide models a positive understanding of mental health, regardless of position on campus. It can help students understand where to seek services if they need to. Additional resources addressing student self-advocacy as a potential solution for ensuring students receive academic accommodation is a guide from the Transitions program at the University of Massachusetts and an informational sheet from Disability Rights North Carolina.

DECISION-MAKING TOOLS/EXERCISES

Much of the decision-making process here are a function of the law. As part of the Civil Rights of Students with Hidden Disabilities under Section 504 of the Rehabilitation Act of 1973, universities and colleges must "inform college applicants and other interested parties of the availability of auxiliary aids, services, and academic adjustments, and the name the person designated to coordinate the college's efforts to carry the requirements of Section 504" (Department of Education, 2018).

SELECTED RESOURCES FROM OTHER SCHOOLS AND ORGANIZATIONS

A full list of resources is available in the Appendix.

1. Your Rights in College: Students with Mental Health Impairments. This is a handout generated by Disability Rights North Carolina to give students information on what their rights are when it comes to accommodations, taking extended leave, in their treatment as compared to other students. It also gives easy to understand examples through illustrations to demonstrate these situations and how to handle them and offers resources for further information. A pamphlet like this would help students understand more about what they should expect for their mental health service provider once they're attending a community college or university.

2. **University of Washington Academic** Accommodations for Students with Psychiatric Disabilities. University of Washington's DO It Program is an instructional session given on the topics discussed on the article above. The presenter is to be, "The disabled student services coordinator or other staff member who has experience with individuals with psychiatric disabilities; a student with a psychiatric disability could deliver some of the presentation or participate in discussions." This allows staff to better understand what mental illnesses their students may experience and how to best help them cope.

3. **Cornell University** Student Disability Services: Mental Health Disabilities. This is a sample document of what Cornell requires of students seeking accommodations fill out under their "Documentation Guidelines" for "Mental Health Disabilities."

Advancing the Provision of Mental Health Services and Supports on College and University Campuses: Toolkit and Resource Guide – November 2018

Page 34

4. **Princeton University**, University policies support individuals with disabilities, in compliance with ADA. This is an article distributed by the Office of Communication at Princeton University which discusses what types of accommodations are available to students, as well as to assure its students that it is in compliance with ADA standards for supporting individuals with disabilities, which include "physical, mental or temporary disabilities." Citing the use of a community-wide approach, their office claims to have bolstered student support in the 10 years leading up to the article, written in 2016. Examples of how they have improved support given were, "A new CPS program during orientations for incoming undergraduate and graduate students focuses on self-care and prioritizing mental health, online appointment scheduling is available for counseling services, the forms for students on leave for mental health reasons who want to return to campus have been simplified and there is increasing coordination with ODS to ensure students with mental health disabilities are aware of the array of resources for them on campus." Making changes and improvements such as these serve as a model for other campuses seeking to improve their mental health services and supports from a community stance.

MODULE
5

Summary
of the
Challenge

Potential
Solutions/
Promising
Practices

Decision-
Making
Tools/
Exercises

Selected
Resources

Advancing the Provision of Mental Health Services and Supports on College and University Campuses:
Toolkit and Resource Guide – November 2018

Page 35

MODULE 6:
Case Management and
Crisis Management Systems

Module 6: Case Management and Crisis Management Systems

—

SUMMARY OF THE CHALLENGE AND POTENTIAL SOLUTIONS/PROMISING PRACTICES

As discussed in Module 1, the demand for mental health services and supports on college and university campuses has been rising sharply and continuously in recent years. In addition to the fact that there are more students now than ever before seeking mental health services and supports, the severity of the conditions faced by these students is also greater than before. In 2017, the Center for Collegiate Mental Health reported that one in three students who sought counseling last year said they'd seriously considered suicide at some point in their lives. That's an increase from fewer than one in four students in 2010 (Thielking, 2017). This makes it more imperative that colleges and universities strengthen their case management and crisis management systems.

To their credit, most colleges and universities have done just that. The 2016 Center for Collegiate Mental Health (CCMH) annual survey reported counseling centers, on average, increased the number of rapid-access service hours over the past six years by 28% per client. This is an encouraging trend. In addition, as shown to the right, over 90% of four-year institutions have a behavioral intervention team, and over half of four-year institutions have a campus threat assessment team (AUCCCD, 2017).

However, there is more work to be done. The following paragraphs highlight the major areas which colleges and universities can target for improvement, as applicable to their campus.

Statistics on crisis mitigation on US campuses.

▶ Percentage of four-year institutions with a campus threat assessment team: 55.9%

▶ Percentage of four-year institutions with a behavioral intervention "CARE" team (or similar): 91.1%

Source: AUCCCD Survey, 2017

Intervening earlier to prevent crises

Colleges and universities can intervene earlier to provide mental health support to students before the student's mental health issues escalate to a crisis situation. This is a two-sided effort, and students and colleges/universities must each do their part to make this work. From the college/university side, anecdotal evidence suggests that sometimes, counseling centers (faced with too few counseling staff per student) prioritize only dealing with students who are in crisis and minimize or ignore the concerns of students who are not (yet) at that level. To this point, one of our subject matter experts, a college student who wished to remain anonymous, stated that she was not connected to care when she called her university's triage line uncontrollably crying. She recounted, "The person on the line asked me, 'Are you going to kill yourself? If not, you don't need to be here.'" (Subject matter expert panel, 2018). Ignoring or minimizing such cases is dangerous. While it is understandable for a college or university to prioritize the most severe cases of mental illness, they also must ensure that they are taking mild or moderate cases of mental illness seriously and connecting students with the help they need, even if it is not on a same day basis. From the student side, students must not wait until their situation becomes a crisis before seeking help.

Advancing the Provision of Mental Health Services and Supports on College and University Campuses: Toolkit and Resource Guide – November 2018

Page 37

Continue to develop and broaden Behavioral Intervention Teams (BITs)

Many colleges and universities have formed "behavioral intervention teams" (BITs), or interdisciplinary teams of stakeholders across campus whose goal is to identify and proactively respond to troubling situations or students exhibiting troubling behaviors. Recognizing that different stakeholders on a campus might know complementary pieces of information about an individual but none on their own have a complete picture, this type of interdisciplinary, campus-wide model is meant to facilitate sharing of information so that the university as a whole has as complete a picture as possible regarding an individual's case and can make better-informed decisions about how to intervene if necessary.

An example of this is the Campus Assessment, Response, and Evaluation (CARE) Team at Wake Forest University, which serves the campus by "evaluating and responding to disruptive, troubling, or threatening behaviors brought to the attention of the Team" (Wake Forest website, n.d.) As part of its work, the CARE Team also helps identify students who are in need of mental health support and directs them to the appropriate support. They are not charged with responding to emergencies – this remains the mandate of the university police – but their efforts serve to prevent crises to the extent possible. The CARE team is based under the Dean of Students, and importantly, has support from the university's President to fulfill their mandate.

The CARE Team is composed of "representatives from throughout the University who have specific expertise and professional training in the assessment of, and intervention with, individuals who may present a threat to themselves and/or the University community" (Wake Forest website, n.d.) The group is led by two full-time staff, and inn addition to those full-time staff, includes representatives from Human Resources, the Office of Academic Advising, the Office of the Dean of Students, Residence Life and Housing, Student Health Service, Counseling Center, the University Legal Department, and the University Police. The group is led by a Case Manager, which intuitively provides a case management orientation to the group's activities. They meet weekly to discuss any emerging issues and how to approach them. *(It should be noted here that the role of case managers extends far beyond CARE teams at many colleges and universities. This is discussed in further depth in Module 1.)*

Of note regarding Wake Forest's CARE team, they not only see their mandate as preventing and mitigating crises, but also, more broadly, as doing proactive case management to support students' well-being as best they can. This vision is shared by other campuses' BITs but not others (which remain focused solely on crisis prevention/mitigation). If this vision were to be adopted by an increasing number of BITs across the nation, it stands to reason that this would benefit students' well-being to an even larger extent, and further prevent crises from occurring.

Members commonly found in CARE teams

Faculty Representatives

Wellness Directors

Deans of Students

Health Services Directors

Counseling Center Directors

Student Conduct Officers

Directors of Departments of Public Safety

Housing Directors

MODULE
6

Summary
of the
Challenge
and
Potential
Solutions/
Promising
Practices

Decision-
Making
Tools/
Exercises

Selected
Resources

Advancing the Provision of Mental Health Services and Supports on College and University Campuses:
Toolkit and Resource Guide – November 2018

Page 38

Facilitate easier student access to counseling services

While students are seeking counseling services in higher numbers than ever before, evidence from our key informant interviews shows that simultaneously, students report finding it difficult to access such services. The reasons for this phenomenon are varied. Sometimes, for students who are triaged as having a mild or moderate case of mental health illness, this is due to the longer wait times they experience from the time of scheduling an appointment to the time of actually seeing a counselor.

While this situation is difficult to resolve (in the face of having too few counselors to meet student demand), there are other, simpler steps that colleges and universities can take to make counseling appointments more accessible to students. For example, implementing online appointment scheduling for counseling services is a relatively simple way to increase the accessibility of services and contribute to greater student satisfaction with the counseling center as a whole. A student representative from our subject matter expert panel stated, "A common conversation among students is how cumbersome it is for them to make appointments with counseling services (they must physically go to the office)." As a student volunteer at her university counseling center, she offered up the idea of an online appointment portal to the surprise of her colleagues. "They had never thought of it" (Subject matter expert panel, 2018).

Conduct mental health screenings

Mental health screenings for students are a practical, affordable way to identify students in need of mental health support and proactively offer them the support they need before they request it. Such screenings are already a practice on some college and university campuses (Jed Foundation, 2011). Increasingly, these screenings are conducted online, which is a logical venue (Eisenberg, et al., 2012). Online screening programs can provide a cost-effective way to reach a large number of students as they begin their student career (Rinker, 2017).

Below are a few examples of how colleges and universities have utilized online mental health screening programs.

- For the first time last fall, UCLA offered all incoming students a free online screening for depression. More than 2,700 students have opted in, and counselors have followed up with more than 250 who were identified as being at risk for severe depression, exhibiting manic behavior or having suicidal thoughts (Rinker, 2017).
- The Director of Counseling at University of Iowa, Schreier, added six questions about mental health to a first-year student survey that the university sends out several weeks into the fall semester. The counseling center follows up with students who might need help based on their responses to questions about how they'd rate their stress level, whether they've previously struggled with mental health symptoms that negatively impacted their academics, and whether they've ever had symptoms of depression or anxiety. He says early intervention is a priority because mental health is the number one reason why students take formal leave from the university (Reilly, 2018).

Importantly, online mental health screenings can be used to identify students at risk of suicide, and research has demonstrated that the use of such tools actually increases the willingness of these students to seek help. Findings from a randomized controlled trial examining the use of the Electronic Bridge to Mental Health Services ("eBridge"), an online screening for college and university students to at risk for suicide, were that offering personalized feedback and the option of online counseling to students had a positive impact on their readiness to consider engaging in treatment (King, et al., 2015).

These types of online mental health screenings could be utilized by more colleges and universities. In addition, schools could take the opportunity to administer screenings not only to first-year students at the time of matriculation, but also more regularly throughout a student's college career. Given that students are more likely to visit the student health center than the counseling center during their time at a university (Subject matter expert panel, 2018), such screenings could be implemented at the time of intake to the student health center.

Advancing the Provision of Mental Health Services and Supports on College and University Campuses: Toolkit and Resource Guide – November 2018

Page 39

Ensure the institution upholds students' rights in the wake of crises

There is anecdotal evidence that some universities have punitive policies towards students who undergo hospitalization due to a mental health issue and/or who attempt suicide (Key informant interviews, 2018). While an institution has the right to enforce its Code of Conduct, these policies must be applied equally across all students, and may not be applied in a discriminatory fashion towards students who have undergone a mental health crisis (Transitions RTC, 2012). For instance, it may be discriminatory for a school to impose a leave of absence on a student due solely to that student having a mental health issue; a leave should only be imposed if "an individualized assessment has been made to determine that the school considers [the student] to be at risk of harming [them]self or others" (Transitions RTC, 2012). If a student feels that they are being discriminated against by a university, they have the right to seek due process under the law. It is important for both institutions and students to be familiar with these rights, and to ensure that they are upheld.

DECISION-MAKING TOOLS/EXERCISES

1. **HEMHA (Higher Education Mental Health Alliance)**, Balancing Safety and Support on a Campus: A Guide for Campus Teams. "The guide is designed to help crisis teams that already exist or are currently forming to make informed decisions when it comes to structure and operation. It is organized into 5 sections: "Team mission and purpose — choosing a scope and emphasis for your campus team, Naming the team so that it accurately reflects mission and purpose, Team composition, size and leadership, Team functions — forming a team, developing policies and procedures, promoting a culture of caring, and ongoing team functions, and Common pitfalls and obstacles that teams can anticipate." Crisis teams can help to reach scale with MHS by providing on-the-ground assessments of areas where the campus needs to improve, what kind of outreach would be helpful, and get a more thorough read on the student body in order to reach as many students as possible.

2. **Jed Foundation**, Campus Mental Health Action Planning. This helpful guide includes, among other things, a section devoted to "Strategies for Promoting Mental Health and Preventing Suicide." The Jed Foundation's approach to suicide prevention/mental health promotion, discussed in depth in this section, is summarized in the graphic below.

Comprehensive Approach to Suicide Prevention and Mental Health Promotion: Identify Students at Risk, Increase Help-seeking Behavior, Provide Mental Health Services, Follow Crisis Management Procedures, Restrict Access to Potentially Lethal Means, Develop Life Skills, Promote Social Networks

Advancing the Provision of Mental Health Services and Supports on College and University Campuses:
Toolkit and Resource Guide – November 2018

Page 40

SELECTED RESOURCES FROM OTHER SCHOOLS AND ORGANIZATIONS

1. University of Colorado, Boulder Student Support and Case Management

2. Clemson University Crisis Management Team

3. Miami University Crisis Management Team

4. Florida State University Case Management Services

5. ProtoCALL: After hours call service, free for students, if university contracts service.

6. Jed Foundation **"Seize the Awkward" Campaign**. Seize the Awkward encourages teens and young adults, particularly those ages 16-24, to create a safe space for their friends to open up about mental health challenges. The campaign personifies an awkward silence that can happen between friends before a conversation about mental health. This character, Awkward Silence, portrayed by Broadway star and actor Gideon Glick, shows viewers the opportunity that exists in recognizing something is wrong and breaking through an awkward silence between friends – and encourages them to use this moment to check in and ask about their mental health.

7. National Association of School Psychologists, "Recovery From Large-Scale Crises: Guidelines for Crisis Teams and Administrators". This guide provides best practices on protocols to follow in the wake of a crisis that affects several students at once, such as a mass shooting, natural disaster, or something similar. While these guidelines were developed for use at the primary school level, the protocols can be adapted for the post-secondary education environment.

Advancing the Provision of Mental Health Services and Supports on College and University Campuses:
Toolkit and Resource Guide – November 2018

Page 41

MODULE 7:
Planning and Budgeting for Mental Health Services

Module 7: Planning and Budgeting for Mental Health Services

—

MODULE
7

Summary
of the
Challenge

Potential
Solutions/
Promising
Practices

Decision-
Making
Tools/
Exercises

Selected
Resources

SUMMARY OF THE CHALLENGE

Through holding key informant interviews and subject matter expert panels with counseling center directors and other officials at US colleges and universities, it has become clear that most colleges and universities do not follow a structured planning and budgeting process for the provision of mental health services (including counseling, outreach, and other prevention services) on campus. It is not entirely clear what factors underlie current decision-making on college and university budgetary allocations for mental health services, and this seems to indicate that there are not even formal criteria for making such decisions. Dr. Jane Wiggins, Director of the Campus Suicide Prevention Center of Virginia, states, "The process of planning and budgeting for mental health services at universities is different on different campuses and is also different at different times. It depends largely on who is in the room and what their priorities are."

In practice, the lack of a formal planning and budgeting process for mental health services means that:

▸ There is a mismatch between student demand for mental health services and the budget allocated for these services. Granted, it may not be possible to completely meet student demand, as discussed in Module 1 – but universities could attain a closer alignment with student demand by thinking through how to scale up services to a feasible level and the budget that would require. Currently, as one of our informants noted, "A lot of counseling centers get their funding based purely on the university's budgetary allocation, which does not change with demand."

▸ There is a mismatch between what a counseling center has the budget to do and what it actually wants to do (in terms of the types of services the counseling center provides).

Based on available literature and key informant interviews, it seems that decisions to allocate funding for mental health are largely reactionary. As one counseling center director stated, "[Mental health] funding is increased when something bad happens". He went on to explain that when a suicide or other mental health tragedy happens to one of a college/ university's students, the institution responds by freeing up funds for mental health services. This notion is supported by literature. In a 2012 qualitative study by Hunt, et. al., in which personnel at 10 colleges/universities were interviewed, all participants described crises, both national and local, as playing a strong role influencing funding decisions on mental health. However, in situations when funding is quickly allocated to mental health in response to a crisis, the funding often comes in the form of a targeted prevention or crisis mitigation campaign, which does little to bolster mental health systems or address student needs over the long term.

Advancing the Provision of Mental Health Services and Supports on College and University Campuses:
Toolkit and Resource Guide – November 2018

Page 43

It is also true that the flexibility (or inflexibility) of a college or university's funding sources has influence over the budgetary allocation for mental health services. Colleges and universities with endowments, for example, or other non-earmarked funding sources, have more flexibility to direct funding towards mental health services than do colleges and universities whose funds are strictly earmarked (key informant interviews, 2018). However, if colleges and universities of both types can quickly mobilize "emergency response" resources when an adverse event happens on campus, this demonstrates that regardless of funding source, funds can be shifted to mental health when there is enough political will on the part of the institution's leadership.

POTENTIAL SOLUTIONS/PROMISING PRACTICES

Institute Formal Planning/Budgeting Process for Mental Health Services

Ideally, colleges and universities would follow the process commonly utilized in public health, whereby they would develop a strategic plan (with overall goals, devolved to objectives and activities) for how they plan to support students' mental health needs in the coming year (or years, if it is a multi-year plan). They would then determine, for each activity, how much should be budgeted to appropriately implement that activity. This strategic plan and budget would then be presented together to the university's senior leadership for review and approval/negotiation. This process would ensure that activities and budget of mental health activities as a whole are appropriately scaled (to the extent possible anyway) to student demand. It would also ensure that the budgetary allocation is aligned with, and therefore supports, the types of activities that the counseling center directors and other mental health professionals on campus feel are the best match for student needs.

To guide colleges and universities through a step-by-step process of strategic planning and budgeting for mental health, we have included a toolkit from the World Health Organization called "Planning and Budgeting for Mental Health". The link to this toolkit is provided below in the following section of this module. While this toolkit was written for countries in a global health context, the principles are the same for any mental health system and can be adapted to suit the college or university environment. A helpful graphic from this toolkit on the steps involved in strategic planning and budgeting is provided on the following page.

Introduce or Expand Flexibility in Funding Sources

Some colleges and universities fund their mental health service provision using counseling center fees charged to students at the point of service. This is seen as advantageous in terms of budget flexibility, as these funds can be utilized in whatever manner the counseling center deems appropriate to support the mental health needs of students and is also more dynamically scaled to the number of students seeking mental health services. However, only a small percentage of counseling centers actually charge such a fee; according to the AUCCCD's 2016 annual survey results, only 15% of public and private institutions charged for campus counseling services. This is largely due to the fact that charging even $10 or $15 per session is seen as a barrier to students' access to counseling services. This perception has been supported by recent data from the University of Texas, Austin. When UT Austin announced earlier in 2018 that it was removing its $10 per session fee for counseling center visits, the university reported that student utilization of the counseling center increased by 48%, compared with the same semester during the previous school year (Bauer-Wolf, 2018).

MODULE
7

Summary
of the
Challenge

Potential
Solutions/
Promising
Practices

Decision-
Making
Tools/
Exercises

Selected
Resources

Advancing the Provision of Mental Health Services and Supports on College and University Campuses: Toolkit and Resource Guide – November 2018

Page 44

Step A. Situation Analysis

Tasks:

1. Identify population to be served
2. Review context of mental health stakeholders
3. Consult with all relevant stakeholders
4. Identify responsibility for MG budget and plan
5. Review current public sector service resources
6. Review other sector service resources
7. Review current service utilization (demand) in all sectors

Step B. Needs Assessment

Tasks:

1. Establish prevalence/incidence/severity of priority conditions
2. Adjust prevalence data
3. Identify the number of expected cases per year
4. Estimate service resources for the identified need
5. Cost resources for estimated services

Step D. Implementation

Tasks:

1. Budget management
2. Monitoring
3. Evaluation

Step C. Target setting

Tasks:

1. Set priorities - Identify highest priority unmet need from <gaps> between A and B1
2. Options appraisal
3. Set targets - medium-term time scale for service plans (3-5 years)
   - New service functions and necessary facilities
   - Extension of capacity of current services
   - Disinvestment from lower priority services
   - Collection of new data for the next planning cycle

Cross-Departmental Committee Approach to Budgeting

Anecdotal findings suggest that forming a cross-departmental committee of representatives from the counseling center, student health center, and other offices across the college or university to provide input to the institution's budget-making process can be an effective way of advocating for the resources needed. An example of this was provided by Dr. Marsha Ellison, who currently serves as the Deputy Director of the Transitions Research and Training Center at University of Massachusetts Medical School. She noted, "A committee formed with various offices and organizations across our university, and that process led to more money allocated to the counseling center."

Harness the Power of Student Voices

As one Director of counseling services noted, "It's more powerful to a university's Board of Trustees and President to listen to students than to us [counseling center personnel]" (Subject matter expert panel, 2018). Other college and university personnel who participated in subject matter expert panels agreed with this notion. However, student voices must also be informed by what it takes to deliver mental health services

The power of student voices in planning and budgeting

Advancing the Provision of Mental Health Services and Supports on College and University Campuses: Toolkit and Resource Guide – November 2018

Page 45
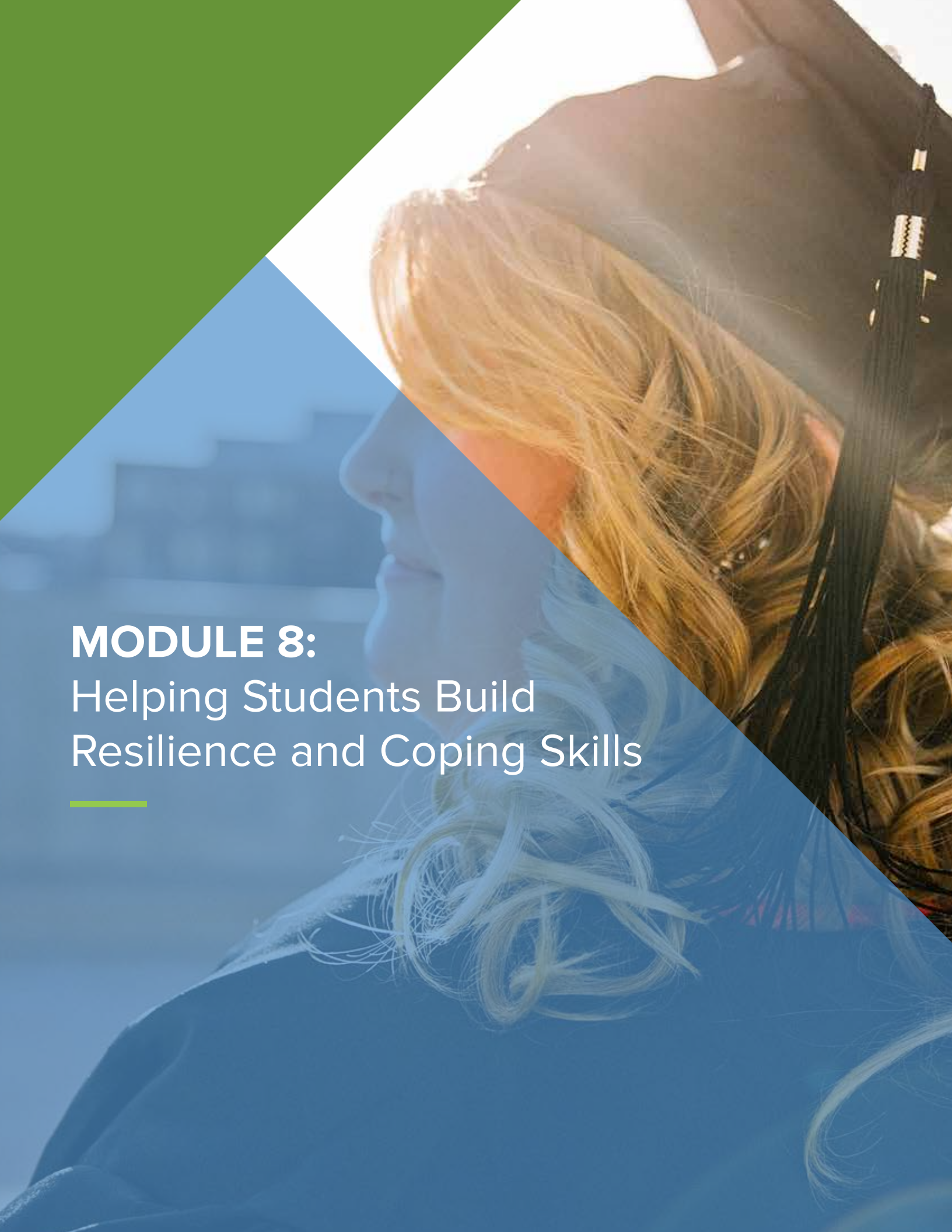
and how much counseling and outreach services cost. Taken together, these ideas imply that if counseling center directors worked with students to brainstorm ideas for how mental health services could be adapted, expanded, and/or differently structured, and presented these ideas to college/university leadership, it may be a more powerful advocacy mechanism than either students or counseling center personnel acting alone.

DECISION-MAKING TOOLS/EXERCISES

1. World Health Organization, Planning and Budgeting for Mental Health. This guides the reader through the process of strategic planning and budgeting for mental health services. While it was written for countries to undertake this process at the national leve, its lessons can also be adapted for the college/university context.

2. Missouri Department of Health website. This website presents overall guidance on how to conceptualize an "intervention budget" – which is quite similar to how a counseling center's budget should be developed.

3. Missouri Department of Health: Budget Preparation Explanation. This tool guides the reader on how to calculate each budget category (personnel, other direct costs, purchased services, and indirect costs).

SELECTED RESOURCES FROM OTHER SCHOOLS AND ORGANIZATIONS

1. Missouri Department of Health: Budget Preparation Worksheet. This is a sample template that college and university counseling center or administrative personnel can use to prepare a budget. This can be adapted however necessary to suit the budget categories that are applicable to the counseling center.

2. Parkland Hospital. On their "Developing a Budget" page, there is a section at the bottom titled, "Budget Templates and Calculators" that could be useful to college and university counseling center or administrative personnel. This section includes a generic budget template (for a multi-year budget), and also an effort conversion calculator (person-months calculator).

MODULE
7

Summary
of the
Challenge

Potential
Solutions/
Promising
Practices

Decision-
Making
Tools/
Exercises

Selected
Resources

Advancing the Provision of Mental Health Services and Supports on College and University Campuses:
Toolkit and Resource Guide – November 2018

Page 46

MODULE 8:
Helping Students Build Resilience and Coping Skills

Module 8: Helping Students Build Resilience and Coping Skills

SUMMARY OF THE CHALLENGE

In our literature review, conversations with key informants, and subject matters expert panels, one recurring theme was that college students need help building resilience and coping skills. Many of our key informants and experts spoke to the heightened expectations and pressures on college students today, compared to students in years past. "Campus used to be a much less perfect place, with much less perfect people...Today you see students walking on campus and you can cut the tension with a knife with them trying to perfect (Key informant interview, 2018)." At the same time as they face this heightened pressure, college students today are also believed to have lower coping skills than their counterparts in previous generations (Subject Matter Expert panel, 2018). This presents a dire situation that must be addressed by the post-secondary education community, including institutions and students alike.

POTENTIAL SOLUTIONS/PROMISING PRACTICES

When asked what institutions can do to help address this situation, many of the counseling directors we spoke to pointed to a "wellness" approach, including resilience building. Resilience training programs are popping up around the country. Resilience, broadly defined, is an object's ability to hold and recover their shape in changing environments. In the context of college mental health, resilience is "the capacity for successful adaptation in the face of stress, challenge, and adversity" (George Mason University, 2018). Resilience programs work to empower students with the coping skills necessary to thrive in college and university environments. These programs take various forms, from classroom-based CBT models to workshops and trainings. Below we highlight a few examples of such programs.

▶ The Resilience Consortium, a partnership between various colleges and universities based at Harvard University, works to promote and build student resilience.

▶ Penn State University's "Penn Resiliency Program (PRP) is an example of a classroom-based group intervention. This program's curriculum works to teach cognitive-behavioral and social problem-solving skills and is based in part on cognitive-behavioral principles and clinical practices developed by

Taken from a Dartmouth Counseling Center worksheet provided to students, on "Understanding Our Responses to Stress and Adversity."

Dartmouth Counseling Center offers a worksheet to students outline the Adversity, Beliefs, Consequences(ABC) Model It ask students to vividly recall a recent adverse event. After recording the A, fill in the C, then the B. Or, you might follow an ABC order. Choose the method that works best for you.

A: Describe the event objectively. Answer these questions: Who? What? Where? When?

B: Record your thoughts about the event. Why do you think it happened?

C: Record your feelings and actions.

Advancing the Provision of Mental Health Services and Supports on College and University Campuses: Toolkit and Resource Guide – November 2018

Page 48

Aaron Beck, Albert Ellis, and Martin Seligman (Abramson, Seligman, & Teasdale, 1978; Beck, 1967, 1976; Ellis, 1962)."

▶ George Mason University developed its own resilience model (pictured below) with input from a group of stakeholders from its learning community. The university offers online, self-guided courses to help students build their skills in the areas that serve as the five pillars of this model: meaning in life, positive emotions, social support, coping, and physical well-being.
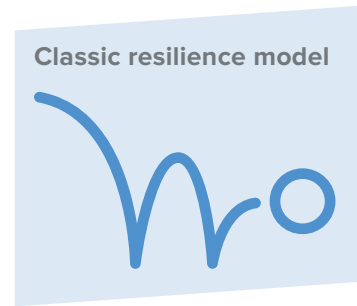
George Mason Resilience Model.

Social Support

Positive Emotions

Coping

Meaning in Life

Physical Well-Being
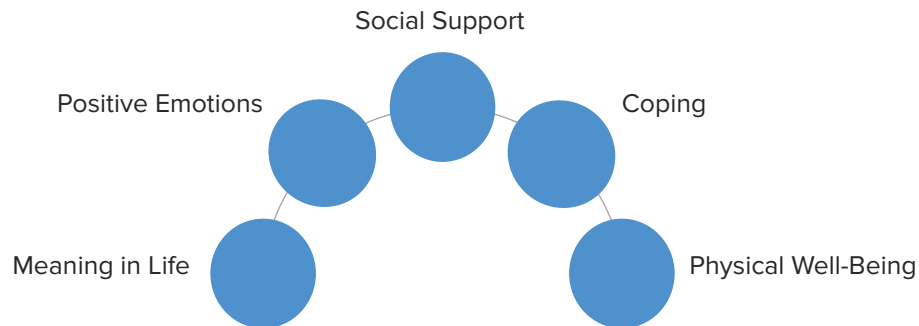
Many resilience programs are based on Albert Ellis' "ABC" (Adversity, Beliefs, Consequences) model. In it, Ellis articulates, that it is not the person, situation, or event that leads one to feel a particular way. It is the individual's interpretation of the person, situation, or event. These interpretations may motivate behaviors that either attempt to overcome the adversity (i.e., resilience), or undermine resilience (e.g. avoidance, numbing with alcohol, etc.). The Dartmouth Counseling Center uses the ABC model as a resource for students to help them understand their responses to stress and adversity. Giving students simple tools like the Dartmouth ABC worksheet through, which they can come to understand and process their feelings, works to reduce stigma around negative thoughts and other mental health issues. Dartmouth's use of Ellis's ABC model in a worksheet demonstrates a simple solution to a potentially complex idea which can support students seeking mental health services." The textbox on page 48, is taken from the Dartmouth ABC model worksheet. This work sheet simplifies Ellis's ABC model as an everyday tool for students experiencing stress. Dartmouth's provision of the worksheets is one example of how a college or university can boil down therapy methods and techniques to accessible, quick models for daily use. This allows counseling centers to reach more students.

Most resilience programs currently available, are for the general college student population. However, emerging resilience programs are being tailored towards special segments of that population. One such program is that developed by researchers Jessica C. Fentress and Rachel M. B. Collopy (2011). Fentress and Collopy conducted interviews with first-generation college students to identify barriers to success in college. Based on their qualitative findings, the researchers concluded that implementing the following strategies can improve resilience among this population:

▶ Have professors encourage students to seek help during office hours and guide students to resources on campus, such as the academic resource center; the academic resources can teach students time management and study skills to optimize performance.

▶ Provide mentoring services, particularly during a student's first year on campus. Being mentored can help foster a sense of interpersonal belonging and reduce feelings of isolation, both of which can increase resilience. Mentors can also focus on teaching their mentees self-efficacy and stress management.

▶ Train faculty about issues particularly relevant to first generation college students in hopes of inspiring faculty to be empathic to the challenges of this population and to reach out if they notice that a student may be at risk of dropping out of school.

Advancing the Provision of Mental Health Services and Supports on College and University Campuses:
Toolkit and Resource Guide – November 2018

Page 49

► Make role models out of first generation college students who are among the faculty and staff of the university by including this demographic information in their biographies on the school website. Doing this can help promote a sense of pride among current first-generation college students, as well as foster a sense of social belonging, both of which can contribute to resilience (Fentress & Collopy, 2011).

DECISION-MAKING TOOLS/EXERCISES

1. University of Michigan uses psychometric assessments of resilience. As colleges and universities work to help students build resilience and coping skills, we recommend they utilize psychometric assessments of resilience. Psychometric assessments such as the Connor–Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003) can be used by counseling centers as a preventative or information-gathering tool to understand baseline levels of resilience on the general college campus, and as a reactive tool to target resiliency strategies in the mental health service-seeking population. The University of Michigan uses this tool as part of their campus-wide College Student Mental Health Survey. Michigan used the College Counseling Center Assessment of Psychological Symptoms (CCAPS). This assessment tools tracks 62 items scored on a five-point scale and taps eight mental concerns for students: depression, anxiety, social anxiety, eating concerns, family distress, hostility, substance abuse, and academic distress (College Student Mental Health Survey: Phase IV, 2013). Their work shed light on how students at the University of Michigan's choices in their help seeking behavior. The University of Michigan went on to publish their results in a web-based newsletter, demonstrating information sharing across a university ecosystem. The University of Michigan's research worked to understand resiliency and hope among students on their campus using psychometric assessments of resilience. Colleges and universities wanting to support students build resilience and coping skills need to research their particular populations and use the data to make targeted interventions.

SELECTED RESOURCES FROM OTHER SCHOOLS AND ORGANIZATIONS

1. The Duke Endowment: Resiliency Project. The Duke Endowment provided 3.4 million to study resilience among college-students and implement resilience-building interventions at the following institutions: Davidson College, Duke University, Furman University, and Johnson C. Smith University.

   Davidson College:
   ► "Bounce breaks" were implemented during April (final exam month), where students can attend sessions on mindfulness and healthful living.
   ► Provided online therapy.

   Duke University:
   ► The first-year "Duke Experience" course incorporated healthy lifestyle techniques.
   ► Students will be encouraged to use campus resources to build skills that can help them optimize their academic performance or social circle, both of which can contribute to resilience.

   Furman University:
   ► Web-based tutorials and text messages were used to promote skills to manage academic stress and, as a result, optimize academic performance.

   Johnson C. Smith University:
   ► The Transitions Project aimed to help students cope with the financial stress of college.
   ► Case management was provided for males to help them develop a trusting relationship with a mental health provider because male students report greater concerns about confidentiality compared to female students.
   ► A book study was conducted to help freshman develop a sense of community responsibility and self-care.

Advancing the Provision of Mental Health Services and Supports on College and University Campuses: Toolkit and Resource Guide – November 2018

Page 50

Duke University has implemented a mindfulness meditation program called Koru, which uses a "developmentally targeted model for teaching mindfulness meditation to emerging adults" to increase buy-in among students. The program is highly structured, emphasizes stress and anxiety-reduction strategies more than traditional mindfulness, and explicitly addresses skepticism about mindfulness. The study showed significant increases in mindfulness and self-compassion and significant decreases in perceived stress and sleep problems.

2. Pennsylvania State University: Penn Resilience Program (PRP). The goal of the program is to "prevent and reduce anxiety and depression among college students…The Penn Resiliency Program (PRP) for college students is a classroom-based group intervention. The curriculum teaches cognitive-behavioral and social problem-solving skills and is based in part on cognitive-behavioral principles and clinical practices developed by Aaron Beck, Albert Ellis, and Martin Seligman (Abramson, Seligman, & Teasdale, 1978; Beck, 1967, 1976; Ellis, 1962). Central to PRP is Ellis' Adversity-Consequences-Beliefs (ABC) model, the notion that our beliefs about events impact our emotions and behavior. Through this model, individuals learn to detect inaccurate self-defeating beliefs, to evaluate the accuracy of those beliefs, and to replace negative thoughts with more accurate and constructive beliefs. PRP also teaches a variety of strategies that can be used for solving problems and coping with difficult situations and emotions. Individuals learn techniques for assertiveness, negotiation, decision-making, social problem-solving, and relaxation. The skills taught in the program can be applied to many contexts of life, including relationships with peers and family members as well as achievement in academics or other activities."

   ▶ Structure: 2-hour sessions/week for 8 weeks
      - Activities include "interactive presentations," experiential exercises, and homework.
   ▶ Instructors have included teachers, counselors, resident advisors, and psychology graduate students
   ▶ This program is also available for dissemination to other universities and organization

3. Boston University. Highlights from a presentation about promoting resilience in college students:

   ▶ Encourage faculty to promote a "growth mindset" when they teach
   ▶ Create a "culture of caring" can foster resiliency by reminding students that they are supported and not alone. This can be achieved by encouraging faculty to foster connections with students and to communicate with students in certain ways that:
      - Show care to students who appear distressed
      - Normalize the social, emotional, and academic stresses of college life that students face (i.e. telling a student distraught over a grade on a test: "Getting a C on a test because you are struggling to manage your time as a first-year college student is not a sign of weakness; it is normal to have difficulty to adjusting to college")
      - Help students build social connections with their peers through in and out-of-class group assignments, for example (Walton & Cohen, 2011)

- Shift from a "problem-based" model" (i.e., "Receiving a D means you are a poor student") to a "strengths-based" model, ("How can you use your strengths to improve what you are learning in school?") (Benard & Truebridge, 2013).

▶ Below is a list of additional strategies that mental health and non-mental health professionals can teach students (these are directly from the presentation):

- Responding to self with empathy and to others
- Defining personal values
- Mindfulness: using apps and in person tools
- Problem-solving skills
- Tolerating and respecting differences
- Merging Perspectives
- Resolving interpersonal conflicts
- Identifying Personal daily rhythms
- Connecting Skills
- Resisting Shame
- Distress tolerance skills
- Refusal Skills

4. Winstanley College: "Stress-Buster" Course. Teaches students relaxation and meditation techniques. The university evaluates the resilience of its students according to a "pressure performance curve," which evaluates how "pressured" a student feels in relation to their academic performance. The theory is that a student who feels high levels of pressure and is performing poorly will feel less resilient because of their poor performance. This technique was developed by Manchester University and a business psychology company called Robertson Cooper. This assessment does not help target students who may need the intervention; instead, the assessment is used for information-gathering purposes. "Personal tutors" coach students to implement cognitive behavioral therapy skills, such as thinking about a situation differently or changing a behavior to reduce distress (Carter,2010).

Summary
of the
Challenge

Potential
Solutions/
Promising
Practices

Decision-
Making
Tools/
Exercises

Selected
Resources

Advancing the Provision of Mental Health Services and Supports on College and University Campuses:
Toolkit and Resource Guide – November 2018

Page 52

MODULE 9:

Utilizing Technology to
Connect Students to Mental
Health Services and Supports

Module 9: Utilizing Technology to Connect Students to Mental Health Services and Supports

—

SUMMARY OF THE CHALLENGES AND OPPORTUNITIES

Opportunities

The use of technology to provide mental health services and supports ("tele-mental health") is on the minds of students, clinicians, and practitioners alike, and presenting both challenges and opportunities. Tele-mental health offers an opportunity for college and university mental health systems to scale up mental health care and support in a cost-effective manner. For students, access to tele-mental health services would mean that they could access mental health services more quickly and easily. This would go a long way to reducing time, transportation, and (potentially) cost barriers to seeking care. Increasing students access to care by decreasing barriers to care is a promise of tele-mental health. However, more research is needed to vet current applications and tools. Below we highlight a few emerging applications, tools, and web-based technologies. We do not claim that any one is better than the other nor that any one technology should be use in lieu of in-person clinical methods. However, the technologies below decrease barriers to mental health care and support and work as supplements to robust mental health ecosystems.

While students, counselors, and post-secondary institutions alike want to use digital technologies to support mental health care services, they are all grappling with limitations.

From the institution's side, the major challenges to implementing tele-mental health services can be grouped into three categories: vetting technologies, ensuring legal and ethical compliance, and covering costs.

Challenge #1: Vetting Technologies

In the last few years, there has been a marked increase in the number of tele-mental health platforms. While college and university counseling centers see this as an enormous opportunity, they are perplexed as to how to go about selecting the platform that would work best for them. Currently, the inboxes of college and university counseling center directors, and even presidents, are being bombarded by companies advertising their platforms, and there is no peer-review process for reviewing and selecting the right platform for their needs. "The rate that programs are being developed is overwhelming" (Subject Matter Expert panel, 2018).

Challenge #2: Ensuring Legal and Ethical Compliance

Simply put, the regulations governing health services have not kept up with the rapid development of the telemental health service industry, and this has left both institutions and providers without clear or consistent guidance as to how to utilize these services legally and ethically (HEMHA, 2017). Legal problems arise chiefly in the areas of licensure and credentialing, particularly when mental health service provision crosses state lines; preventing malpractice; obtaining malpractice insurance coverage for TMH services; and privacy and cybersecurity concerns (HEMHA, 2017). Regarding licensure and credentialing, most State Boards assume that service providers and recipients are located in the same state – often not the case with telemental health service provision – and have not developed specific laws allowing for service provision across state lines (HEMHA, 2017). De facto, "State licensing laws generally do not permit out-of-state psychologists to provide counseling services to patients. For most states, that means you may need to be licensed in both your own state and in your client's state in order to practice with these modalities" (DeAngelis, 2012).

If TMH services are being conducted within the same state, or if the provider is legally and ethically able to provide TMH services across state lines, there are still legal issues at play in the areas of malpractice, digital competence, and privacy and confidentiality. Malpractice insurance does not consistently cover telemental health services, and psychiatrists need to know the law regarding prescribing medications to patients they haven't met in-person and the laws regarding prescribing a controlled substance across state lines (HEMHA, 2017).

Advancing the Provision of Mental Health Services and Supports on College and University Campuses: Toolkit and Resource Guide – November 2018

Page 54

Digital competence is an important factor in preventing malpractice and providing quality care to patients through virtual means. It means that practitioners should also be knowledgeable about the various technologies used in telemental health practice, such as the hardware, software, type of Internet connection, privacy safeguards and security precautions needed to help ensure client privacy. Counselors should be familiar enough with the systems so that they are able to adjust the auditory and visual quality of the technology as needed, and be able to address connection difficulties that may arise and have a backup plan for making contact should that happen (Barnett, 2016).

Regarding privacy and confidentiality, practitioners must adhere to HIPAA legislation that requires strict measures to be taken to ensure patient confidentiality and privacy, including information disclosed through electronic communication (HEMHA, 2017). The Health Information Technology for Economic Health Act (HITECH) more strictly reinforces HIPAA requirements, regulates electronic healthcare records access (HEMHA, 2017). Additionally, the Family Educational Rights and Privacy Act (FERPA) protects the privacy of all student records from unauthorized access or loss (HEMHA, 2017).

Challenge #3: Covering Costs

An institution seeking to provide telemental health services to its students must work to minimize the risk of incurring high costs as a result. As mentioned in the previous section on legal and ethical issues, counselors seeking to provide tele-mental health services across state lines must be licensed in both their home state and in their client's state. Assuming that the institution (and not the third-party telemental health provider) would pay these fees, the institution should review what the costs of additional state licensures would be (HEMHA, 2017). Additionally, the institution would have to review its current student insurance policies (if any) and ascertain whether these policies could be expanded to cover telemental health services (HEMHA, 22017). If there is no student insurance system at an institution, or the institution decides not to expand its student insurance policy to cover telemental health services, the burden of finding insurance coverage for these services would fall to students, which may be a barrier to them accessing this type of care.

POTENTIAL SOLUTIONS/PROMISING PRACTICES

Utilization of Online CBT Tools, ePsychiatry, and Virtual Counseling/Distance Therapy

An exciting new development within the college mental health space in recent years is the emergence of a plethora of online mental health intervention tools. These span a wide range, and main types include online cognitive-behavioral therapy (CBT) tools, ePsychiatry, mental health apps, and virtual counseling/distance therapy. An explanation of each category of tool is provided below.

Note that the inclusion of specific tools in this Toolkit is not meant as an official endorsement of these tools. These tools have not been evaluated in any rigorous way (something that needs to be done and that we are calling for in the "Rec-ommendations" section of this Toolkit). They are merely promising examples of tools that could support college students' mental health and wellness.

Online Cognitive-Behavioral Therapy (CBT) Tools

MoodGYM User Interface

Cognitive behavioral therapy is a type of psychotherapy which focuses on how thoughts and feelings affect behavior ("Cognitive Behavioral Therapy," 2017). "It is highly structured, typically manualized, follows a sequential progression, emphasizes self-responsibility, self-monitoring and homework, and includes ongoing outcome measurements." Online CBT or iCBT is an emerging field of psychotherapy in which CBT is administered online. "It can be computer-administered self-treatment (no therapist contact), computer-assisted (computer-administered, some clinical guidance/contact), mobile monitoring and communication psychoeducation, remote live treatment via videoconference, and

Advancing the Provision of Mental Health Services and Supports on College and University Campuses:
Toolkit and Resource Guide – November 2018

Page 55

MODULE
9

Summary
of the
Challenge

Potential
Solutions/
Promising
Practices

Decision-
Making
Tools/
Exercises

Selected
Resources

online therapist training (Cartreine, 2015)." Current studies look at the effect of iCBT interventions on specific mental health illness such as PTSD, eating disorders, anxiety, depression, etc. One such study of conducting in Australia, "Effectiveness of a Web-Based Cognitive-Behavioral Tool to Improve Mental Well-Being in the General Population: Randomized Controlled Trial," uses one such iCBT called MoodGYM.

MoodGYM is a free Internet-based self-help program that teaches cognitive-behavioral skills.* "It consists of 5 interactive modules that use diagrams and online exercises. It demonstrates the relationship between thoughts and emotions, examines issues related to stress and to relationships, and teaches relaxation and meditation techniques. It also includes sections on managing relationships and problem solving...Participants are encouraged to work their way through each of the 5 modules, 1 module per week, but are able to work at their own pace, ad libitum. The program includes an online workbook with 29 online exercises to help promote mental health (Mood Gym, 2018)." However, apps like MoodGYM have not been peer-reviewed and therefore colleges and university health centers are stuck on whether to adapt such an application. More research is needed with such digital technologies, especially on college and university campuses. These new studies should focus iCBT efforts with teens and young adult populations. While MoodGYM presents an opportunity for additional support systems for students with mental health issues, the lack of a robust evidence-based practice associated with the application warrants justified apprehension by service providers. *MoodGYM is no longer free*

Who is MoodGYM for?

Who is moodgym intended for?

moodgym is designed to be used by people who would like to prevent mental health problems or manage problems which are troubling but not incapacitating.

moodgym is not specifically designed for use by people with clinical levels of depression or anxiety. moodgym suggests that those who score above 2-3 on the moodgym Depression Quiz should contact a health professional.

- Some of the exercises might be counterproductive for those with strong emotions.
- Contact with a person (rather than an internet site) is very helpful for those dealing with these sorts of problems. A therapist can provide both the support and motivation to assist those with who may feel overwhelmed by their difficulties or who are battling to initiate self-help strategies.
- The perceptions of another person are helpful as each person is unique.
- Each person is unique and a standard program may need to be modified to take into account their particular circumstances.

Below are a few other web-based services and platforms that promise to give students more access to mental health care and support services. Some like MoodGYM, offer a therapist independent services, while others are intended to support clinical practices. Others are self-trackers and stopgaps for people with well-managed mental health issues.

ThoughtHelper is a free instant messaging tool that provides an "automated analysis of cognitive distortions to help guide a cognitive restructuring process under the supervision of a therapist or as a self-help or training device to develop awareness of cognitive distortions." Web-based tools like ThoughtHelper proport to help people with depression recognize negative self-talk. ThoughtHelper also exemplifies the payment structures of many wed-based mental health tools. While many are free, they offer progressive prices, some working into their digital technologies licensed mental health professionals to support users on the platform.

Advancing the Provision of Mental Health Services and Supports on College and University Campuses: Toolkit and Resource Guide – November 2018

Page 56

Screenshot of Thought Helper Free Service Platform
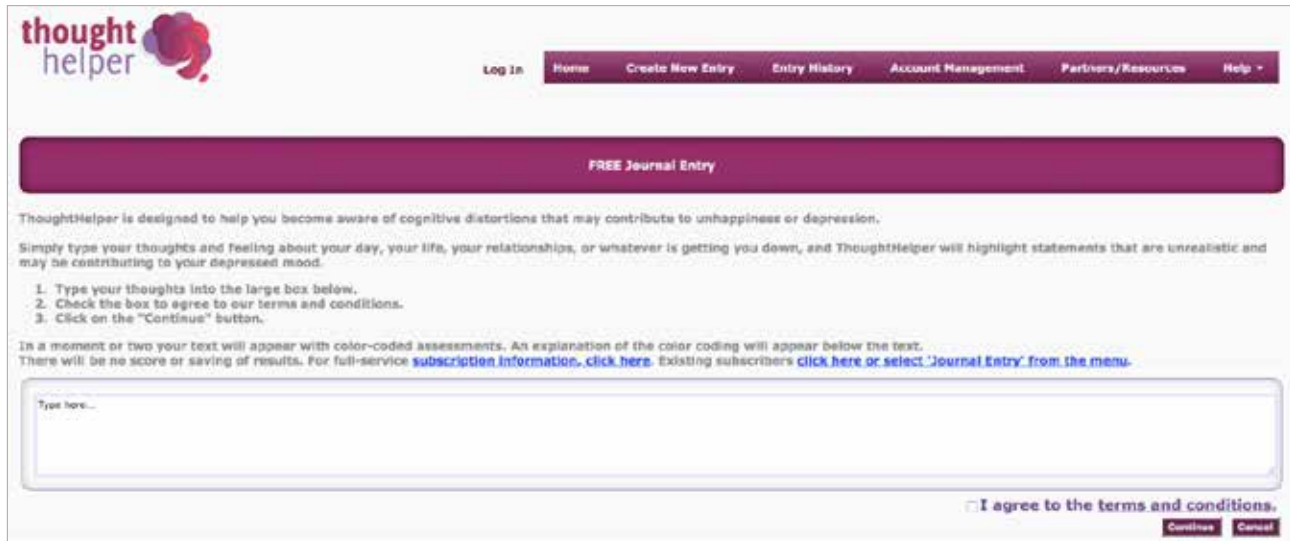
"Thought Helper" subscription model

Duration	1 month	3, 6, 9 months	12 months
Price per Month	$14.95 (USD)	$11.95/month (USD)	$7.95/month (USD)

ePsychiatry

E-Psychiatry is counselling conducted through email. An issue that emerges out of this work is that of liability with patient privacy, a concern echoed by many of the mental health professionals we spoke to. An interesting issue at the moment is doctors prescribing medicine through telemedicine. This is currently being dated in the government with doctors asking the DEA to clarify on the legality of prescribing medication online. Some cite it as potentially helpful in the pre-consultation and history gathering and administration portion of psychiatry. One of the dominant service providers is called e-Psychiatry. They take traditional health insurances and are covered by most states. They offer a flat rate fee both online consultations and online sessions.

Virtual Counseling/Distance Therapy

Virtual Counseling/Distance Therapy is similar to ePsychiatry and refers to communication with a therapist or other trained person through electronic platform (text, email, video chat). The issue of liability also appears here with state licensing laws not keeping up with technology. For most of these services providers set their own rates. This form of therapy takes many different forms from texting to video calls. Modelled off traditional therapy but virtual. The table below illustrates popular services and how much they cost.

Pricing for various distance therapy platforms

Platform Name	Talk Space	Breakthrough	Virtual Therapy Connect	BetterHelp
Cost	$20-250; Average: $25/week	~$100-150/ session(self-pay)	Varies per counselor	$35/week

Advancing the Provision of Mental Health Services and Supports on College and University Campuses: Toolkit and Resource Guide – November 2018

Page 57

OTHER POTENTIAL SOLUTIONS/PROMISING PRACTICES

Online Suicide Prevention Screening

Using online surveys to conduct suicide prevention screenings for students has become more and more common among college and university campuses (Jed Foundation, 2011). Online screening programs, such as the one at UCLA that targets incoming freshmen and transfer students, provide a cost-effective way to reach a large number of students as they begin their student career (Rinker, 2017). Despite the initial start-up costs of such programs, these programs are cost-effective over the long-term.

Health Tracking through Mobile Devices

WellTrack App User Interface

Though social media is critiqued for negatively affecting the mental well-being of students, it can also be utilized in positive ways in support of mental health. For example, some institutions of higher education are using social media to connect and communicate with students, as well as using online communications to share information about available mental health services and supports and supports. In addition, schools are utilizing these platforms to conduct research on student mental health. For example, researchers at Dartmouth College tracked a group of students using smartphone sensing app that assessed day-to-day and week-to-week impact of workload on indicators like stress, sleep, activity, academic performance, and mental well-being (Wang, et al., 2014). The researchers plan to replicate the study at two additional universities on different student populations to assess scalability of the app (Wang, et al., 2014).

Counseling Center Websites as Primary Information Hubs

Websites continue to be a primary avenue for colleges and universities to communicate information about mental health services and supports and other resources to student bodies. Respondents from the National Survey of College Counseling Centers report that 90% of counseling centers have a website and use it to provide information about mental health services and supports; 70% provide information on psychological issues; and 10% offer career counseling information. On average, centers report 206,000 hits per center. When asked how they learned about mental services at their college, the college website was most often cited as the primary source of information (Gruttadaro & Crudo, 2012).

However, colleges and universities still lag behind when it comes to providing online appointment scheduling on their websites. One student panelist we spoke to, marveled at her university counseling center's lack of a web-based appointment booking system. The counseling center's cumbersome appointment process (going sign up at the office) was commonly discussed among students. For her, this obvious barrier to seeking care was easily solved by digital technology. When this student, a volunteer at her university counseling center suggested an online appointment portal to her colleagues, she was surprised by the reception of her suggestion. "They had never thought of it."

DECISION-MAKING TOOLS/EXERCISES

Higher Education Mental Health Alliance (HEMHA) Guide. "College Counseling from a Distance: Deciding Whether and When to Engage in Telemental Health Services".

We highly recommend that institutions of higher education review this guide in full and utilize it in decision-making on whether and how to engage in telemental health service provision. It is comprehensive and informative, and includes the definition of telemental health; benefits, risks, and limitations of telemental health; and ethical and legal issues. Further, it leads colleges and universities through a step-by-step process of deciding whether telemental health service provision is right for them, and lists (through various questionnaires) all of the considerations institutions must be aware of in order to make informed decisions on this important question.

Advancing the Provision of Mental Health Services and Supports on College and University Campuses:
Toolkit and Resource Guide – November 2018

Page 58

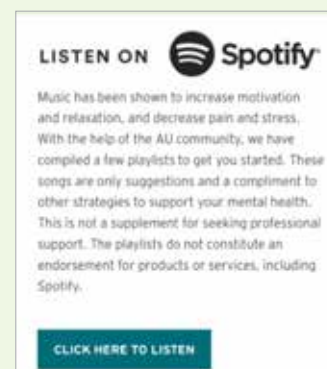## Need a Peer-Review Platform to Vet Emerging Tele-Mental Health Platforms

Colleges, universities and other institutions need the support of an evidence-based, peer-reviewed process they can use to examine the merits and potential pitfalls of available tele-mental health platforms. Across the country, students, practitioners, and clinicians crave the adoption and implementation of various web-based, mobile, and other digital technologies to support their care and access to care. We recommend that such a peer-reviewed process be put in place, ideally by a national government agency or national non-profit organization, so that colleges and universities can make informed decisions about what technological platforms to select in supporting their provision of mental health services and supports.

SELECTED RESOURCES FROM OTHER SCHOOLS AND ORGANIZATIONS

A full set of resources is available in the Appendix.

1. www.ulifeLine.org, a Jed Foundation resource. ULifeline is an online resource targets the college-aged population and partners with a number of universities. It provides targeted campaigns (e.g. "Seize the Awkward"), general mental health education, commentary on the portrayal of mental illness in pop culture, crisis resources, and holistic lifestyle strategies. Within the ULifeLine website, there is also a university search tool, which will provide the contact information for the university's counseling center and affiliated campus resources, as well as local community resources. It also includes a confidential mental health self-screening tool. Settogo.org includes tools and information for students, families, and educations designed to facilitate the transition from high school to college. Topics include college in perspective, social and emotional skills, basic life skills, mental health and substance abuse literacy, and the transition from high school to college.

2. Humanity and Resiliency Project. West Chester University aims to disseminate information (TED Talks and websites) largely online through their website, social media platforms (twitter[@WCUResilience] and Facebook [Humanity & Resiliency Project]), and events, related to the impact of shame and perfection on overall distress and strategies to overcome challenges. This Project's mission is to "foster the resilience of West Chester University students, faculty, staff, and the overall campus community by encouraging connecting with each other through shared humanity or vulnerability."

3. Counseling Center social media presence. Facebook, Twitter, Pinterest, Instagram, and snapchat pages, as well as YouTube channels help counseling centers share inspirational messages, educational resources, and coping strategies with followers, and also provide links to the respective counseling center's website.

4. Spotify Playlists. American University has created and shared playlists on Spotify in response to research suggesting that music can promote well-being and reduce distress. Sample playlists include "Motivation" and "Soothe".

5. **Tele-clinic**. Using web-based videoconference through virtual private network called the "Tele-clinic," Georgia Southern University connected its students in need of psychiatric services with psychiatry residents at Georgia Medical College. Results suggest that tele-psychiatry is an effective supplement to counseling center services for students with more severe presenting concerns.

American University using Spotify to increase student awareness about mental health.

LISTEN ON Spotify

Music has been shown to increase motivation and relaxation, and decrease pain and stress. With the help of the AU community, we have compiled a few playlists to get you started. These songs are only suggestions and a compliment to other strategies to support your mental health. This is not a supplement for seeking professional support. The playlists do not constitute an endorsement for products or services, including Spotify.

CLICK HERE TO LISTEN

Advancing the Provision of Mental Health Services and Supports on College and University Campuses: Toolkit and Resource Guide – November 2018

Page 59

MODULE 10:
Improving Mental
Health Equity

Module 10: Improving Mental Health Equity

SUMMARY OF THE CHALLENGE

Health equity means that "everyone has the opportunity to attain their highest level of health" (American Public Health Association (APHA), 2018). Improving health equity means addressing the inequities that act as barriers preventing individuals and communities from accessing their optimal level of health (APHA, 2018). These inequities are often related to social or demographic factors such as race, gender, income or geographic region. They can also be related to education, food access, housing, and employment (APHA, 2018).

In relation to mental health services and supports on college and university campuses, health equity refers to the opportunity for disadvantaged populations, including students of color, LGBTQ students, low-income students, and international students, to access quality, effective, and culturally appropriate mental health services and supports. This is especially important considering that these groups of students are often at a greater risk for experiencing mental health challenges due to some of the unique stressors they experience, such as racism, prejudice, financial insecurity, and acclimating to a new cultural or physical environment (National Council on Disability, 2017).

Social Determinants of Health

Advancing the Provision of Mental Health Services and Supports on College and University Campuses: Toolkit and Resource Guide – November 2018

Page 61
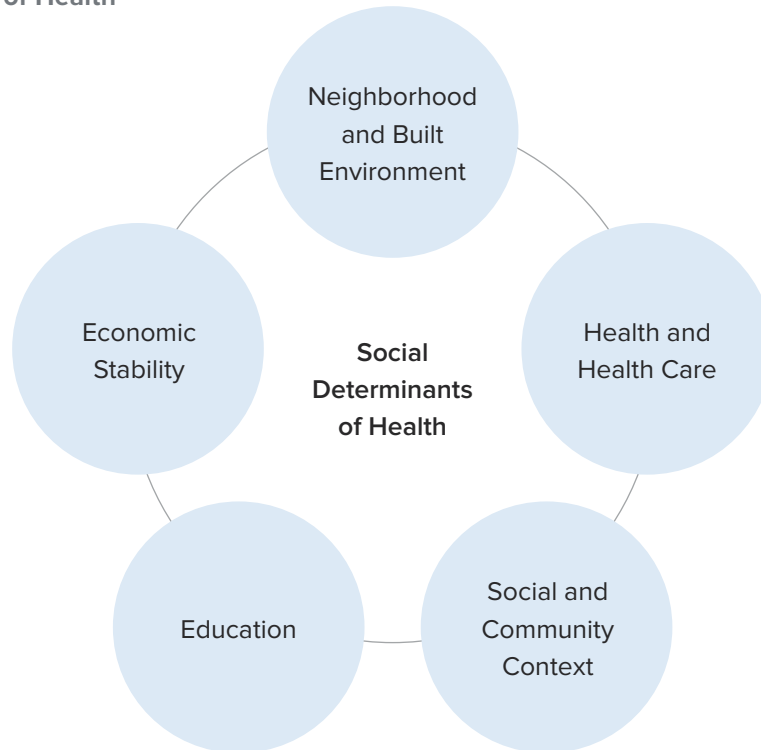
Students of Color

College students today are the most racially diverse generation in US history (Watkins, et al., 2012). Racial minorities experience a higher incidence of mental health problems compared to their non-minority counterparts (Kruisselbrink & Flatt, 2013). Some studies suggest that this is due the impact of racial discrimination, as well as the fact that for some minorities, seeking mental health support is not culturally acceptable, thereby reducing the health-seeking behavior of students belonging to those minorities. Students of color are also more likely to discontinue mental health services and supports prematurely (National Council on Disability, 2017). Furthermore, many first-year students who identify as first-generation college students are disproportionately students of color. This population faces a unique set of challenges and are known to under-utilize mental health services and supports on campus (Stebleton, et al., 2014).

LGBTQIA Students

The number of students who identify as lesbian, gay, transgender, bisexual, questioning, intersex, or asexual (LGTBQIA) has grown steadily since 2000 (California Community Colleges Student Mental Health Program, n.d.). These students may experience stressors associated with their sexual or gender identity, having experienced harassment, social exclusion, and other forms of prejudice or discrimination by their peers (UC Office of the President, 2015). Woodford, Han, Craig, Lim, and Matney (2014) note that studies show that psychiatric stress and mental health disorders tend to be more prevalent in sexual minority students compared to their heterosexual peers. While acceptance of differences in gender identity and sexual orientation and the inclusion of sexual orientation in many institution's anti-discrimination policies has improved in recent years, this population of students continues to experience discrimination, in both subtle and overt ways.

Low-income Students

Financial insecurity is recognized a risk factor for mental health problems, and often is a barrier to seeking treatment (National Council on Disability, 2017). It follows that students from families of lower socio-economic status face a disproportionate burden in this respect. While many colleges and universities offer counseling sessions for free, most institutions only offer a limited number of free sessions. Therefore, students of lower SES backgrounds who need ongoing or specialized mental health treatment and require additional sessions may be deterred by the cost of such sessions, whether those are paid counseling sessions on campus or private sessions off-campus (National Council on Disability, 2017).

International Students

International students studying at US colleges and universities face the same academic stress and pressure as their American peers; however, they also face the unique challenges inherent in studying and living in a foreign country. Language barriers, financial pressures, distance from family and friends, and cultural differences are all added stressors these students may encounter. Because mental health prejudice and discrimination is greater in many countries in comparison to the United States, they may also experience cultural barriers in identifying and seeking mental health services and supports on campus (Key informant interviews, 2018). One key informant noted, "International students often do not have the same understanding of mental health issues, or the same language around mental health issues, and those things are a barrier to them seeking care." If they do seek treatment on-campus, cultural and language barriers may prevent them from receiving the care they need.

POTENTIAL SOLUTIONS/PROMISING PRACTICES

Much of the literature that discusses mental health equity among college and university students emphasizes the need for greater diversity among counseling center staff, of whom the vast majority are white. Nearly 75 percent of counseling center staff surveyed in the 2015 AUCCCD report identified as white, while just 10 percent are black, 7.4 percent are Asian, and 6.7 percent are Latino. By making the composition of counseling center staff more representative of the student body, advocates argue, counseling staff would be better-

Advancing the Provision of Mental Health Services and Supports on College and University Campuses:
Toolkit and Resource Guide – November 2018

Page 62

positioned to connect to (and therefore deliver care to) the respective student groups with whom they share a common culture, language, race, or other demographic or social characteristic.

This strategy of diversifying counseling center staff may make the most sense for larger universities who (typically based on sheer numbers of students) have more diverse student populations, especially if there is a large group of students under-represented (or unrepresented) by the makeup of counseling center staff. For instance, if a university has a large population of Arabic-speaking students, and there are no Arabic-speaking counselors who have lived experience of Middle Eastern culture, it may make sense to do targeted recruitment for such a counselor. An example of an institution that has done this well is The Ohio State University. Dr. Micky Sharma, Director of the university's counseling center, stated, "Ohio State worked really hard to develop a staff that mirrors the student body. 11% of our students are international, and we have brought on staff who can provide clinical services in 8 different languages" (Key informant interviews, 2018).

For smaller institutions, or to serve smaller minorities at a larger institution, it may be more cost-effective to utilize a virtual counseling service (contracted by the institution, provided free of cost to the students) that has counselors on staff who share a common language or culture with those students. There is a growing list of third-party tele-mental health providers with which institutions can contract for such services. While these providers have not been vetted in any systematic way, the Higher Education Mental Health Alliance (HEMHA) suggests that institutions can vet these vendors themselves by asking the relevant questions raised

in their guide (e.g. ethical practice, credentials, scope of practice, fee structure, confidentiality, HIPAA and HITECH compliance, etc.) and then conducting a cost-benefit analysis (HEMHA, 2018).

While diversifying counseling center staff is a great goal to aspire to, the authors of this Toolkit recognize that this may not be achievable for some colleges and universities for a variety of reasons. In these cases, we recommend providing cultural competency training to counseling center staff to increase their understanding of the unique inequities and barriers that underserved student populations face. A recommendation for the mental health community at large is for additional research to be conducted that examines successful practices in providing mental health care to disadvantaged populations.

Below, we identify and describe a few prominent initiatives taking place at colleges and universities that are working to advance mental health equity for different student groups. These initiatives highlight some emerging best practices in reducing barriers to health equity.

Cross-Departmental Partnerships Work to Support LGBTQIA Students (American University)

As colleges and universities work to meet the unique needs of minority student populations, many counseling centers are forming partnerships and creating relationships with Centers for Diversity and Inclusion or Multicultural Centers. American University (Washington, DC) is one such institution where this is taking place. American University's Center for Diversity and Inclusion (CDI) advances a "commitment to respecting & valuing diversity by serving as a resource and liaison for students, staff, and faculty on issues of equity through education, outreach, and advocacy." Working to support minority students across the University, the CDI interfaces with the American University Counseling Center by educating trainee counselors about LGBTQ+ issues and ethnic/minority issues in order to help the counselors provide culturally-competent counseling services on campus. CDI also provides "Safe Space" workshops. At the conclusion of the workshop, attendees receive a "Safe Space" placard that they can place on their office door. This placard shows students which faculty members are knowledgeable about the issues facing LGBTQ+ students and can, as a result, provide support to such students who may be experiencing distress related to their gender identity or sexual orientation. "Safe Space" recipients are also educated about resources on campus that can provide sustainable assistance to particularly distressed students. Additionally, the CDI at American hosts "student panels" where students volunteers to speak in classes at American to answer questions about common experiences of LGBTQ+ people and provide information on how

Advancing the Provision of Mental Health Services and Supports on College and University Campuses: Toolkit and Resource Guide – November 2018

Page 63

to increase equity for this population on campus. Importantly, the university co-located their Center for Diversity and Inclusion next to the Counseling Center.

American University offers an example of a university calling on resources across departments in order to support students with unique needs. Not only does this holistic approach benefit LGBTQIA students – it also demonstrates the institution's support of these students, making them feel at home on their college campus despite the challenges they face.

Project RISE, a Peer Counseling Network for Students of Color (University of Virginia)

In 2006, African American students at the University of Virginia started a peer counseling program where students "deliver a supportive service in an atmosphere where students can openly talk about their thoughts and feelings" (University of Virginia website, 2018). Students in need of support are linked with a peer counselor to discuss the challenges they face and begin problem-solving and working through those challenges. Project RISE is unique in that it is directly connected to both the Office of African American Affairs and to the department of Counseling and Psychological Services in Elson Student Health (University of Virginia website, 2018). This program works to meet not only the demand for mental health services and supports for college students, but it decreases the need for clinical professionals. It is a cost-effective and efficient model that allows students with varying level of need access appropriate supports.

Young Black Men, Masculinities, and Mental Health Project (YBMen) (University of Michigan)

YBMen Project is a student-initiated program that uses social media to "provide mental health education and social support to young black men by using information and prompts form popular culture" (Young Black Men website, 2018). Participants are invited to join a private Facebook group where they discuss specific topics guided by facilitators. The Project's success is demonstrated by the decreased depression scores among men who participated in the YBMen Facebook group as compared to a control group who did not participate in the program. The photo to the right shows University of Michigan students tabling during a recruitment event for YBMen.

DECISION-MAKING TOOLS/EXERCISES

Published in 2017, the Jed Foundation and Steve Fund's "Equity in Mental Health Framework" provides colleges and universities interested in assessing and strengthening support for mental health and emotional well-being of students of color the following ten actionable recommendations:

1. Identify and promote the mental health and well-being of students of color as a campus-wide priority
2. Engage students to provide guidance and feedback on matters of student mental health and emotional well-being
3. Actively recruit, train, and retain a diverse and culturally competent faculty and professional staff
4. Create opportunities to engage around national and international issues/events
5. Create dedicated roles to support well-being and success of students of color
6. Support and promote accessible, safe communication with campus administration and an effective response system
7. Offer a range of supportive programs and services in varied formats
8. Help students learn about programs and services by advertising and promoting through multiple channels

Advancing the Provision of Mental Health Services and Supports on College and University Campuses:
Toolkit and Resource Guide – November 2018

Page 64

9. Identify and utilize culturally relevant and promising programs and practices and collect data on effectiveness.

10. Participate in resource and information sharing (within and between schools)

These recommendations offer a starting pointing supporting students of color. Additionally, "Equity in Mental Health Framework" implores colleges and universities to invest in evidence-based programs and research on this topic, providing a model to build upon.
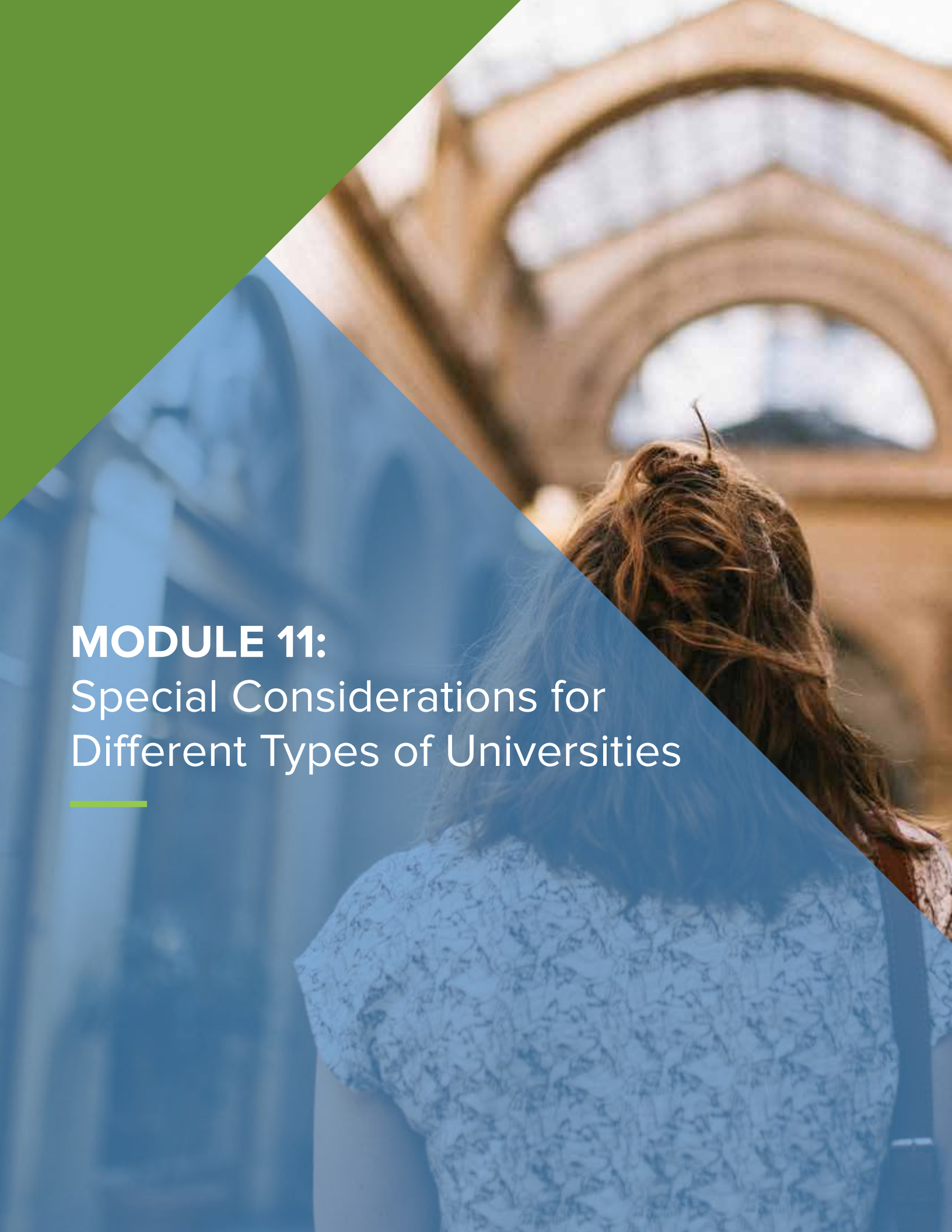
Proposed Transactional Flow of Information Between Science and Practice ("Equity in Mental Health Framework," 2017)

The sequence below shows the framework's proposed transactional flow of information between science and practice. This model can facilitate common language, goals, and opportunities for collaboration, with the goal of augmenting the existing literature.

BASIC SCIENTIFIC RESEARCH
- Characterizing unique challenges faced by students of color

TARGETED ON-CAMPUS PROGRAMS
- Informed by the literature above and campus-specific needs assessments

DISSEMINATION OF SUCCESSFUL PRACTICES AND NEXT STEPS
- Focus on evidence-based approaches and strategic practices to increase utilization

---

SELECTED RESOURCES FROM OTHER SCHOOLS AND ORGANIZATIONS

A full set of resources is available in the Appendix.

1. Bias Response Teams at Smith College. Smith college employs a "Bias Response Team," which "responds to bias incidents" in a non-investigative capacity. The BRT tracks bias incidents, refers victims to appropriate resources on campus, and publishes reports of bias incidents.

2. Office of Multicultural Affairs at University of Wisconsin - Eau Claire. The University of Wisconsin hosts a first-year orientation for students of color, which educates students about resources available to this unique population, such as support services and educational and cultural programs.

3. LGBTQ Resource Center at University of Colorado – Denver. The LGBTQ Student Resource Center provides services similar to the American University Center for Diversity and Inclusion (workshops, guest speakers, education, etc.) The University of Colorado Denver also has a Steven A. Cohen Military Family Clinic, which is separate from the university Counseling Center, and provides case management, parent consultation, and individual and couples therapy for veterans, their children, and spouses. Veterans are another student population with unique needs that mental health services and supports must work to accommodate.

Advancing the Provision of Mental Health Services and Supports on College and University Campuses:
Toolkit and Resource Guide – November 2018

Page 65

MODULE 11:
Special Considerations for
Different Types of Universities

Module 11: Special Considerations for Different Types of Universities

In writing about challenges, opportunities, promising practices, and tools/resources for colleges and universities in their provision of mental health services and supports, it is important to acknowledge that there are important differences among institutions. As such, the way forward to advance the provision of mental health services and supports should not be viewed as a "one size fits all" approach; what makes sense for one university may not make sense for another.

In this module, we try to acknowledge different types of colleges and universities according to a few chief dimensions, namely size (small vs. large institutions); funding structure (public vs. private institutions); geography (urban vs. rural institutions); and type (four-year vs. two-year institutions). Along each dimension, we then attempt to characterize any important trends which differentiate one type from the other in terms of the provision of mental health services and supports.

SIZE: SMALL VS. LARGE INSTITUTIONS

To summarize, smaller colleges and universities (on average) have more favorable counseling staff-to-student ratios, better integration of counseling and health services, and shorter wait times for appointments compared to larger institutions. On the other hand, larger colleges and universities (on average) have a greater number and more diverse set of group counseling options, and more tele-mental health services available to students. The table below concisely summarizes these differences.

Comparison of mental health services and supports at small vs. large institutions

	Small colleges/universities	Large colleges/universities
Counseling staff-to-student ratio	Higher	Lower
Group counseling	Less available	More available
Integration of counseling and health services	Better integrated	Not as well integrated
Tele-mental health services available to students	Less available	More available
Wait times for appointments	Shorter	Longer

Sources: AUCCCD Survey, 2017; and ACHA "Considerations for Integration of Counseling" White Paper, 2010.

MODULE 11

Size: Small vs. Large Institutions

Funding Structure: Public vs. Private Institutions

Geography: Rural vs. Urban Institutions

Type: Four-Year Institutions vs. Two-Year Institutions

Advancing the Provision of Mental Health Services and Supports on College and University Campuses: Toolkit and Resource Guide – November 2018

Page 67

The following paragraphs provide a deeper look into the data behind these trends, as well as an analysis of the implications of the data.

Counseling staff to student ratio

As mentioned earlier in this Toolkit and Resource Guide, the International Association of Counseling Services recommends that schools have one counselor for every 1 to 1000-1500 students. Data from the 2017 AUCCCD Survey shows that schools with 5,000 or fewer students are, on average, meeting or exceeding this ratio, while schools with 5,000 students or more are consistently failing to meet this ratio. In practical terms, this means that individual counseling services are less accessible to students at mid- to larger-sized colleges and universities than they are to students at smaller colleges and universities.

It is the hope that larger colleges and universities that have not already done so can augment their counseling staff to obtain the recommended ratio of counselors to students, since (while outreach and peer-led services can supplement individual counseling services), they cannot directly substitute for individual counseling services in many cases.

Group counseling

Group counseling, while not a direct substitute for individual counseling, can be an effective way to reach more students in a less resource-intensive way than individual counseling. Group counseling can also be a way for students to understand relationships and interactions with others while under the guidance of a therapist. Data from the 2017 AUCCCD Survey shows that the number and types of groups formed for group counseling varies widely depending on the size of the institution. Counseling centers at the smallest institutions (under 1,501 students enrolled) averaged 2.2 groups, while counseling centers at the largest centers (45,001 and over students enrolled) averaged 50.4 groups (AUCCCD, 2017). This seems intuitive, given that a larger and likely more diverse student population would present a greater need for group counseling than a smaller university, and also a wider variety of topical needs that could be addressed by group counseling. It should also be noted that group counseling can be more challenging at smaller universities, given that students are more likely to know one another and therefore may not feel as comfortable sharing sensitive personal details in a group setting (Key informant interviews, 2018).

Integration of counseling and health services

Smaller institutions are more likely to have integrated centers for counseling and health services than their larger counterparts, although these arrangements may be borne out of necessity more than anything else (ACHA, 2010). It is important to note that, while the experience of integrating counseling and health services is unique to each institution, statistically speaking, the majority of the institutions at which this was done cited improvement in communication, quality of services, client satisfaction, utilization of services, and efficiency of administrative processes (ACHA, 2010).

Tele-mental health services

The use of tele-mental health services tends to be more prevalent on larger campuses than on smaller ones. Tele-mental health services as discussed in this Toolkit and Resource Guide include telephone or online counseling services, mental health or suicide screenings, or other methods of supporting student mental health needs through virtual platforms (see Module 8 for further information). According to the 2017 AUCCCD Survey, only 20.8% of the smallest institutions (with 1,500 students or fewer) provided any form of tele-mental health services, while 69.2% of the largest institutions (with 45,001 students or more) provided some form of tele-mental health services.

The more expansive provision of tele-mental health services at larger institutions is likely a factor of necessity in some respects, as it is much harder to meet students' mental health needs through individual counseling

MODULE
11

Size: Small vs. Large Institutions

Funding Structure: Public vs. Private Institutions

Geography: Rural vs. Urban Institutions

Type: Four-Year Institutions vs. Two-Year Institutions

Advancing the Provision of Mental Health Services and Supports on College and University Campuses: Toolkit and Resource Guide – November 2018

Page 68

there than at smaller institutions, where the ratio of counselors to students is higher. It may also be a factor of resources (assuming that larger institutions have more funds available to devote to tele-mental health services than smaller institutions). Whatever the reason, it is encouraging that larger institutions are making these types of supports available to students in need.

Wait times

Students at mid- to large-sized institutions experience longer wait times from the time of requesting a counseling appointment to actually seeing a counselor, compared to their peers at smaller institutions. The table below, which was excerpted from the 2017 AUCCCD Survey, displays the median and mean average wait times experienced by students at institutions of different sizes. The average wait time across institutions of all sizes is 6.6 days. Schools with fewer than 7,500 students consistently had wait times below this average, while schools with more than 7,500 students had wait times consistently above this average (with only one exception). This implies that, in order to decrease wait times, mid- to large-sized institutions would need to add counselors, increase tele-mental health opportunities, or both.

Average wait times for first appointment, by school size (Source: AUCCCD, 2017)

Average Wait Time (# of Business Days) for ALL CLIENTS, Counting From the Day They First Requested an Appt to the Date of Their First Appt	# of centers	Median Wait (days)	Mean Wait (days)
Under 1,501	19	3.0	3.5
1,501–2,500	29	4.7	5.0
2,501–5,000	38	5.0	5.7
5,001–7,500	24	4.0	4.8
7,501–10,000	17	6.5	10.0
10,001–15,000	30	7.0	7.5
15,001–20,000	13	5.1	8.5
20,001–25,000	15	7.0	9.1
25,001–30,000	7	10.0	8.9
30,001–35,000	6	7.0	6.8
35,001–35,000	7	8.0	9.6
45,001 and over	8	6.5	6.4
Total	**213**	**5.0**	**6.6**

Budgetary allocation

While our researchers attempted to find information on the per capita student budget devoted to mental health services across colleges and universities of different sizes, this information was not publicly available. The closest our team came to this information was the findings of the AUCCCD 2017 survey, which provided the budgets

MODULE
11

Size: Small vs. Large Institutions

Funding Structure: Public vs. Private Institutions

Geography: Rural vs. Urban Institutions

Type: Four-Year Institutions vs. Two-Year Institutions

Advancing the Provision of Mental Health Services and Supports on College and University Campuses: Toolkit and Resource Guide – November 2018

Page 69

for both counseling center staffing and counseling center operating expenses, by size range of institution (i.e., under 1,501 students; 1,501 – 2,500 students; 2,501 – 5,000 students; etc.). Given that the institutions' sizes were represented as ranges, it was not possible to calculate the per capita student budgetary allocation for mental health services. Thus, there is further research needed in this area to discern what the per capita student budgetary allocation is for mental health services at institutions of different sizes, and how this relates (or not) to better mental health outcomes. It is also quite possible that this may not be a useful metric in evaluating an institution's mental health programming, given that the cost of mental health programming varies widely depending on the mix of mental health services and supports an institution decides to employ for its students.

FUNDING STRUCTURE: PUBLIC VS. PRIVATE INSTITUTIONS

While our researchers expected to find evidence of differences between public and private universities in how funds are allocated to mental health services, this was not borne out in the literature. It is unknown whether there is such a difference between public and private universities as it concerns mental health funding allocations, because this subject has not been systematically studied. There may be several reasons as to why this has not been a subject of inquiry. Private universities are not required to disclose their funding sources or budgets, which can reduce the likelihood of budgetary information being disseminated on the public domain or evaluated in a research context. For public universities, which must make their budget publicly available, the funding sources and practices across public universities have not been systematically examined in the media, by federal agencies, or by private sector or academic researchers and published. In the absence of rigorous data collected on this subject, this section of the Toolkit and Resource Guide presents the known data points about how public and private universities are funded, and our analysis of how this may affect the flexibility or amount of funds dedicated to mental health service provision.

Public universities have traditionally obtained most of their funding from state taxes. While they are attempting to expand their private funding to maintain endowments as the cost of education rises faster than state funding, they are still largely beholden to state funding. If state funding decreases, universities may need to find alternative sources of funding for their counseling centers, like student tuition and fees. Not surprisingly, more public universities charge a fee as part of tuition to help cover counseling center operating expenses than private universities (AUCCCD, 2016). Public universities also collected a total of $111,800 from third parties (e.g. insurance), whereas private university counseling centers only collected $75,600. These third-part fee values, however, are based on a limited sample size because 96.1% of university counseling centers (private and public) do not collect third party fees for counseling services (AUCCCD, 2016).

Among public universities, available data shows that there is some degree of variation in how they fund mental health services. Four different examples demonstrating this variation are cited below.

▶ The University of Illinois (U of I) is a public, land-grant institution with a 2018 operating budget of $6.5 billion. 2.6% of U of I's 2018 annual budget is devoted to "Student Affairs," which includes the campus counseling centers (it consists of 3 universities: U of I – Chicago, U of I – Urbana-Champaign, and U of I – Springfield). At U of I, counseling services are provided to students free of charge. The main source of this funding is from the state (e.g. from state income tax; 25.9%) and student tuition (19.6%). U of I's counseling centers are solely supported by state and tuition funds.

▶ The University of Texas at Austin (UT-Austin) is also a public university, but it had been charging its students $10-$15 per session at the campus counseling center. UT-Austin will start using $250,000-$280,000 per year from its $11 million per year endowment from a partnership with ESPN to cover counseling center services for students. According to the AUCCCD's 2016 annual survey results, only 15% of public and private universities charge session fees for campus counseling services.

▶ Students at the Pennsylvania State University raised $400,000 to create an endowment for the University's Center for Counseling and Psychological Services (New, 2016).

MODULE
11

Size: Small vs. Large Institutions

Funding Structure: Public vs. Private Institutions

Geography: Rural vs. Urban Institutions

Type: Four-Year Institutions vs. Two-Year Institutions

Advancing the Provision of Mental Health Services and Supports on College and University Campuses: Toolkit and Resource Guide – November 2018

Page 70

▸ The University of California system has proposed to increase spending on college counseling centers as part of their Mental Health Services Act, which is funded by the California Mental Health Services Authority (Proposition 63) (Rosenberg, 2016).

A variety of federal (e.g., Department of Education, Substance Abuse and Mental Health Services Administration) and private grants (e.g., American College Health Foundation) are available to both public and private institutions to subsidize the cost of providing mental health counseling services. However, according to the AUCCCD (2016), only 19.7% of responding institutions received grants or contracts within the last year. This is most likely due to the competitive nature of such applications, as well as the limited supply of grant funds (conversation with SAMHSA representatives, August 2018).

The source and use of college mental health funding at public and private universities is an important, albeit under-studied area of research with potentially significant implications.

GEOGRAPHY: RURAL VS. URBAN INSTITUTIONS

The disparity between the availability of mental health services in metropolitan versus non-metropolitan areas is significant, and affects the provision of mental health services on university campuses. On average, there are 17.5 psychiatrists and 33.2 psychologists per 100,000 residents in metropolitan areas, while non-metropolitan areas contain only 5.8 psychiatrists and 13.7 psychologists for the same population size (Andrilla et al., 2018). In fact, no psychiatrists are available in 65% of non-metropolitan counties, and approximately half (47%) do not employ any psychologists (Andrilla et al., 2018). This disparity leaves many students, especially at rural community colleges, lacking access to care (NCD, 2017).

While college students have better access to mental health care than adults, his scarcity of providers means that universities in rural areas cannot always rely on resources from external providers (Riley, 2018). Where care is available, colleges are able to lean on private sector programs for cases that cannot be treated on campus. In locations where this external care is not available, some students slip through the cracks and are not given the care that they need (Riley, 2018). As the action of "living in a rural setting" was correlated with an increase in psychiatric disorders in young adults, this lack of care is particularly troubling (Blanco et al., 2009). The disparity in extends to the timing of emergency treatment. Metropolitan students' average transportation time to psychiatric hospitalization is twelve minutes, while rural students, on average, must wait 28 minutes to arrive at a suitable facility (AUCCCD, 2016). As these statistics show, students in metropolitan areas have more options for fast, appropriate care.

In combination with the lack of external providers, rural universities face additional hurdles in treatment and outreach. According to Dr. Greg Eells, Director of the Counseling Center at Cornell University, "The most difficult question counseling centers face regardless of their size, is balancing access to care and treatment with outreach and public health responsibilities. Many counseling centers often have to cut outreach services in order to do more treatment. They often can't do both" (Subject Matter Expert panel, 2018).

TYPE: FOUR-YEAR INSTITUTIONS VS. TWO-YEAR INSTITUTIONS

Literature on mental health services available to community college students, while less prolific than the literature on the same topic at four-year colleges and universities, primarily focuses on how community colleges lag behind four-year institutions. Across the board, community colleges have much less infrastructure for delivering mental health outreach and treatment services compared to their four-year counterparts (Wood, 2012). Additionally, of the community colleges that have counseling centers, it is all too common for them to be staffed with individuals who do not have formal clinical training in counseling (Wood, 2012). Many community colleges even utilize academic advisors as counselors, despite the fact that they are not trained for this work and despite the resulting overburdening of these staff members (Key informant interviews, 2018). Furthermore, the ratio of counselors to students at community colleges is much lower compared to four-year institutions

MODULE
11

Size: Small vs. Large Institutions

Funding Structure: Public vs. Private Institutions

Geography: Rural vs. Urban Institutions

Type: Four-Year Institutions vs. Two-Year Institutions

Advancing the Provision of Mental Health Services and Supports on College and University Campuses: Toolkit and Resource Guide – November 2018

Page 71

(Eisenberg, Goldrick-Rab, Ketchen Lipson, & Broton, 2016). There is even less in terms of psychiatric services on community college campuses. According to the National Survey of College Counseling Centers survey, only 7% of community colleges across the US are offering on-campus psychiatric services (Gallagher, 2015).

At the same time, unfortunately, community college students often have greater need for mental health services than their four-year counterparts and demonstrate higher rates of mental health-related academic performance issues (Eisenberg, Goldrick-Rab, Ketchen Lipson, & Broton, 2016). Additionally, community college students receive lower levels of information on mental health support services and are less likely to receive a referral for treatment, which is usually off-campus (National Council on Disability, 2017).

As a result of the fact that most community colleges have little to no infrastructure for delivering mental health services and supports, many of the "potential solutions" and "promising practices" discussed in the other modules of this Toolkit and Resource Guide may not be realistic for community colleges. However, some community colleges have worked to develop their own set of best practices or workable solutions that suit their environment and resource levels. For example, the California Community College System (CCCS) has developed the California Community College Student Mental Health Program, which is funded by a state-wide initiative that uses a portion of tax funds to support campus-based mental health programs in the state's community colleges (National Council on Disability, 2017). The CCCS Student Mental Health Program works with community colleges throughout the state to build partnerships and foster collaborations within and between community colleges and community mental health departments. The program developed a collaboration toolkit, which is available on the Program's website and is used to foster collaborative efforts among community colleges and community organizations. One initiative includes collaboration among Los Angeles County Department of Mental Health staff and local community college partners, who developed multiple strategies to promote and support mental health services among students. Strategies included cross-participation on committees, population-specific mental health services, strategies to increase access to services, faculty and staff training, inclusion of students to voice needs and wants, and establishing parity between physical and mental health budgets (National Council on Disability, 2017).

Other promising practices and solutions that have been implemented by community colleges include:

▶ Creating strong linkages and referral networks with community providers (Key informant interviews, 2018)
▶ Utilizing mobile health clinics (Key informant interviews, 2018)
▶ Utilize post-graduate psychology students as peer counselors (Key informant interviews, 2018)

MODULE
11

Size: Small vs. Large Institutions

Funding Structure: Public vs. Private Institutions

Geography: Rural vs. Urban Institutions

Type: Four-Year Institutions vs. Two-Year Institutions

Advancing the Provision of Mental Health Services and Supports on College and University Campuses: Toolkit and Resource Guide – November 2018

Page 72

RECOMMENDATIONS

Recommendations

The authors of this Toolkit and Resource Guide understand that most counseling centers have many ideas of what they would like to do to expand and advance their provision of mental health services and supports, but are short on human and financial resources. With that understanding, here (summarized below) are the recommendations from each module.

MODULE 1: REACHING SCALE WITH MENTAL HEALTH SERVICES

▶ Employ a campus-wide approach to mental health, emphasizing peer-led approaches and empowering student groups like Active Minds.

▶ Hire more counselors to help close the gap in student demand for mental health services. While this alone will not be enough to close the gap, it will help considerably.

▶ To make the wellness approach "stick", work with the academic side of the university. Offer core freshman class(es) on some aspect of wellness (e.g., mindfulness, positive thinking, etc.), or give course credit for participating in wellness activities.

▶ Utilize a "stepped care" approach to connect students with the level of care that matches their need.

▶ Employ triage personnel (if the institution does not do so already) and ensure that there are mechanisms in place to connect students to appropriate care once they are triaged.

▶ Clarify the scope and limitations of the counseling center's services to students and parents.

▶ Add more psychiatrist hours.

MODULE 2: TRAINING COLLEGE/UNIVERSITY FACULTY AND OTHER PERSONNEL ON MENTAL HEALTH

▶ Implement comprehensive mental health literacy training for faculty and staff. This can either be delivered online or in-person in conjunction with existing faculty professional development courses.

▶ If online delivery of training is preferred, leverage existing web-based training services like that At Risk by Kognito.

▶ Work to increase faculty acceptance of academic accommodations (given that they are exercised appropriately).

MODULE 3: IMPROVING DATA MANAGEMENT AND INTEGRATION

▶ If an institution does not already have a mental health information system (MHIS), discuss the possibility of creating one. If it is feasible to create one, follow the steps outlined by the World Health Organization guide referenced in this module.

▶ If an institution already has an MHIS, make this system interoperable with the Student Health Center information system. Have different levels of access for student health center personnel, psychologists, and psychiatrists, and ensure that the appropriate privacy protections are in place.

Advancing the Provision of Mental Health Services and Supports on College and University Campuses: Toolkit and Resource Guide – November 2018

Page 74

MODULE 4: HELPING STUDENTS OVERCOME COST, TIME, TRANSPORTATION, AND EMOTIONAL BARRIERS TO SEEKING CARE

▶ For students who need the services of external mental health providers off-campus, partner with those providers and provide transportation to students free or at low cost to reduce cost and transportation barriers.

▶ Co-locate campus counseling services with the student health center and other health/wellness-related spaces, including the recreation center, wellness center, etc. to to reduce time and transportation barriers.

▶ Employ peer-led outreach to reduce emotional barriers to seeking care.

MODULE 5: LINKING STUDENTS WITH ACADEMIC ACCOMMODATIONS

▶ Work to increase access to academic accommodations for students in need, from both a supply-side and a demand-side perspective. From a supply-side perspective, institutions can be more proactive about linking students in need to the appropriate academic accommodations. From a demand-side perspective, students can be sensitized to the importance of self-advocacy to secure accommodations if they are needed.

▶ Encourage students to know their rights when it comes to privacy of mental health information.

▶ Create a briefer for faculty to help orient them to what types of academic accommodations exist and why they should be exercised (on behalf of students with demonstrated need) as an important tool in those students' academic success.

▶ Encourage faculty to reach out to a student who is struggling academically to suggest inquiring about obtaining accommodations.

▶ Seek out additional ways to support students whose mental health issues are impeding their academic performance, such as the use of supported education programs.

MODULE 6: CASE MANAGEMENT AND CRISIS MANAGEMENT SYSTEMS

▶ While treating severe cases of mental illness or distress with the most urgency, continue to follow through with students who present with mild to moderate cases so that they do not fall through the cracks.

▶ Continue to develop and broaden Behavioral Intervention Teams (BITs), involving as many people from different parts of the university as possible.

▶ Offer online counseling center appointment scheduling for students

▶ Utilize mental health screenings more, to help pinpoint severe cases of mental illness that need immediate attention, and also to help other students understand if they need counseling or other mental health support. Offer screenings online, at multiple points throughout each student's tenure at the institution.

▶ If a crisis occurs, be sure that the institution upholds the student's rights while enforcing university policy.

MODULE 7: PLANNING AND BUDGETING FOR MENTAL HEALTH SERVICES

▶ Institute a formal planning/budgeting process for mental health services, at least between the counseling center and the institution's budget-makers. Even better if there is cross-departmental collaboration in this process that also involves disability services, the student health center, other student affairs offices, and athletics.

▶ Introduce, or expand, flexibility in an institution's funding sources to allow for greater allocation of resources to support mental health.

▶ Harness the power of student voices to advocate for increased resources for mental health services and supports on campus.

MODULE 8: HELPING STUDENTS BUILD RESILIENCE AND COPING SKILLS

▶ Utilize psychometric assessments of resilience to inform resilience programming.

▶ Implement resilience training programs for students.

▶ Have professors encourage students to seek help during office hours and guide students to resources on

Advancing the Provision of Mental Health Services and Supports on College and University Campuses: Toolkit and Resource Guide – November 2018

Page 75

campus, such as the academic resource center. The academic resource center can teach students time management and study skills to optimize performance.

► Organize a mentoring program for first-year students. Being mentored can help foster a sense of interpersonal belonging and reduce feelings of isolation, both of which can increase resilience. Mentors can also focus on teaching their mentees' self-efficacy and stress management.

MODULE 9: UTILIZING TECHNOLOGY TO CONNECT STUDENTS TO MENTAL HEALTH SERVICES AND SUPPORTS

► Explore the use of different types of telemental health platforms, such as online CBT Tools, ePsychiatry, and virtual counseling/distance therapy.

► Increase the utilization of online mental health screening tools, such as online suicide prevention screening.

► Explore the use of health tracking through mobile devices.

► Strengthen counseling center websites. These websites should offer more explicit and detailed information about what services are provided on campus, and how to access them, as well as information on other mental health service providers in the community.

► For the mental health community at large: there is a great need for a peer-review process that vets telemental health platforms. Such a platform would be an immense help to colleges and universities in deciding what telemental health platform to use.

MODULE 10: IMPROVING MENTAL HEALTH EQUITY

► If possible, increase the diversity of counseling center staff, by hiring trained counselors who represent student minority groups.

► If not possible to increase the diversity of counseling center staff, contract with a third-party telemental health vendor that can supply culturally and linguistically relevant counseling services to disadvantaged or minority students in need.

► Provide counseling center staff with cultural competency training for different types of disadvantaged student groups (students of color, low-income students, LGBTQIA students, international students, etc.).

► Seek to learn from existing initiatives (named in this module) working to increase mental health equity, and adapt lessons as appropriate for your institution.

► Utilize the Steve Fund's "Equity in Mental Health Framework" to assess and strengthen services and supports for students of color.

Across the board, the strength of a campus' mental health system, and its likelihood of advancement, depends in large part on the degree of buy-in and political support for mental health and wellness on the part of university faculty and administrators. The authors of this Toolkit and Resource Guide sincerely hope that, where this political support is lacking, this document can be used as a platform for having important conversations about mental health across an institution and generating more support for student mental health services and supports.

Advancing the Provision of Mental Health Services and Supports on College and University Campuses:
Toolkit and Resource Guide – November 2018

Page 76

REFERENCES

References

—

Active Minds (n.d). The Issue: Student Mental Health. Retrieved from http://www.activeminds.org/issues-a-resources/the-issue

American College Health Association (ACHA) (2017). *American College Health Association National College Health Assessment*. Spring 2017 Reference Group Executive Summary.

American College Health Association (ACHA) Mental Health Symposium, Washington, DC in November 2017.

Andrilla, C. H., Patterson, D. G., Garberson, L. A., Coulthard, C., & Larson, E. H. (2018). Geographic Variation in the Supply of Selected Behavioral Health Providers. *American Journal of Preventive Medicine*,54(6). doi:10.1016/j.amepre.2018.01.004

Barnett, J. E., PsyD, & Kolmes, K., PsyD. (2016, May). Avoiding a disconnect with telemental health. Retrieved from http://www.apa.org/monitor/2016/05/ce-corner.aspx

Bauer-Wolf, J. (2017, February 7). Moving Away From Charging for Counseling. Retrieved from https://www.insidehighered.com/news/2018/02/07/few-institutions-charging-students-extra-fees-counseling-services

Biebel, K., Mizrahi, R., & Ringeisen, H. (2017). Postsecondary Students With Psychiatric Disabilities Identify Core Services and Key Ingredients to Supporting Education Goals. *Psychiatric Rehabilitation Journal*.

Blanco, C., Okuda, M., Wright, C., Hasin, D. S., Grant, B. F., Liu, S.-M., & Olfson, M. (2008). Mental Health of College Students and Their Non-college-attending Peers: Results from the National Epidemiologic Study on Alcohol and Related Conditions. *Archives of General Psychiatry*, 65(12), 1429–1437. http://doi.org/10.1001/archpsyc.65.12.1429

CARE Team. (n.d.). Retrieved from https://careteam.wfu.edu/about-the-care-team/

Cartreine, J., Ph.D. (2015, November 04). Online cognitive behavioral therapy: The latest trend in mental health care. Retrieved from https://www.health.harvard.edu/blog/online-cognitive-behavioral-therapy-the-latest-trend-in-mental-health-care-201511048551

CDI Mission. (n.d.). Retrieved from https://www.american.edu/ocl/cdi/Mission.cfm

Center for Collegiate Mental Health - 2016 Annual Report. (2016). Retrieved from https://ccmh.psu.edu/files/2017/01/2016-Annual-Report-FINAL_2016_01_09-1gc2hj6.pdf

Collins, M., & T Mowbray, C. (2005). *Higher Education and Psychiatric Disabilities: National Survey of Campus Disability Services* (Vol. 75).

Considerations for Integration of Counseling and Health Services on College and University Campuses. (2010). *Journal of American College Health*,58(6), 583-596. doi:10.1080/07448481.2010.482436

Czyz, E. K., Horwitz, A. G., Eisenberg, D., Kramer, A., & King, C. A. (2013). Self-reported Barriers to Professional Help Seeking Among College Students at Elevated Risk for Suicide. *Journal of American College Health* : J of ACH, 61(7), 398–406.

DeAngelis, T. (2012, March). Practicing distance therapy, legally and ethically. Retrieved from http://www.apa.org/monitor/2012/03/virtual.aspx

Advancing the Provision of Mental Health Services and Supports on College and University Campuses:
Toolkit and Resource Guide – November 2018

Page 78

Eisenberg, D., Downs, M. F., Golberstein, E., & Zivin, K. (2009). Stigma and Help Seeking for Mental Health Among College Students. *Medical Care Research and Review*, 66(5), 522–541.

Eisenberg, D., Goldrick-Rab, S., Ketchen Lipson, S., & Broton, K. (2016). Too Distressed to Learn? Mental Health Among Community College Students. Wisconsin Hope Lab. Retrieved from http://www.wihopelab.com/publications/Wisconsin_HOPE_Lab-Too_Distressed_To_Learn.pdf

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(4), 222–232.

Eisenberg, D. & Ketchen-Lipson, S. (2017). The Healthy Minds Study, 2016-217 Data Report. Retrieved from http://healthymindsnetwork.org./

Epstein, Becker Green. (2016). 50-State Survey of Telemental/Telebehavioral Health (2016)[PDF].

Fentress, J. C., & Collopy, R. M. (2011, February 16). The Pennsylvania State University Division of Undergraduate Studies. Retrieved from https://dus.psu.edu/mentor/2011/02/resiliency-among-first-generation-students/

Franx, G., Oud, M., Lange, J. D., Wensing, M., & Grol, R. (2012). Implementing a stepped-care approach in primary care: Results of a qualitative study. Implementation Science,7(1). doi:10.1186/1748-5908-7-8

Funk, M., Dr. (2005). *Mental Health Information Systems*[PDF]. Geneva: World Health Organization. Retrieved from http://www.who.int/mental_health/policy/mnh_info_sys.pdf

Gallagher, R. P. (2015). National survey of college counseling centers 2014.

Gruttadaro, D., & Crudo, D. (2012). *College Students Speak: A Survey Report on Mental Health*. The National Alliance on Mental Illness (NAMI).

HEMHA. (2008, September). Deciding Whether and When to Engage in Telemental Health ... Retrieved from http://hemha.org/hemhapress/wp-content/uploads/2018/04/HEMHA-Distance-Counseling_FINAL.pdf

Higher Education Mental Health Alliance (HEMHA) (2017). Deciding Whether and When to Engage in Telemental Health ... Retrieved from http://hemha.org/hemhapress/wp-content/uploads/2018/04/HEMHA-Distance-Counseling_FINAL.pdf

Hoffman, J. (2015, May 27). Anxious Students Strain College Mental Health Centers. Retrieved from https://well.blogs.nytimes.com/2015/05/27/anxious-students-strain-college-mental-health-centers/

Hunt, J. B., Watkins, D., & Eisenberg, D. (2012). How Do College Campuses Make Decisions About Allocating Resources for Student Mental Health?: Findings from Key Participant Interviews. *Journal of College Student Development*, 53(6), 850–856.

Key informant interviews 2018

King, C. A., Eisenberg, D., Zheng, K., Czyz, E., Kramer, A., Horwitz, A., & Chermack, S. (2015). Online Suicide Risk Screening and Intervention with College Students: A Pilot Randomized Controlled Trial. *Journal of Consulting and Clinical Psychology*, 83(3), 630–636.

Kessler, R. C., Berglund, P., Demler, O., Jin, R., Meriakngas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorder on the national co-morbidity survey replications. Archives of General Psychiatry, 62, 593-602.

Advancing the Provision of Mental Health Services and Supports on College and University Campuses:
Toolkit and Resource Guide – November 2018

Page 79

Kirsch, D. J., Pinder-Amaker, S. L., Morse, C., Ellison, M. L., Doerfler, L. A., & Riba, M. B. (2014). Population-Based Initiatives in College Mental Health: Students Helping Students to Overcome Obstacles. *Current Psychiatry Reports*, 16(12).

Kruisselbrink Flatt, A. (2013). A Suffering Generation: Six Factors Contributing to the Mental Health Crisis in North American Higher Education. College Quarterly, 16(1). Retrieved from https://eric.ed.gov/?id=EJ1016492

LeViness, P., Ph.D., Bershad, C., Ph.D., & Gorman, K., Ph.D. (2017). *The Association for University and College Counseling Center Directors Annual Survey* [PDF]. Association for University and College Counseling Center Directors.

McLeod, S. (2015). Cognitive Behavioral Therapy. Retrieved from https://www.simplypsychology.org/cognitive-therapy.html

Mechanic, D. (2002, March). Disadvantage, Inequality, And Social Policy. Retrieved from https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.21.2.48

Mental Health on College Campuses: Investments, Accommodations Needed to Address Student Needs (2017). National Council on Disability. Retrieved from https://www.ncd.gov/publications/2017/mental-health-college-campuses-investments-accommodations-needed-address-student

Moodgym CBT training program. (n.d.). Retrieved from https://moodgym.com.au/

National Alliance on Mental Illness. (2013, November 7). *NAMI Offers Toolkit To College Students, Faculty, Coaches For Mental Health Education On Campus* [Press release].

National Council on Disability. (2017). Mental Health on College Campuses: Investments, Accommodations Needed to Address Student Needs (Publication).

New, J. (2016, April 26). Class Gift: A New Counselor. Retrieved from https://www.insidehighered.com/news/2016/04/26/penn-state-seniors-create-endowment-mental-health-services

O'Donohue, W. T., & Draper, C. (2011). The case for evidence-based stepped care as part of a reformed delivery system. In W. T. O'Donohue & C. Draper (Eds.), Stepped care and e-health: *Practical applications to behavioral disorders* (pp. 1-16). New York, NY, US: Springer Science + Business Media. http://dx.doi.org/10.1007/978-1-4419-6510-3_1

Powell, J., Hamborg, T., Stallard, N., Burls, A., Mcsorley, J., Bennett, K., . . . Christensen, H. (2012). Effectiveness of a Web-Based Cognitive-Behavioral Tool to Improve Mental Well-Being in the General Population: Randomized Controlled Trial. *Journal of Medical Internet Research*,15(1). doi:10.2196/jmir.2240

Project Rise. (n.d.). Retrieved from https://oaaa.virginia.edu/project-rise

Reetz, D. R., Bershad, C., LeViness, P., & Whitlock, M. (2016). *The Association for University and College Counseling Center Directors Annual Survey*.

Reilly, K. (2018, March 19). Anxiety and Depression: More College Students Seeking Help. Retrieved from http://time.com/5190291/anxiety-depression-college-university-students/

Resilience Model. (2017, November 28). Retrieved from https://wbu.gmu.edu/resilience-model/

Ringeisen, H., Ryder-Burge, A., Langer Ellison, M., Biebel, K., & Alikhan, S. (2015). Feasibility Study for Demonstration of Supported Education to Promote Educational Attainment and Employment among Individuals with Serious Mental Illness: Final Report. Retrieved from https://aspe.hhs.gov/report/feasibility-study-demonstration-supported-education-promote-educational-attainment-and-employment-among-individuals-serious-mental-illness-final-report

Advancing the Provision of Mental Health Services and Supports on College and University Campuses: Toolkit and Resource Guide – November 2018

Page 80

Ringeisen, H., Langer Ellison, M., Ryder-Burge, A., Biebel, K., Alikhan, S., & Jones, E. (2017). Supported education for individuals with psychiatric disabilities: State of the practice and policy implications. *Psychiatric Rehabilitation Journal*, 40(2), 197–206.

Rinker, B. (2017). UCLA Offers Depression Screening To Thousands Of Incoming Students. Retrieved from https://khn.org/news/ucla-offers-depression-screening-to-thousands-of-incoming-students/

Rosenberg, A., & UC Newsroom. (2016, April 14). UC steps up efforts to address student mental health. Retrieved from https://www.universityofcalifornia.edu/news/uc-steps-efforts-address-student-mental-health

Salzer, M. S., Wick, L. C., & Rogers, J. A. (2008). Familiarity With and Use of Accommodations and Supports Among Postsecondary Students With Mental Illnesses. Psychiatric Services, 59(4), 370–375.

Satcher, D., & Rachel, S. A. (2016, September 14). Promoting Mental Health Equity: The Role of Integrated Care. Retrieved from https://link.springer.com/article/10.1007/s10880-016-9465-8

Shekarabi, N., Psy.D., & Victoria, R., Ph.D. (n.d.). *Engaging University Faculty & Staff as Mental Health Allies* [PPT]. Irvine, CA: University of California.

Siebarth, T. (2017, May 16). A "stepped" approach can help to ease access to mental health care on campus. Retrieved from https://www.universityaffairs.ca/news/news-article/stepped-approach-can-help-ease-access-mental-health-care-campus/

Smith, L. M., Ackerman, N., & Costa, A. (2011). My Mental Health Rights on Campus. Tools for

School. Tip Sheet # 5. Worcester, MA: University of Massachusetts Medical School, Department of Psychiatry, Systems and Psychosocial Advances Research Center (SPARC), Transitions Research and Training Center.

Stebleton, M. J., Soria, K. M., & Huesman, R. L. (2014). First-Generation Students' Sense of Belonging, Mental Health, and Use of Counseling Services at Public Research Universities. *Journal of College Counseling*, 17(1), 6–20.

Subject Matter Expert Panel, 2018

Supporting Lesbian, Gay, Bisexual, and Transgender Students[PDF]. (n.d.). CalMHSA. Retrieved from https://www.asccc.org/sites/default/files/SupportingLGBTStudents.pdf

The Jed Foundation. (2011). *A Guide to Campus Mental Health Action Planning*. Retrieved from https://www.jedfoundation.org/wp-content/uploads/2016/07/campus-mental-health-action-planning-jed-guide.pdf

The YBMen Project. (n.d.). Retrieved from https://www.ybmenproject.com/

Thielking, M. (2017, February 08). Surging Demand for Mental Health Care Jams College Services. Retrieved from https://www.scientificamerican.com/article/surging-demand-for-mental-health-care-jams-college-services/

Thought Helper. (n.d.). Retrieved from https://thoughthelper.com/cbt/default.aspx

Transitions ACR, & DiGalbo, L. (2017, June 27). Outside the Box Accommodations in College. Retrieved from https://www.youtube.com/watch?v=lark7XoT9QQ&t=0s&index=17&list=PLL1frPOsHGTumgpUOZ_eDNund-RoU1q2_

UC Office of the President, 2015 – module 10

University of Illinois System, Office for University Relations. (2017, November 6). *U of I proposes $6.5 billion budget for fiscal 2018*[Press release]. Retrieved from https://emails.uofi.uillinois.edu/newsletter/147314.html

U.S. Department of Education Office for Civil Rights. (2015, October 15). The Civil Rights of Students With Hidden Disabilities and Section 504. Retrieved from https://www2.ed.gov/about/offices/list/ocr/docs/hq5269.html.

Wang, R., Chen, F., Chen, Z., Li, T., Harari, G., Tignor, S., Campbell, A. T. (2014). StudentLife: Assessing Mental Health, Academic Performance and Behavioral Trends of College Students Using Smartphones. In *Proceedings of the 2014 ACM International Joint Conference on Pervasive and Ubiquitous Computing* (pp. 3–14). New York, NY, USA: ACM.

Watkins, D. C., Hunt, J. B., & Eisenberg, D. (2012). Increased demand for mental health services on college campuses: Perspectives from administrators. *Qualitative Social Work*, 11(3), 319–337.

Wood, M. (2012). The State of Mental Health on College Campuses. *Inquiry: The Journal of the Virginia Community Colleges*, 17(1), 5–15.

Woodford, M. R., Han, Y., Craig, S., Lim, C., & Matney, M. M. (2014). Discrimination and Mental Health Among Sexual Minority College Students: The Type and Form of Discrimination Does Matter. *Journal of Gay & Lesbian Mental Health*, 18(2), 142–163.

World Health Organization. (n.d.). *Planning and budgeting to deliver services for mental health* [Mental Health Policy and Service Guidance Package] Geneva

Advancing the Provision of Mental Health Services and Supports on College and University Campuses:
Toolkit and Resource Guide – November 2018

Page 82

For more information

Some sort of closing paragraph here? Contact details for people who want more information perhaps? Upis quam, culparibus ad quibus, at. Atia quia qui ius derist ad minciminvel ipsum consequid eaquam niet audanietur? Quibus essitin pro tempedita dolorem ad quatibus, ommos eos etur? Magnime seque que dolore nes nobis es volecto vel illanda inverum doluptas modis evendiat.