TASK FORCE to Study the Policies & Procedures Adopted by Each Institution of Higher Education Regarding the Prevention & Treatment of Mental Illness

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Model for Comprehensive Mental Health Promotion and Suicide Prevention for Colleges and Universities

Taken from :

https://collegehealthqi.nyu.edu/20x30/frameworks/model-for-comprehensive-mental-health-promotion-and-suicide-prevention-for-colleges-and-universities/

Utilization of JED Comprehensive Approach

Comprehensive, public approach to promoting emotional wellbeing and preventing suicide and serious substance misuse

Assesses efforts currently underway on campus in order to identify existing strengths and areas for improvement

Identify Students at Risk

It is important to take action to identify students at risk for mental health problems and/or suicidal behavior, and also to promote emotional health awareness among those who interact with students the most — "gatekeepers" such as residence hall staff, academic advisors, faculty and even fellow students — as it is vital for these people to be able to recognize and refer a student who might be in distress.

Examples:

- **Participating in screening activities such as Screening for Mental Health's College Response program, which includes National Depression Screening Day.**
- **Screening students for symptoms of depression or other mental health problems when students seek primary care services (Chung & Klein, 2007; Klein & Chung, 2008).**
- **Creating an interface between the disciplinary process and mental health services in order to identify students who may need treatment and promote help-seeking.**
- **Gatekeeper training to recognize and refer distressed or distressing students. e.g., QPR, Campus Connect, Mental Health First Aid, Kognito Interactives At-Risk, customized campus trainings, etc.**

Increase Help-Seeking Behaviors

Many students who need help may be reluctant or unsure of how to seek it out. Obstacles to help-seeking include lack of awareness of mental health services, skepticism about the effectiveness of treatment, prejudices associated with mental illness, and uncertainty about costs or insurance coverage. Campuses should engage in a variety of activities designed to increase the likelihood that a student in need will seek help.

➢ ***How do campuses overcome some of the barriers to help-seeking, how do you reach out to high risk groups, and traditionally marginalized groups that might experience more stigma to mental health services?***

➢ ***Examples:***

The Interactive Screening Program; ULifeline; Trevor Lifeline; Interactive Screening Program; Patient Health Questionnaire 2/9; communication campaigns including brochures, posters, and a variety of web-based content to address specific facilitators and barriers to help seeking; strategic planning processes to create a campaign, informed by campus-specific data if possible; JED Foundation's Half of Us campaign; SAMHSA's Campaign for Mental Health Recovery, targeted campaigns, Steve Fund, etc.

Provide Mental Health Services and Recovery Efforts

It is essential to offer accessible, consistent and high-quality mental health services to students. To make mental health and substance abuse care more comprehensive, it should include strong and flexible services, adequate staffing levels and staff diversity reflective of the student population, flexibility in treatment approaches, and clinic hours that are reflective of student schedules. Since most college clinics are free, the length of treatment is often limited. Therefore, it is important that campus mental health services can assist students in finding off-campus resources that can provide long-term care if needed.

- **What approaches are campuses utilizing to meet service demand and strengthen service delivery while using existing staff and resources more efficiently. For example:**
  - **Instituting brief, same-day appointments by phone or in person for quick assessment and referral to either campus or community providers based on established criteria – sometimes referred to as "triage" (RocklandMiller & Eells, 2006).**
  - **Offering psycho-educational groups for students who may not need more intensive therapy.**
- **Ensuring that mental health clinicians are adequately trained to:**
  - **Accurately diagnose students and provide appropriate treatment or referral**
  - **Use goal-oriented, time-limited treatment modalities**
  - **Assess and manage suicide risk**
  - **Follow laws and professional guidelines that govern student privacy and confidentiality**
- **Partnering with wellness/health promotion staff who can assume "outreach" duties, such as conducting psychoeducational workshops or classes, developing self-help information, or conducting media campaigns to increase help seeking.**
- **Forging agreements with community organizations that complement campus resources by providing longer-term treatment services.**

Follow Crisis Management Procedures

…in areas of safety, emergency contact notification, and leave of absence and re-entry

The campus should have access to a well-publicized 24/7 crisis phone and/or chat line either through campus resources or local/national services. There should be a process in place to share information (as legally appropriate) between local ERs and school health and/or counseling services

Examples:

- **24/7 On-call SCS services**
- **24/7 On-call Administrative campus services**
- **24/7 Campus Safety coverage**
- **ProtoCall for after hours telephonic mental health services**
- **"Red Folders" for staff and faculty**
- **Triage task force to expedite and prioritize urgent visits**
- **RAVE Guardian for improved student access for crisis access**
- **Utilization of anonymous online and text hotlines**
- **Medical leave of absence protocols**

Restrict Access to Potentially Lethal Means

It has been well established that if the means to self-harm are removed or limited in an environment, it can prevent suicide and even limit accidental deaths. This is called "means restriction." Limiting students' access to weapons, poisonous chemicals and rooftops, windows or other high places are all means restriction activities. Each campus should do an environmental scan for potential access to lethal or dangerous means.

- **What methods of means restriction does your campus utilize to limit student access to sites, weapons, and agents that may facilitate their ability to harm themselves or others**
- **Examples: restricting access to and/or erecting fences on roofs of buildings, replacing windows or restricting the size of window openings, restricting or denying access to chemicals such as cyanide that are often found in laboratories, drug disposal, medication lock up boxes, prohibiting guns on campus, and reducing consumption of alcohol and other drugs.**

Develop Life Skills

Supporting life skills education is valuable in teaching healthy ways to cope with the stress of college life. Some of the life skills that are important to a student's well-being include managing friendships and relationships, problem solving, decision making, identifying and managing emotions, healthy living, and finding life purpose, meaning and identity.

Teaching of critical life skills …

Examples of Critical Life Skills (Picklesimer et al, 1998)

- **Interpersonal communication/ human relations**
- **Establishing relationships**
- **Physical fitness/health maintenance**
- **Problem-solving/decision-making**
- **Assessing and analyzing information**
- **Identifying and solving problems**
- **Setting goals**
- **Managing time**
- **Resolving conflicts Identity development/purpose in life**
- **Developing awareness of personal and emotional identity**
- **Maintaining one's self esteem**
- **Clarifying values**
- **Developing meaning of life**

Promote Social Connections

Research has shown that loneliness and isolation are significant risk factors for mental health problems and/or suicidal behavior. Therefore, supportive social relationships and feeling connected to campus, family and friends are protective factors that can help lower risk.

Efforts to facilitate social connection, e.g., smaller "living and learning communities" where students have the opportunity to live with other students who share their interests, increased interactions with faculty outside the classroom, more frequent contact with other students, faculty, and staff

Equity in Mental Health - Steve Fund

The Equity in Mental Health Framework provides colleges and universities with ten recommendations and implementation strategies to help inform and strengthen their mental health support and programs for students of color. The Equity in Mental Health Toolkit offers additional support in implementing the recommendations in the Equity in Mental Health Framework, including supporting campus-based efforts to reduce shame and prejudice around mental illness, increase responsiveness, improve campus climate, and provide system wide opportunities to help all students thrive.

Both the Framework and Toolkit were created in partnership by The Steve Fund and The Jed Foundation (JED).

https://www.stevefund.org/

Staffing Ratios - Available Models

1. **International Accreditation of Counseling Services (IACS)**

   https://iacsinc.org/iacs-standards/

   "Every effort should be made to maintain minimum staffing ratios in the range of one F.T.E. professional staff member (excluding trainees) to every 1,000 to 1,500 students, depending on services offered and other campus mental health agencies".

   a. **Does not take into consideration size of school, utilization rate or available clinical hours**
   b. **Aspirational model**
   c. **Overestimates for small institutions; underestimates for large institutions**

1. **Center for Collegiate Mental Health**

   https://ccmh.psu.edu/clinical-load-index/

   a. **Clinical Load Index (CLI) (CCMH):**
   b. **Comparison of staffing relative to school size, utilization rate, and available clinical hours**
   c. **Not a suggested ratio**

Clinical FTE of Center by Size of Institution*

5 CT Centers included in national data

https://www.aucccd.org/assets/documents/Survey/2018%20aucccd%20survey-public-revised.pdf

Clinical FTE of Center by Size

Clinical FTE of Center by Size of Institution				
School Size	**Mean**	**# of Centers**	**Minimum**	**Maximum**
Under 1,501	2.32	53	0.83	7.71
1,501 – 2,500	3.67	64	0.50	10.25
2,501 – 5,000	3.84	74	0.63	11.67
5,001 – 7,500	4.22	51	1.25	10.42
7,501 – 10,000	5.90	32	1.46	15.08
10,001 – 15,000	9.75	43	1.67	36.00
15,001 – 20,000	9.56	33	0.83	18.75
20,001 – 25,000	12.88	27	2.50	34.79
25,001 – 30,000	11.76	17	2.08	35.21
30,001 – 35,000	14.40	13	2.71	34.58
35,001 – 45,000	16.95	11	7.13	33.50
45,001 and over	23.82	8	8.29	31.25
Total	**6.79**	**426**	**0.50**	**36.00**

Tele-Health Services*

5 CT Centers included in national data

https://www.aucccd.org/assets/documents/Survey/2018%20aucccd%20survey-public-revised.pdf

Tele-Health Services: Any Provided

Did Center Provide Any Form of Tele-Health Provision of Clinical Services Last Year?	# of Centers	Percent Yes
No, center did NOT provide any form of tele-health service(s)	193	40.8%
Yes, center DID one or more forms of tele-health service(s)	280	59.2%
TOTAL	473	100.0%

Tele-Health Services: Types Provided

Which of the Following Forms of Tele-Health Provision of Clinical Services Did Your Center Provide Last Year?	# of Centers	Percent Yes
Mental Health Screening online	217	45.3%
Telephone COUNSELING sessions (NOT including scheduling appts, etc.)	54	11.3%
Interactive Screening Program for Suicide	49	10.3%
Therapist Assisted Online (TAO)	44	9.2%
WellTrack	21	4.4%
Video counseling sessions (e.g., using VSee)	17	3.5%
Silvercloud	6	1.3%

Questions and Comments