About the Healthy Minds Study

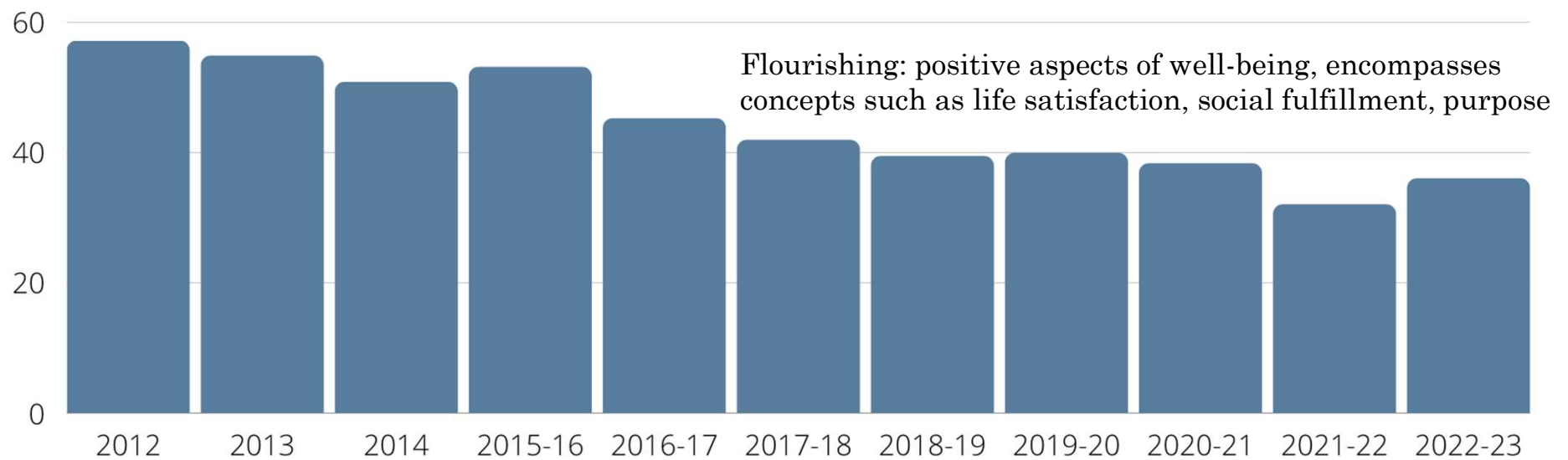- ~800 colleges and universities, including community colleges, MSIs
- >750,000 college student respondents
- PIs: Sarah Lipson, Daniel Eisenberg, Justin Heinze, Sasha Zhou
- Based at BUSPH, UM, UCLA
- Random samples recruited from participating schools
- Online survey (Qualtrics)
- Validated screening tools/measures
- Data publicly available for researchers and others interested in this line of work: https://healthymindsnetwork.org/research/data-for-researchers/

Decreasing rates of flourishing (positive mental health)

2012 (57.1%) - 2023 (36%)

Flourishing: positive aspects of well-being, encompasses concepts such as life satisfaction, social fulfillment, purpose
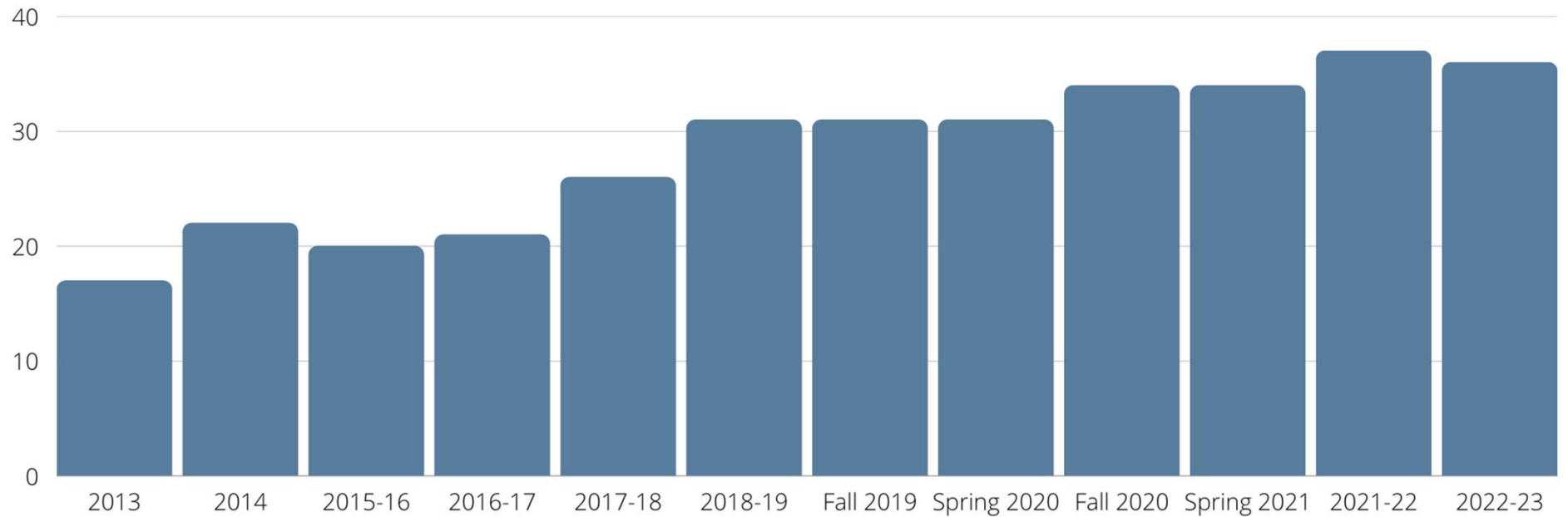
Increasing rates of anxiety symptoms
2013 (17%) - 2023 (36%)
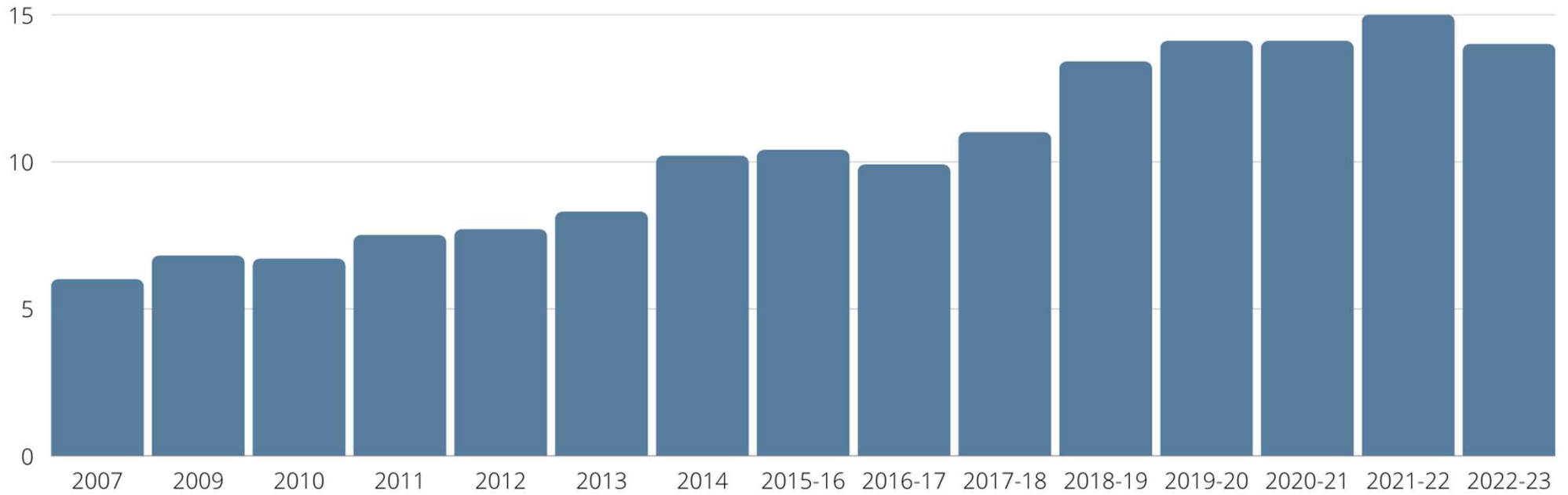
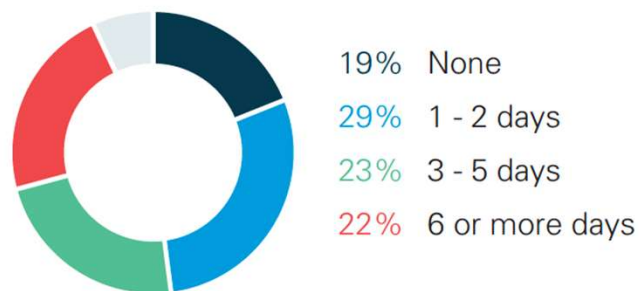# Increasing rates of suicidal ideation
2007 (6%) - 2023 (14%)

>80% of students report academic impairment due to mental health concerns, AY 2022-23

ACADEMIC IMPAIRMENT

In the past 4 weeks, how many days have you felt that emotional or mental difficulties have hurt your academic performance?

19%   None
29%   1 - 2 days
23%   3 - 5 days
22%   6 or more days

- Poor mental health may decrease one's interest in the future, which would reduce one's willingness to make long-term investments like schooling
- Symptoms may affect the productivity of time in academic activities and overall academic performance
- Significant increase from 2020-2022
- Mental health problems associated with negative academic outcomes
- Untreated depression associated with 2x increase in likelihood of stopping/dropping out
- Similar patterns for untreated mental health problems and poor academic outcomes
  - BIPOC, FGLI students, on average, less likely to seek treatment, more likely to drop out/stop out

Financial stress is a strong risk factor for poor mental health.

How would you describe your financial situation right now?

Always stressful: 18%

Often stressful: 25%

Sometimes stressful: 34%

Rarely stressful: 17%

Never stressful: 7%

Percentage of students with a positive screen for depression or anxiety...

Among students reporting high financial stress:	65%
Among students reporting low or moderate financial stress:	38%

Discrimination is another key risk factor (and a highly mutable one!)
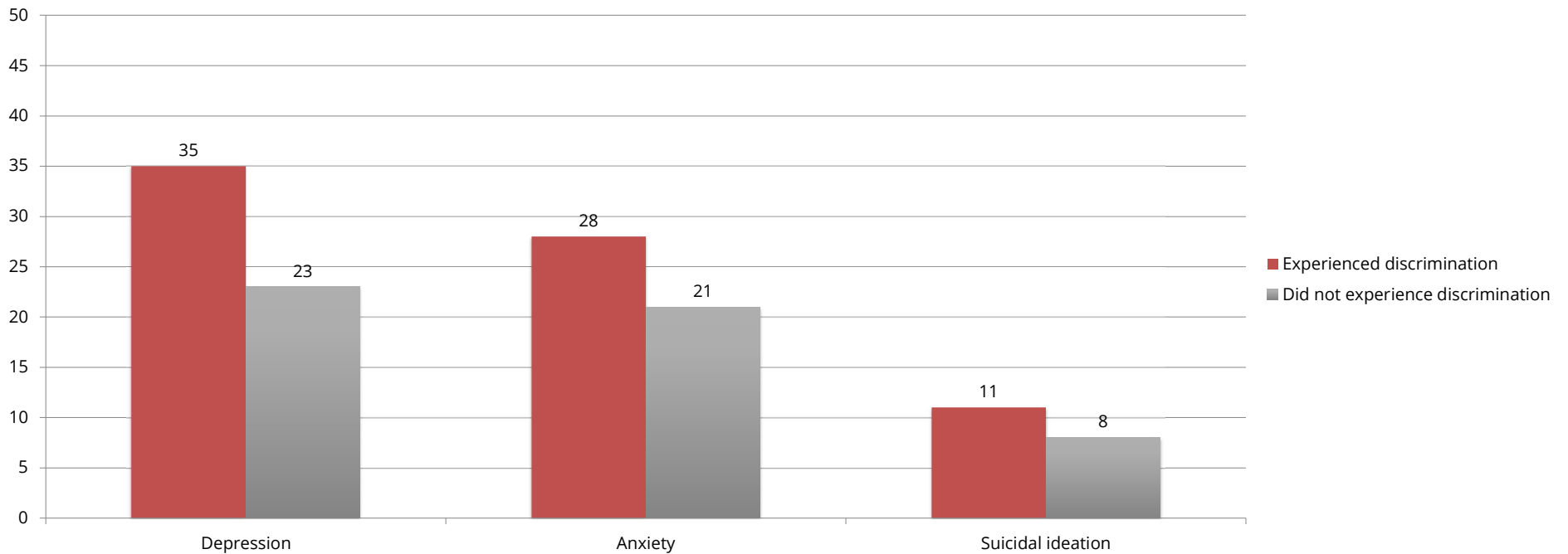
Mental health 'treatment gap' remains wide. Barriers reflect inertia, lack of urgency.

■ Treatment ■ No treatment

100

75

63% tx gap

61% tx gap

47% tx gap

50

25

0

w/ depression

w/ anxiety

w/ suicidal ideation
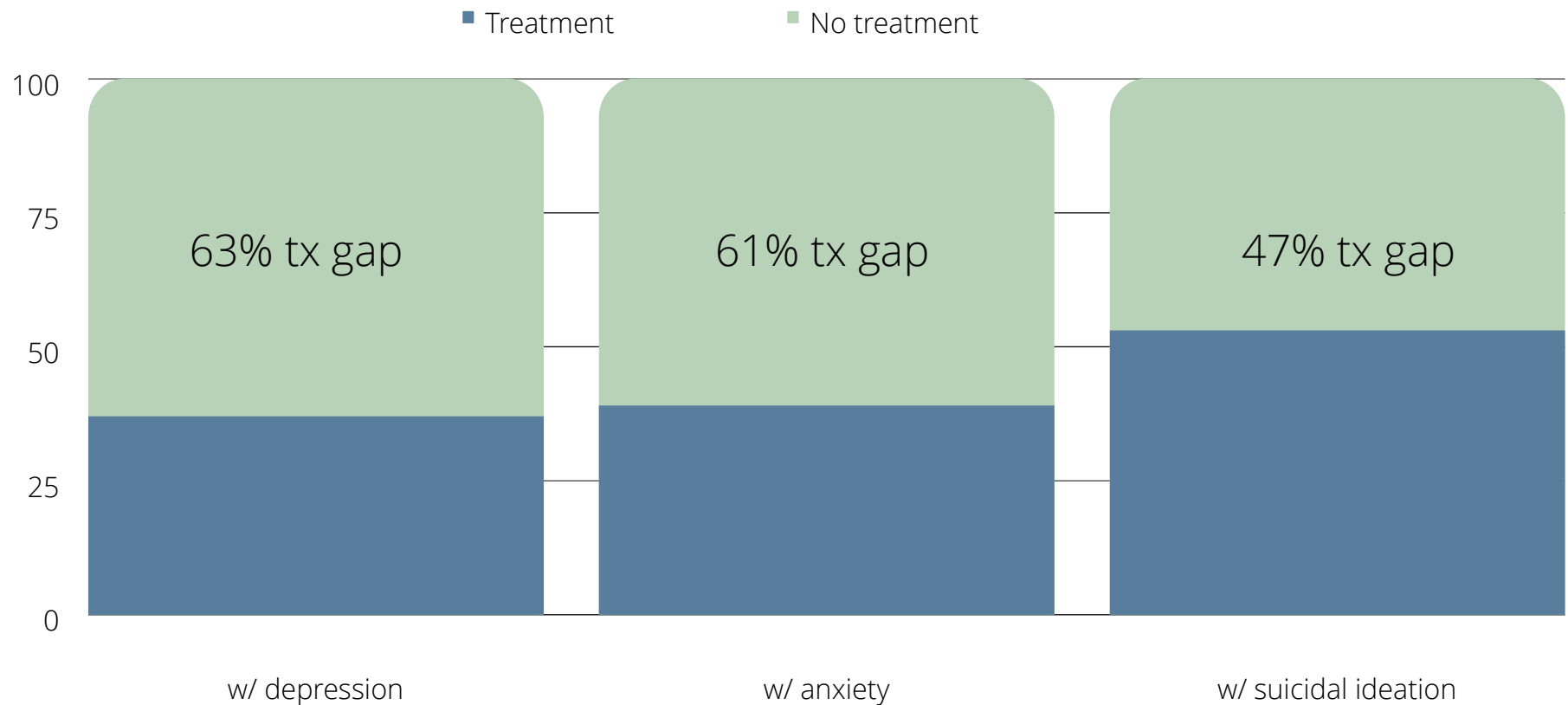
	Percentage change since 2013
Flourishing	-33%
Suicidal ideation	+64%
Depression	+135%
Anxiety	+110%
Tx (students w dep/anx/SI)	+26%

Healthy Minds Faculty & Staff Survey

- Four survey sections
  - Demographics
  - Knowledge and attitudes
  - Experiences related to student mental health
  - Employee mental health and wellbeing
- Annual data collection began in fall 2021
- ~30 colleges/universities so far

~3/4 of faculty report having 1:1 conversations with students regarding mental health.

(Data source: Healthy Minds Faculty/Staff Survey, AY 2022-2023)

73% of faculty report having 1:1 phone, video, or email conversations with students in the past 12 months about student mental health

Likelihood of mental health conversations varies by…

Faculty academic discipline

- + Humanities, arts
- - Business, law, science, math

Faculty gender

- + female, trans and nonbinary
- - male
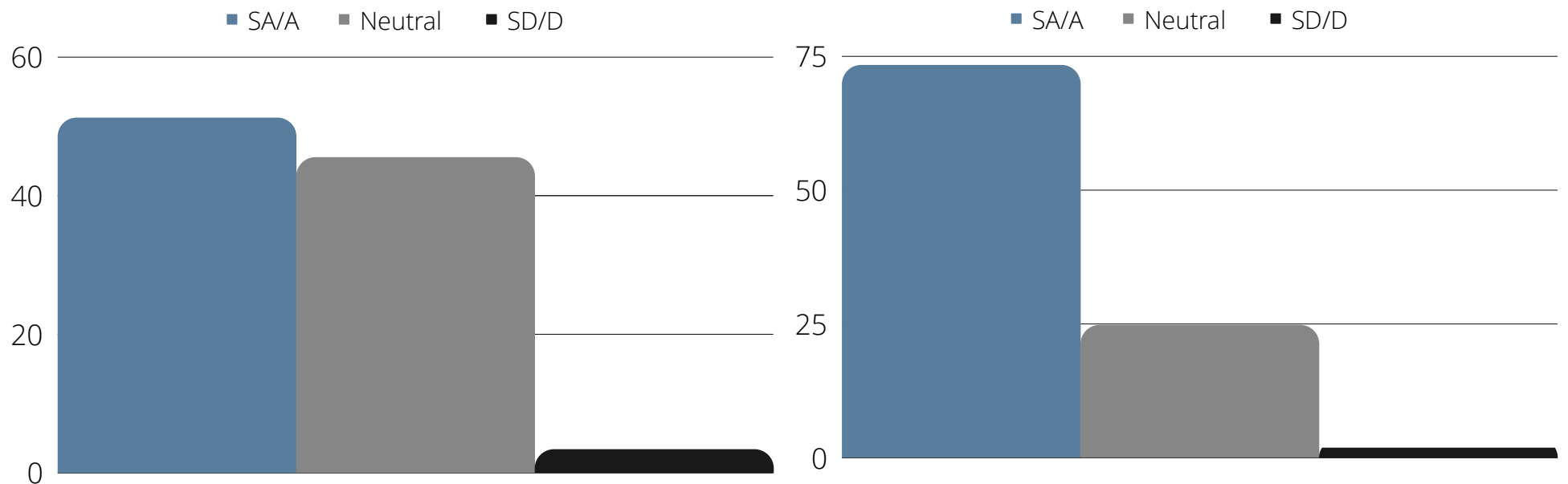
3/4 of faculty likely to reach out if a student is in distress, but only 1/2 have a good idea of how to recognize this.

I have a good idea of how to recognize that a student is in emotional or mental distress.

If I think a student is experiencing emotional or mental distress, I am likely to reach out.

(Data source: Healthy Minds Faculty/Staff Survey, AY 2022-2023)

Faculty do not want to "make students feel uncomfortable" and feel that "someone else is better suited."

Which of the following are reasons why you would not reach out to a student if you thought they were experiencing emotional or mental distress?

I would not want to make the student feel uncomfortable (24%)

Someone else is better suited to do this (21%)

I worry I could make things worse (21%)

I'm unsure of what to do/say to a student (20%)

I don't feel safe (9%)

I would feel uncomfortable doing so (9%)

I don't have enough time (8%)

It's none of my business (5%)

It's not my responsibility (3%)

(Data source: Healthy Minds Faculty/Staff Survey, AY 2022-2023)

Mental health work toll on faculty

How much do you agree or disagree with the following statements?:

In the past 12 months, my job has taken a negative toll on my mental or emotional health. (53% agree)

- 21% SA/A that supporting students in mental/emotional distress has taken toll on their own mental health

    - 27% female, 32% trans and non-binary

    - 13% male

Thank you!

Sarah Ketchen Lipson

sklipson@bu.edu

The Healthy Minds Network

www.healthymindsnetwork.org

healthyminds@umich.edu

Mental health initiatives at The Ohio State University

Ryan S Patel DO, FAPA

patel.2350@osu.edu

Board Director, American College Health Association, and Chair of the mental health section, ACHA

College Psychiatrist, T.OSU Office of Student Life, Counseling and Consultation Service

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Objectives

- Discuss mental health strategies at Ohio State

- Considerations for institutions with limited resources

- Future considerations

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- Acknowledgement to ACE for Advocacy efforts and for this program
- As you saw from the data and the Assistant Secretary Rodriguez's remarks, mental health challenges have been rising and exacerbated by the Pandemic, challenges continue. Comprehensive post secondary student program is another good step in the right direction.
- Students need support in a variety of ways.
- How have we addressed this challenge at OSU?

Whole campus approach at OSU

- Campus mental health is a large scale and multi-factorial problem requiring multifactorial solutions.

- OSU is taking a "Culture of care", that mental health on campus is everyone's responsibility—faculty, students, staff, administration, leadership, community, parents, etc: everyone has a role on campus mental health.

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- Inter department groups
- Consistent messaging (mental health support options page)
- Team based approach (SHS+Wellness+CCS+ Embedded program+ community providers, telehealth), CPD, newsletter, Hospital relationships, Stepped care 2.0
- Large embedded program (Engineering, housing, arts and sci, grad/professional schools)
- Skills workshops
  - At CCS Food sleep exercise strategies, anxiety, dbt perfectionism, etc
  - Wellness center: time stress management, aod, wellness coaching (9+dimensions) etc, digital wellness, PAL, pet therapy, DCTC, BASICS/CASICS, CRC
- Civility, Loneliness
- Center for Belongingness and inclusion

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- ACHA NCHA, and Healthy MINDS data
- Rec sports: single vs team signup, stand alone and season long options
- Technology: Healthiest You, Uwill, previously also tried Silvercloud, App, My Blog (130k+), Podcast, PAL, Biofeedback, Mindfulness, Protocall, MH Strategies videos
- Faculty staff wellbeing: Wellness programs for faculty staff, syllabus statements, faculty led MH programming, advisors, res life
- REACH program for bystander intervention/recognition, 988

Faculty

- In class 2-3 minute Mental health moments, gratitude/mindfulness exercise, positive imagery, words of inspiration/encouragement, humor

  - https://wexnermedical.osu.edu/integrative-health/resources/mindfulness-practices

- Timing of exams

- Collaborating with other faculty regarding online/cancel class strategically

- Instructional breaks, etc

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Academic advisors

NCHA III spring 21

50% of students reported that academics caused them "high distress" and 39% reported it caused them "medium distress" in 12 months

Reasons for meeting with academic advisor: 32% "overwhelming", 21% "stress", 3 % "anxiety"

"If you had a mental health problem impacting academic performance, which people at school would you talk to? Academic advisor ~25%, faculty ~4%, Dean ~4%, Professor 14%, Staff 12%

- <u>Gatekeeper training for faculty, advisors, students, and staff:</u>
- Provides basic skills for supporting people with mental health and substance use issues and referring them to the appropriate resource.
  - Examples: Mental health first aid, qpr, REACH, etc. Brief trainings similar to title IX training (JED)

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Campus community

- Community resources page, partnering with community organizations, providing trainings
- Collaborative relationship (trainings, process/flow meetings, demand communication)
- Communication across units
- Vending/dining
- Res Halls: embedded counselors, quiet hours, intervention based programming

Student body

- Gatekeeper training, peers reaching out.

- Sky yoga

- Peer support program: PAL, chat

- MH ambassador program

- Wellness peer coaching: nutrition, exercise, goalsetting

- Workshop facilitators wellness programs and MH outreach, automation

Parents: workshops, newsletter

- Proactively Educating on:
  - Health insurance: proactive parent education
  - Campus area capability to support a students pre-existing/baseline mental health needs
  - MH services in and around community
  - College preparedness (life-style, self-efficacy, etc.)
  - Supporting the students nutrition and life behaviors
  - Expectation management of the student, campus, and community
  - Health and wellness: being a model

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Ideas for under-resourced institutions

- Inform Assess Connect (consistent with CDC Youth MH, school model)
- Strategy to inform
- Mindfulness
- Free apps (next slide)
- Partnering with telehealth providers (Timely Md, Academic live care, Better help, Talkspace, etc)
- Partnering with community
- Peer ambassador programs
- Recorded programming (like our skills videos and workshops)
- Syllabus statements
- Gatekeeper training: Mental health first aid, QPR, etc. Brief trainings similar to title IX training (JED), 988.
- Garrett Lee Smith grant funding

Mindfulness benefits a broad array of mental health concerns

- A review of 13 studies showed improvement in ADHD symptoms with mindfulness meditation (1).

- 41 trials show mindfulness meditation helped improve stress related outcomes such as anxiety, depression, stress, positive mood, etc. (2)
- Addictive behavior

1. Poissant, H., Mendrek, A., Talbot, N., Khoury, B., & Nolan, J. (2019). Behavioral and Cognitive Impacts of Mindfulness-Based Interventions on Adults with Attention-Deficit Hyperactivity Disorder: A Systematic Review. Behavioural neurology, 2019, 5682050. doi:10.1155/2019/5682050

2. Goyal M, Singh S, Sibinga EMS, et al. Meditation Programs for Psychological Stress and Well-Being [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2014 Jan. (Comparative Effectiveness Reviews, No. 124.)Available from: https://www.ncbi.nlm.nih.gov/books/NBK180102/
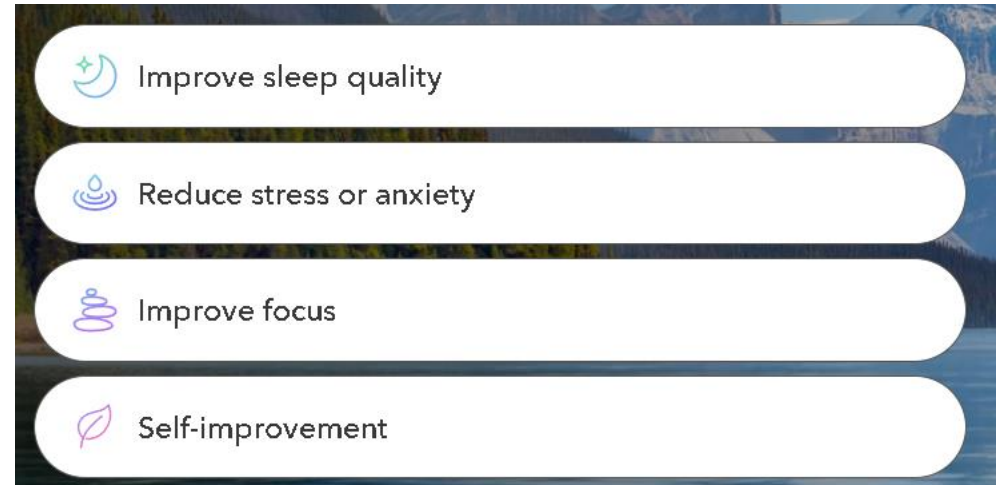
Mindfulness Meditation apps can be made available to the entire campus body (SHI, example)

Calm app (Institutional subscription)

25+ studies

More research ongoing

Also helps with mood

Headspace

"Learn how to relax, manage stress and focus your energy to become more centered and well rested."

Both have discounts for students, some insurance plans also offer these.

CCBT programs with multiple randomized, controlled trials

CCBT program	Primary application	Link
Beating the Blues [16,17,18]	Depression	https://www.beatingthebluesus.com/
Deprexis [25, 26]	Depression	https://us.deprexis.com/
FearFighter [27, 28]	Anxiety – Panic/Phobia	http://fearfighter.cbtprogram.com/
Good Days Ahead [1•, 23]	Depression	http://www.empower-interactive.com/solutions/good-days-ahead/
Mood Gym [18,19,20,21,22]	Depression	https://moodgym.com.au/
Sadness Program [29,30,31,32]	Depression	https://www.c4tbh.org/program-review/the-sadness-program/
Shyness Program [33,34,35]	Social Anxiety	https://thiswayup.org.au/how-we-can-help/courses/social-phobia/
Worry Program [36,37,38]	Generalized Anxiety Disorder	https://thiswayup.org.au/how-we-can-help/courses/generalised-anxiety-disorder/

Wright, J.H., Mishkind, M., Eells, T.D. et al. Computer–Assisted Cognitive-Behavior Therapy and Mobile Apps for Depression and Anxiety. Curr Psychiatry Rep 21, 62 (2019). https://doi.org/10.1007/s11920-019-1031-2

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Table 2 Mobile apps for depression and anxiety

Mobile app	Features	Source	Links/availability
Breathe2relax	Breathing exercises	United States Department of Defense	https://www.hprc-online.org/resources/breathe2relax-app
Calm	Soothing music and photos, meditations, calming stories	Calm.com	http://www.calm.com
Day to Day	Daily tips on CBT skills such as challenging negative thoughts and behavioral activation	Intellicare Northwestern University	https://intellicare.cbits.northwestern.edu/app/day-to-day
Headspace	Mindfulness	Headspace.com	https://www.headspace.com/headspace-meditation-app
My Mantra	Create a mantra	Intellicare Northwestern University	https://intellicare.cbits.northwestern.edu/app/mantra
Positive Activity Jackpot	Behavioral Activation	United States. Department of Defense	https://www.hprc-online.org/resources/positive-activity-jackpot-app
PSTD Coach	CBT methods	United States Department of Defense	https://mobile.va.gov/app/ptsd-coach
T2 Mood Tracker	Mood monitoring	United States Department of Defense	https://www.hprc-online.org/resources/t2-mood-tracker-app
Thought Challenger	Modifying negative thoughts	Intellicare Northwestern University	https://intellicare.cbits.northwestern.edu/app/thoughtchallenger
Virtual Hope Box	self care, distraction techniques, crisis management plan, positive affirmations	United States Department of Defense	https://www.research.va.gov/research_in_action/Virtual-Hope-Box-smartphone-app-to-prevent-suicide.cfm

Wright, J.H., Mishkind, M., Eells, T.D. et al. Computer-Assisted Cognitive-Behavior Therapy and Mobile Apps for Depression and Anxiety. Curr Psychiatry Rep 21, 62 (2019). https://doi.org/10.1007/s11920-019-1031-2

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Life behaviors and mental health

- Large and growing research showing the role of nutrition, exercise, sleep behaviors and mental health. ==Highest yield interventions with potential for most amount of benefit==.

- A significant area of deficit for a large number of college students

- Natural student interest in using this approach

- Wellness: exercise, sleep, nutrition for mental health programs at scale. FYSS/STEP credit? (Example: My workshop program)
  - Students are provided with a 1 hour education session on the connection, foods to avoid/increase, problem solving.

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Programs targeting Insomnia

Insomnia Is a Risk Factor for Psychiatric Disorders
Incidence (%) over 3.5 years
*95% CI for odds ratio excludes 1.0.
Breslau N, et al. 1996
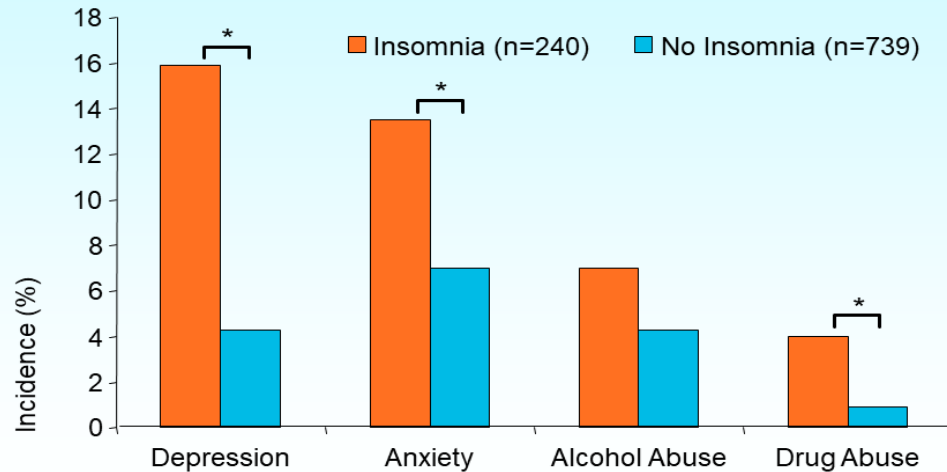
Academic Failure GPA<2.0
Gaultney JF. The prevalence of sleep disorders in college students: Impact on academic performance. *J Am Coll Health.* Sep-Oct 2010;59(2):91-97.
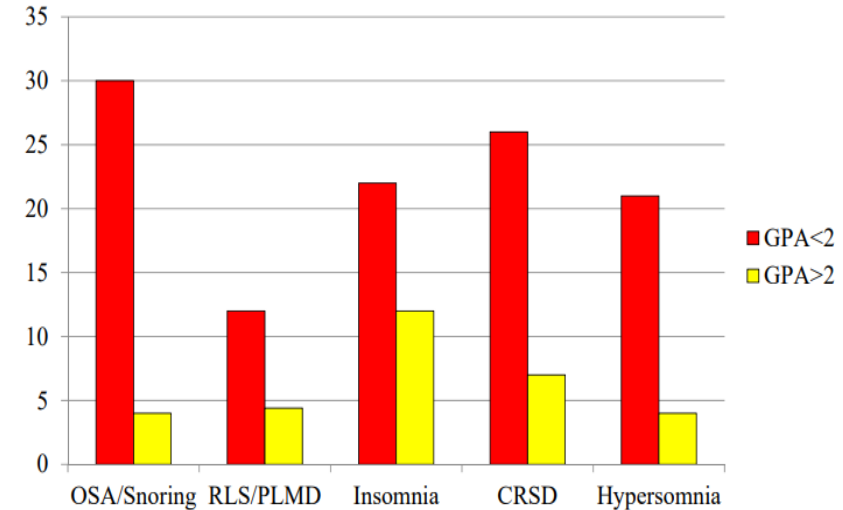
https://www.webedcafe.com/extern/program_media/mededcafe.com/2018/sleep/roth_insomnia/figure.php?present=roth_insomnia&lang=EN&figure=10

Poor sleep is associated with increased suicidal behaviors (2.7x odds) in college students – even when controlling for depression; (n=1,700). Becker SP et al. J Psychiatr Res. 2018 Apr;99:123-8.

Nutritional patterns and depression risk

In total, 21 studies from ten countries.

- A dietary pattern characterized by a high intakes of fruit, vegetables, whole grain, fish, olive oil, low-fat dairy and antioxidants; Low intakes of animal foods was apparently associated with a decreased risk of depression.

- A dietary pattern characterized by a high consumption of red and/or processed meat, refined grains, sweets, high-fat dairy products, butter, potatoes and high-fat gravy, and low intakes of fruits and vegetables is associated with an increased risk of depression.

Psychiatry Res. 2017 Jul;253:373-382. doi: 10.1016/j.psychres.2017.04.020. Epub 2017 Apr 11.
Li Y1, Lv MR2, Wei YJ3, Sun L2, Zhang JX4, Zhang HG5, Li B6.

Additional recommendations:

- Mediterranean, Norwegian, or Japanese diet;
- Increase consumption of fruits, vegetables, legumes, wholegrain cereals, nuts, and seeds;
- Limit your intake of processed-foods, 'fast' foods, commercial bakery goods, and sweets. (<10% of total daily calories, CDC.gov)

Systematic review: Dietary recommendations for the prevention of depression
R.S. Opie, C. Itsiopoulos, N. Parletta, A. Sanchez-Villegas, T.N. Akbaraly, A. Ruusunen & show all
Pages 161-171 | Published online: 02 Mar 2016

Most college aged students are NOT meeting fruit, vegetable, dairy, whole grain intake based on DGA (dietaryguidelines.gov)
Health index score:56/100

Fruit/veg 3+/d 17 % & 30%
(ACHA NCHA 2023)

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Figure I-2.
Percentage of Adults Meeting the *Physical Activity Guidelines* (Aerobic & Muscle-Strengthening Recommendations)
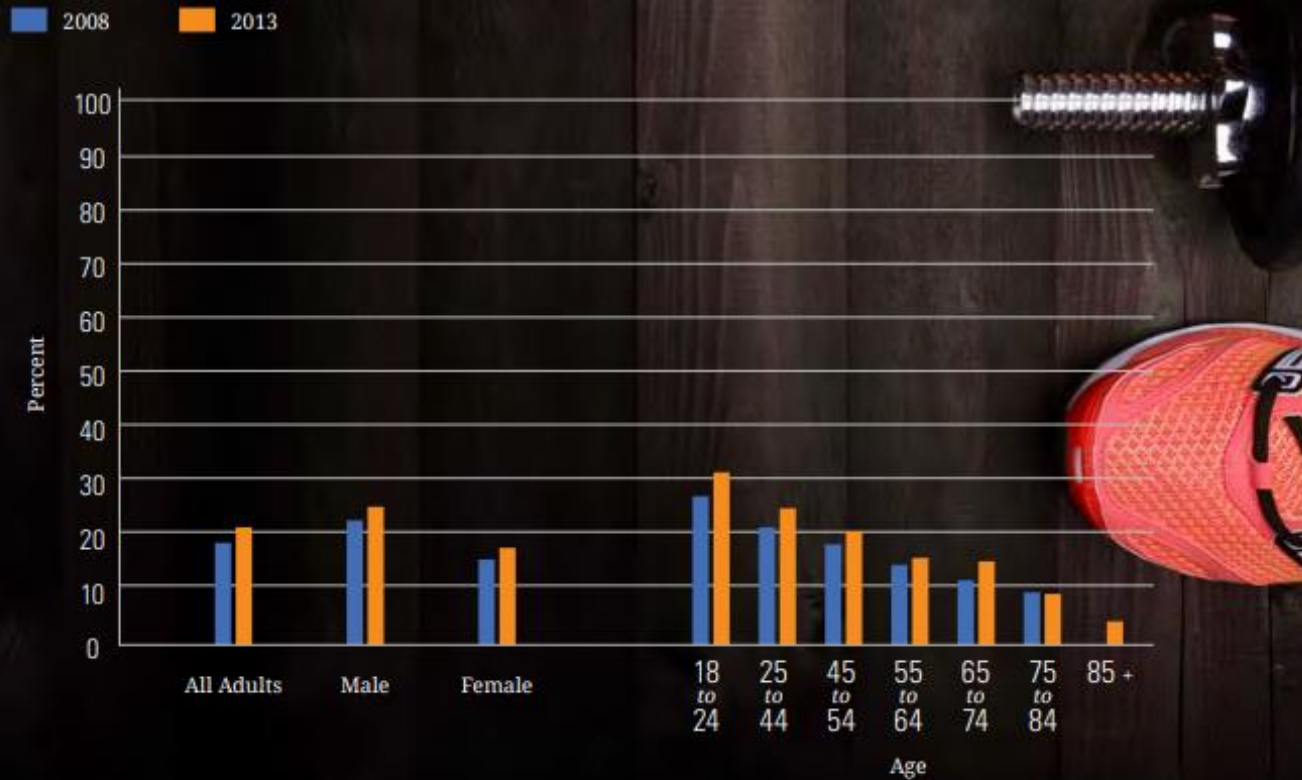
DATA SOURCES: Analyses of the National Health Interview Survey, 2008 and 2013.
Healthy People 2020 PA-2.4. Increase the proportion of adults who meet the objectives for aerobic physical activity and for muscle strengthening activity. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, June 3, 2015. Available at: http://www.healthypeople.gov/2020/data-search/Search-the-Data?nid=5072.

2023: 43% met activity guidelines for active adults
ACHA-NCHA 2023

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Sedentary Behavior and anxiety

Sedentary behavior increases anxiety (<5k steps per day).

J Affect Disord. 2016 Nov 1;204:166-73. doi: 10.1016/j.jad.2016.06.045. Epub 2016 Jun 15.
Experimentally increasing sedentary behavior results in increased anxiety in an active young adult population.
Edwards MK[1], Loprinzi PD[2].

Systematic review of $k = 31$ original studies (total $N = 99,192$) and $k = 17$ secondary
analyses (total $N = 27,443$), showed higher levels of symptoms of anxiety were associated with higher levels of SB, more pronounced in adults than children/adolescents.

Stanczykiewicz, B., Banik, A., Knoll, N. et al. Sedentary behaviors and anxiety among children, adolescents and adults: a systematic review and meta-analysis. BMC Public Health 19, 459 (2019). https://doi.org/10.1186/s12889-019-6715-3

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Exercise may be a useful treatment for anxiety.

Table 2

Meta-Analyses Concerning Exercise-Anxiety Relationship

Study	Inclusion Criteria				Sample		Results
	RCTs Only?	Exercise	Control	Other	Studies	N	
Bartley et al., 2013	Yes	More than 1 session	Any alternative intervention	Anxiety d/o other than PTSD	7	407	Exercise is similar, ES = 0.02.
Conn, 2010	No	Any non-acute intervention to increase physical activity	N/A	No elevated anxiety or anxiety d/o	19	3,789	Exercise is superior, ES = 0.22.
Herring et al., 2010	Yes	At least 3 weeks of any exercise	Nonexercise comparison conditions only	Sedentary adults with chronic illness	40	2,914	Exercise is superior, ES = 0.29.
Petruzzello et al., 1991	No	Any exercise, single or multiple bouts	N/A	N/A	104	3,048	Exercise is effective for state anxiety (ES = 0.24), trait anxiety (ES = 0.34), and psychophysiological correlates of anxiety (ES = 0.56).
Wipfli et al, 2008	Yes	Any exercise, single or multiple bouts	Any alternative intervention	No co-intervention for exercise condition	49	3,566	Exercise is superior, ES = −0.48.

Open in a separate window

Stonerock, Gregory L. et al. "Exercise as Treatment for Anxiety: Systematic Review and Analysis." *Annals of behavioral medicine : a publication of the Society of Behavioral Medicine* 49.4 (2015): 542–556. *PMC*. Web. 9 May 2018.

Sedentary behavior and depression

13 cross-sectional studies with 110 152 participants

11 longitudinal studies with 83 014 participants were included in this meta-analysis.

RR of depression for the highest versus non-occasional/occasional sedentary behaviour was 1.25 (95% CI 1.16 to 1.35, I2=50.7%) for all included studies.

The pooled RRs of depression for sedentary behavior were 1.31 (95% CI 1.16 to 1.48) in cross-sectional studies and 1.14 (95% CI 1.06 to 1.21) in longitudinal studies.

Bi-directional relationship.

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Future considerations

- Using the ACHA+NCHA and Healthy Minds data (students, faculty, staff), ACHA wellbeing assessment (faculty/staff)

- [National Faculty and Staff Health Assessment (acha.org)](acha.org)

- Healthy campus inventory/consulting

- Identify outcomes related to : Sleep, exercise, nutrition, connectedness, healthy ways of using technology, AOD.

- The challenge is to identify these and other outcome variables in populations on your specific campus then design programs/systems to address those. Taking the "what" and personalizing the "how" to your campus. The highest yield area for greatest mental health impact.

- "Our goal is to have the students Leaving the campus healthier than they came"-Cherie LeBlanc Wash U

Conclusions

- Campus mental health at OSU is not limited to one specific department or unit, it is everyone's responsibility → collective impact to address the large-scale problem.

- Campus mental heath is a large scale multi-factorial problem requiring multifactorial solutions.

- Everyone can contribute positively to impact campus mental health

- Follow up: patel.2350@osu.edu

- Additional references are in my book, ***Mental Health for College Students***

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Additional resources

ACHA Surveys

Institutional Surveys

- Sexual Health Services Survey (SHSS)

- Healthy Campus Institutional Inventory

- Student Health Insurance/Benefit Plan Survey (SHIBP)

- Institutional Profile Section A&B (IPS)

- Clinical Benchmarking

Individual Surveys

- ACHA National Faculty Staff Health Assessment (NFSHA)

- ACHA Patient Satisfaction Assessment Service Instrument (PSAS)

- ACHA National College Health Assessment (NCHA)

- ACHF Emotional Well-being survey (ACHF-EWB)

- ACHA Well-being Assessment (WBA) - acquired from Wake Forest University in 2023

Syllabus statements

- Sets the tone, procedure, expectations ahead of time, impacts student mindset and perception

Example

- "As a college student, there may be times when personal stressors interfere with your academic performance and/or negatively impact your daily life. If you or someone you know is experiencing mental health challenges at Caldwell University, please contact Counseling Services located within the Wellness Center on the 2nd floor of the Newman Center or call 973-618-3307. Their services are free and confidential. In a crisis situation, contact Campus Safety and Security at 973-618-3289 or the Police at 911. The New Jersey Hopeline also offers a 24-hour hotline at 855-654-6735."

- https://www.smith.edu/sites/default/files/media/Office%20Images/Sherrerd%20Center/Sample%20of%20Mental%20Health%20Statements%20for%20Syllabi.pdf

Examples of syllabus statements

- https://provost.uoregon.edu/syllabus-guidelines

Gurung RAR, Galardi NR. Syllabus Tone, More Than Mental Health Statements, Influence Intentions to Seek Help. *Teaching of Psychology*. 2022;49(3):218-223. doi:10.1177/0098628321994632

- https://www.geneseo.edu/health/mentalhealth_syllabi

- https://suicideandmentalhealth.osu.edu/articles/ohio-state-offers-suggested-mental-health-statement-for-course-syllabi-august-13-2019/

- https://www.union.edu/academic-affairs/policies-forms/examples-mental-health-and-campus-resources-statement-syllabus

- https://www.jcu.edu/student-life/wellness/ucc-university-counseling-center/syllabus-statement-student-mental-health
- https://www.smith.edu/sites/default/files/media/Office%20Images/Sherrerd%20Center/Sample%20of%20Mental%20Health%20Statements%20for%20Syllabi.pdf

In and out of class strategies

- **Examples of Emotional Wellness Activities and Promotion inside the classroom:**
- Utilize a bulletin board to highlight free mindfulness and digital wellness apps
- Recognize stressful times throughout the semester (first round of exams, midterms, finals, etc.) and plan accordingly to offer additional support and leniency to students during that time
- Post a wellness or self-care statement on syllabus – the Student Wellness Center has an example syllabus statement
- Know campus resources and appropriately refer students when necessary
- **Examples of Emotional Wellness Activities and Promotion outside the classroom:**
- Build your own stress ball during a meeting – use balloons and rice or sand for a low cost activity
- Mindfulness Night
- Bring Therapy Dogs to a group meeting – Therapy Dog International has a request page
- Self Care night with face masks, sugar scrubs, nail polish, etc.

https://swc.osu.edu/wellness-education-and-resources/ten-dimensions-of-wellness/emotional-wellness

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Mental Health in Higher Education

May 29, 2004

Dr. Eric Wood

ACE®

Key Data Points

1.) About 50% of all campus counseling center services nationwide are utilized by 20% of clients (Center for Collegiate Mental Health).

Key Data Points

2.) Many current counseling clients are actually former clients who have returned to seek services again.

Key Data Points

3.) Counseling center staff often report high levels of burnout and rate unscheduled appointments and crisis response as the largest source of this burnout.

Key Data Points

4.) Many clients are meeting with a licensed provider for sub-clinical needs, even though individual counseling is not the most effective intervention.

PRIMARY OBJECTIVES OF CCCM

Comprehensive Collaborative Care

Objective #1: Provide specialized services for students with high mental health needs

Objective #2: Foster Peer Support Communities and Recovery Services for a wide range of mental health domains

Objective #3: Implement dedicated triage and crisis response services

Objective #4: Work with campus partners to serve students with sub-clinical needs

TCU'S COMPREHENSIVE COLLABORATIVE CARE MODEL

STUDENTS

♥ WELLNESS PROMOTION & PREVENTION

Academic Affairs

Other Student Affairs Departments
- Student Activities
- SDS Coaching

Wellness Programming
- Wellness Workshops
- Group Presentations
- Peer Educators

✚ CRISIS RESPONSE & TRIAGE

Drop-in Triages

Care Coordination

Crisis Interventions

STUDENTS WITH HIGH MENTAL HEALTH NEEDS

Behavioral Health IOP

DBT Program

Eating Disorder Treatment Team

Equine Program

Substance Use IOP

Veteran Services

📝 CONSULTATION SERVICES

About Helping Students in Distress

Campus Advocate

Need to Talk - 24/7 Phone Counseling Helpline

3rd Party Consultation

"Let's Talk" Program in Academic Buildings

💬 MULTI-TRACK COUNSELING SERVICES

Individual Counseling

Brief Therapy

Transition of Care

Group Therapy

Substance Use & Recovery

👥 PEER SUPPORT COMMUNITIES

Grief

Supportive Gaming

"Ripple Effect"

Sleep & Anxiety

Substance Use

Meditation for Stress

Graduate Students

Depression & Anxiety

Trauma Sensitive Yoga

Body Image/ Eating Disorders

Trauma Survivors
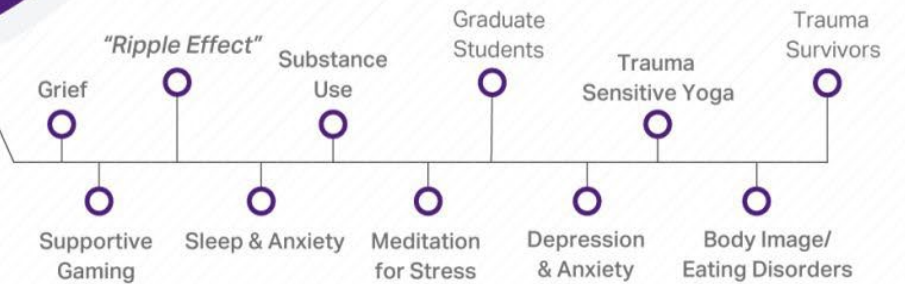
BEST IN THE WORLD

1) Unrivaled Access to a vital demographic

2) Reduced barriers to accessing treatment

a. *Location*

b. *Reduced stigma/increased help-seeking*

c. *Community of gatekeepers*

d. *Reduced cost for services*

3) Have an established infrastructure

4) Significantly impact students' lives and the community

Questions and contact information:

Dr. Eric Wood
Director – Counseling and Mental Health Center
TCU Box 298730
Fort Worth, Texas 76129
www.counseling.tcu.edu
817-257-7863
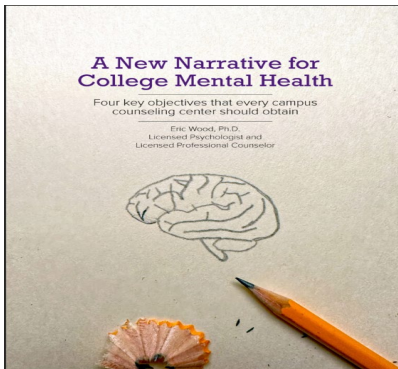
A New Narrative for College Mental Health: Four Key objectives that every campus counseling center should obtain.
www.counseling.tcu.edu/ebook

Winner of the 2023 National Excellence in College Counseling Media Award by the AUCCCD