Student Mental Health Committee

Final Report

University of California
Office of the President

September 2006

UNIVERSITY OF CALIFORNIA

OFFICE OF THE PRESIDENT
1111 Franklin Street
Oakland, California 94607-5200

September 5, 2006

PROVOST and EXECUTIVE VICE PRESIDENT HUME

Re: Report of the University of California Student Mental Health Committee

On behalf of the Student Mental Health Committee it is our pleasure to provide the final report of our group. The Committee was appointed in December 2005, and was given a charge to assess 1) trends in student mental health, 2) how these trends are being managed nationally and at the University of California, 3) the appropriate level of services on the campuses to address student mental health needs, and 4) whether the campuses currently have the resources to provide those appropriate services.   Finally, the Committee was asked to propose recommendations for identifying resources to support any increased needs in this area.

The attached report reflects a summary of our research, findings, and recommendations. The report is organized in the following sections:

- A *Background* to the current concerns regarding student mental health and the formation of the Student Mental Health Committee and the Committee's charge.
- Our *Findings* regarding the current trends in student mental health and how these trends are being managed nationally and at the University of California.
- Our *Recommendations* on how to implement new initiatives or reinforce and fortify current programs and services to address the student mental health needs at the University.
- The recommendations are framed in a three-tiered model of services and programs which puts into context the challenges and necessary interventions to address student mental health issues at all levels and which, when in place, will result in *Healthier Campus Learning Communities*.
- *Appendices* which include supporting data, reports, and related documents.

We have been honored to work with such dedicated and experienced Committee members and invited guests. All who participated in and contributed to the Committee's work demonstrated insight, concern, and dedication to students and their mental health needs as well as an understanding of the complexities and pervasive nature of this issue on our campuses.

Sincerely,

Joel E. Dimsdale, MD, Co-Chair
UC Student Mental Health Committee and
Professor of Psychiatry, UC San Diego

Michael D. Young, PhD, Co-Chair
UC Student Mental Health Committee and
Vice Chancellor for Student Affairs, UC Santa Barbara

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Executive Summary
Student Mental Health Committee Final Report

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In December 2005, President Dynes charged then Acting Provost Hume with creating a Committee to study student mental health issues within the University of California. The Committee reviewed relevant literature, surveyed practices at UC and comparison institutions, and through presentations to the Committee drew on the perspectives of a variety of stakeholders.

The Committee concluded that mental health trends visible nationally are negatively affecting all UC campuses. In particular, the Committee found that:

1. Following national trends, UC students are presenting mental health issues with greater frequency and complexity.

> As a result, the workload among mental health and other professionals on our campuses is increasing, not only because they have to address directly the increasingly complex needs of greater numbers of individual students but because they have to assist in the campus community's collective response to these needs.

2. Budget trends within the University (and in the surrounding local communities) limit the capacity of campuses to respond to mental health issues and are manifested in longer student wait-times, difficulty retaining staff, and decreased services and programs.

> Student fees devoted to relevant services have remained relatively flat while the demand for and cost of providing those services has increased. This applies to direct mental health services and to the indirect mental health services provided by allied programs in campus safety, disability services, student life, residential life, learning support, and academic units.

3. This increasing demand and declining capacity pose a threat to the learning environment because of their significant adverse impacts on faculty, staff, and students.

The Committee urges the University to take action to ensure that its campuses can create healthier learning environments. A comprehensive response to these concerns is summarized in a plan of action delineated by the Committee in its Report. This plan envisions action on the following three tiers:

1. Restoring critical mental health services to fully respond to students in distress and at risk.
2. Implementing and augmenting targeted interventions through education, support and prevention programs and restoring staffing levels in those units best poised to assist high-risk students.
3. Taking a comprehensive institutional approach to creating healthier learning environments by enhancing the full spectrum of student life services, and revising administrative policies as well as academic practices that influence communication and collaboration around these issues.

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I. Background to the Report

In recent years issues concerning student mental health have seen heightened national attention, with colleges and universities reporting unprecedented numbers of students in psychological distress. The escalation of student mental health cases has seriously taxed the capacity of institutions to respond to the demand for psychological, psychiatric, and related services.

The University of California has not been immune to this trend. Campuses have found themselves straining to provide support to students as budgets have tightened and resources have dwindled. The University's ten campuses have worked creatively to develop a range of strategies, from crisis management teams and campus-wide collaborations to student wellness campaigns, in an effort to address the growing demand for student mental health services. At the same time, there has been mounting interest on the part of constituents, including parents, individual students, and student organizations, in the issue of student mental health and the capacity of campuses to respond appropriately.

These campus and other University efforts are well-documented, and over the last six years have led to a number of reports, systemwide meetings, and other initiatives, involving the Vice Chancellors for Student Affairs, the Academic Senate, individual Regents, students, and parents of students, among others.

Despite these collective efforts, there is growing awareness within the University that

additional action must be taken to meet the expanding need for critically important services in this area. It is within this context that, at the September 2005 Regents' meeting, President Dynes charged the Provost to undertake a comprehensive, Universitywide review of student mental health issues and the challenges associated with providing appropriate services within the campus community.

As a result of this general charge from the President, in early December 2005 then Acting Provost Hume appointed the Student Mental Health Committee, and specifically charged it to report back to him with an assessment of:

- trends in student mental health;
- how these trends are being managed nationally and at the University of California;
- the appropriate level of services on the campuses to address student mental health needs; and
- whether the campuses currently have the resources to provide those appropriate services.

That Committee, which has now concluded its business, met five times between February and August 2006. It was co-chaired by Academic Senate Representative and UC San Diego Professor of Psychiatry Joel Dimsdale and UC Santa Barbara Vice Chancellor for Student Affairs Michael Young. The Committee also included administrators, faculty, and students broadly representative of the campuses and a variety of campus functions, as well as the 2005-06 Student Regent.

During the course of its deliberations, the Committee included in its agenda a review of relevant literature, an examination of practices at UC and other institutions, and testimony from a wide variety of campus stakeholders impacted by and responsible for student mental health at the.

The Report that follows is the end result of the Committee's consideration of this complex set of issues. The Report sets forth both the Committee's findings and comprehensive recommendations structured as a single coherent plan of action for the University.

II. Introduction and Committee Findings

Defining the Issues: the National Context

Student mental health issues have traditionally been defined within the context of adjustment and developmental challenges with which young people have always grappled. Issues of homesickness, achievement anxieties, adjustments to new independence, and finding one's way have always presented challenges for college students. However, in addition to these developmentally predictable concerns, more and more students of all ages and backgrounds are experiencing mental health problems that are qualitatively different and significantly more complex.

Nationally, nearly half of all college students report feeling so depressed at some point in time that they have trouble functioning (R. Kadison , T. DiGeronimo, 2004). Psychosis is frequently first manifest in late adolescence, the same age when severe eating disorders and substance abuse take a heavy toll. Crises, tragedies, and darker issues now involve university students with a regularity that is deeply troubling. It is not surprising that counseling centers nationwide report increasing numbers of students seeking services, with Columbia University reporting a forty percent increase since 1995; MIT a fifty percent increase between 1995 and 2000; and the University of Cincinnati a fifty-five percent increase from 1996 to 2002 (M. Kitzrow, 2003). Diagnoses of these students indicate a heightened severity of problems and

an increasing use of medications for anxiety, mood disorders, and depression.

Student mental health issues affect academic communities—including their education abroad and other off-campus programs—in a variety of ways, from disruptive and hostile behavior or even violence in classrooms and labs to suicidal threats or gestures in the residence halls. Faculty, staff, and students have feared for their own safety when interacting with students in crisis, and instances of stalking or other bizarre behavior are not unusual. In addition to these more aberrant behaviors, campuses are responding to victims of sexual assault and other crimes, students struggling with eating disorders, grieving students who have experienced the death of a friend or loved one, and students with seriously ill family members. These issues are being reported in increasing numbers and severity at our UC campuses as well as across the nation.

The UC Context

Increasing Number of UC Students are Taking Psychotropic Medications

Roughly one in four students seeking counseling services within UC are already receiving psychotropic medication at the time they seek such counseling. Consistent with national trends, this increased number of students on medication represents a stark increase over the past twenty years (J. Young, 2003).

Prescribed psychotropic medications, in combination with psychological counseling, are allowing more and more young people to function normally and compete academically. While these students may not have been able to attend college in the past, they are now graduating from high school and going on to pursue higher education. However, these students arrive on campus with different needs and expectations for services and also with different risk factors. Sometimes, because they are in a new unstructured environment or simply because they want to experiment, they choose to discontinue their medications. The

resulting behavior—including threats, assault, and self-destructive actions—can have lasting and widely reverberating impacts on the entire learning community.

The Residential Campus Environment
In any consideration of student mental health and the institution's associated responsibilities, it is important to understand the context of the on-campus student residential environments in which our campuses are now operating, and the consequences for many student services—including student mental health services. Psychological crises are not limited to students with a prior history of these issues. The University of California has growing residential populations, with more than fifty thousand students living on our campuses and tens of thousands more living in adjacent or nearby communities. Residential communities provide added support and convenience to students, contributing to their overall academic success and satisfaction with their campus experience. On the other hand, community living can also serve to magnify mental health issues and require staffing, services, and community response twenty-four hours a day.

Incidents that occur in student housing and on the broader campus require the collaboration of student judicial affairs staff, the campus police, and a variety of other departments. Judicial affairs offices have increasingly had to divert resources to respond to behavioral issues that have resulted from student mental health problems. Discipline cases and crimes related to mental health are increasing in frequency, and campuses are finding that responding collaboratively can be frustrating not only because of the intricacy of the cases, but because of complex and sometimes poorly understood laws and policies, including laws and policies related to student privacy. The complex legal, policy, and strategic issues that surface with many of these emotionally charged incidents require the involvement of staff from a broad range of campus services and can consume enormous amounts of time, sometimes stretching over weeks and months.

The increase in student mental health problems has had a pervasive impact across each campus, and our off-campus programs and effective intervention must emphasize prevention, education, and outreach in addition to crisis response, remediation, and treatment.

Higher Risk Student Populations
Graduate students as a group have been identified as a population at higher risk for mental health concerns. The level of stress for graduate students is magnified by their relative isolation from the broader components of campus life, the intense academic pressures of their advanced studies, and the increased presence of family and financial obligations.

International students enrolled at UC were also identified by the Committee as particularly vulnerable to student mental health problems. This cohort of students often experiences cultural adjustment issues, carries significant financial burdens, and struggles with increasingly complicated and uncertain visa processes, resulting in increased stress.

Lesbian, gay, bisexual, transgender (LGBT) and racially and ethnically underrepresented students, who can feel alienated from general campus populations, are other examples of at-risk groups.

Mental Health Trends on UC Campuses

The Committee reviewed national trends in student mental health and examined a variety of associated markers for measuring whether an adequate level of service has been attained within the UC system. The Committee's work in this area was somewhat hampered by the fact that data collection and reporting are handled differently by each UC campus. The Committee therefore drew from a variety of different sources to illustrate the nature and magnitude of the mental health issues confronting our campuses. In some instances, data were available for the entire UC system; in others, the Committee used representative

data from specific campuses to document trends in evidence at all campuses. Instituting consistent data collection and reporting requirements across the entire UC system will assist substantially in future efforts at measuring student mental health and the associated delivery of appropriate campus services.

Representative Data for One Campus: Student Psychiatric Admissions and Suicidal Behaviors at UC San Diego
In *figure 1* the number of psychiatric hospital admissions at UC San Diego is plotted over the past five years. These admissions have doubled over this time period, and only reflect admissions that were reported to or required the involvement of UC officials. It is important to note that neither changes in treatment standards nor enrollment growth at UC San Diego (approximately fourteen percent over the same period) can account for this increase.

**UC San Diego
Psychiatric Admissions**
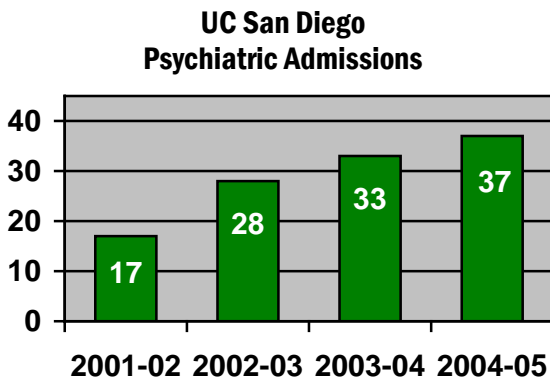
Figure 1

Figure 2 captures data on suicidal behaviors. There have been suicides across the UC system and these suicides are deeply troubling in that they take away from us some of the brightest young people in the State of California, people who can never be replaced to their friends and family. However, the suicide issue is even more pronounced when one considers the totality of suicidal behaviors for which we have data, i.e., completed suicide

as well as suicide attempts that have necessitated trips to the emergency room or psychiatric hospitalization. In this context, suicidal behaviors at UC San Diego have doubled in the last four years. A survey of sixteen thousand college students in 2000 found that nine and a half percent had seriously considered attempting suicide and yet only twenty percent of students with suicidal ideation were in treatment (J. Kisch, V. Leino, M. Silverman, 2005).

**UC San Diego
Suicidal Behaviors**

**■ Psych Hospitalizations
■ ER Visit
■ Fatal**
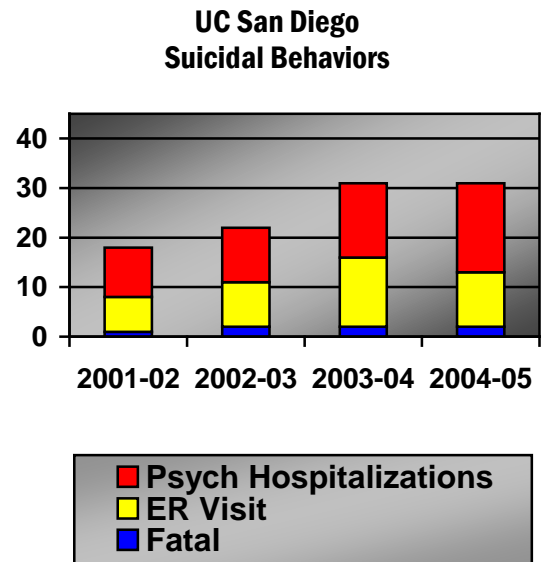
Figure 2

The Berkeley Study
To further highlight the challenges students face, data from a recent UC Berkeley study of 3,100 graduate students reveals that almost fifty percent of respondents had experienced an emotional or stress-related problem that significantly affected their well-being and/or academic performance. Almost ten percent of respondents further reported they had considered suicide in the last twelve months. This same study indicated that graduate students confront more pervasive mental health problems than undergraduates. UC has a significant population of graduate and professional students who by the nature of their independent study and research are at more risk of becoming isolated from the support structures of the broader campus. At the same time, these students are experiencing

substantial academic, financial, and family obligation pressures.

Mental Health Visits and Individual Counseling Sessions at UCSB
Figures 3 and *4* summarize data from UC Santa Barbara. In *Figure 3*, the top line shows that in the past ten years, visits to the Student Health Center for mental health care have more than doubled. Because of the limited levels of specialized mental health staffing, primary care physicians are increasingly being called upon to provide this specialized care. The bottom line shows that over this time period primary care physicians have tripled their provision of mental health services to students seeking care in the medical clinics. The middle line reflects the increase in visits to psychiatrists—an increase of nearly one hundred percent. Students are consulting with psychiatrists and primary care physicians because of the severity of their mental health issues. Notably, the number one prescribed drug for college students is Prozac. In second place are all anti-anxiety agents, and in third place are all other anti-depressant medications combined (R. Kadison, T. DiGeronimo, 2004).

Figure 4 reflects broad changes over the last fifteen years to UCSB's approach to providing counseling services to students. In 1991, nearly five hundred students received counseling in group settings. That year had sixty-two crisis appointments (defined as students presenting issues that require immediate attention to mitigate or minimize harmful consequences). In contrast, in 2004-05 the number of students receiving group counseling had decreased by more than two thirds and students coming to the Counseling Center in crisis rose to 462. This fifteen-year trend represents a significant change for the Counseling Center. More students began coming to the Counseling Center in crisis and crisis appointments by their nature are not appropriate for group counseling. Thus, as crisis appointments have increased over the last fifteen years, more counselors have been needed to respond. Simultaneous with this seven-fold increase in crisis appointments at UCSB, student services sustained several budget cuts. In order to absorb the increase in crisis appointments and the decrease in funding, the Center eliminated or reduced the proactive and preventative measures that in past years had been provided to the campus community.

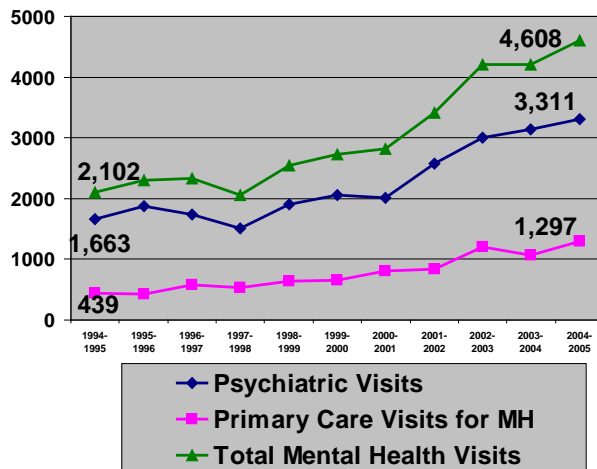### UC Santa Barbara Mental Health Visits to Health Center

Figure 3

UCSB Counseling Services 1991-2005: Students in Groups versus Crisis Appointments
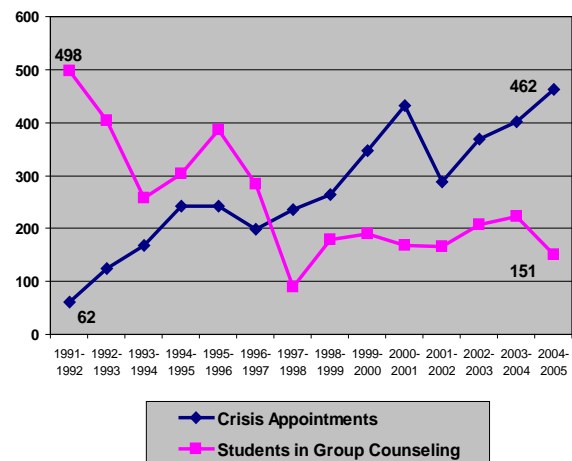

Figure 4

Trends in Counseling Center Use across the UC System

Moving into a systemwide context, the Committee pooled corresponding data from eight campuses (Berkeley, Davis, Irvine, Los Angeles, Riverside, San Diego, Santa Barbara, and Santa Cruz), and found that the number of students utilizing campus counseling centers has increased twenty-three percent in the last five years (see *Figure 5*). This increase is significantly higher than the enrollment growth at UC over the same period (fifteen and a half percent). Furthermore, this growth in demand may actually be an underestimate of needs because students may choose not to seek counseling at our centers due to limited staffing and increasingly lengthy non-crisis wait lists (that is, the counseling centers may have reached their maximum service capacity as reflected by the "ceiling" effect or the leveling off of student visits).

Students Requesting Services for Psychiatric Disabilities

Figure 6

Individual Students Seeking Mental Health Services at Eight UC Counseling Centers
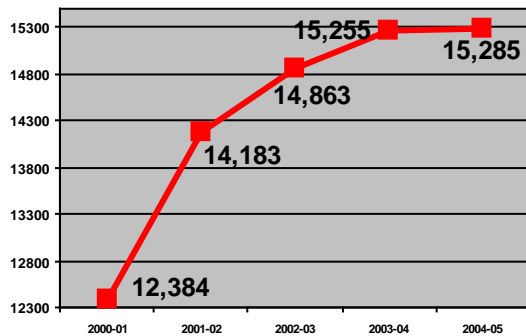

Figure 5

Psychiatric Disability Trends

In addition to needing services from counseling or student health centers, increasing numbers of students with mental health problems are also requiring disability services. While *Figure 6* charts data for three campuses (Santa Barbara, Los Angeles, and Berkeley), all UC campuses have seen a dramatic increase in the number of students seeking disability services on the basis of psychological/psychiatric issues.

Markers

The Committee identified three markers by which to gauge the ability of the University's student mental health services to fully serve the University's students:

- ratio of mental health specialists to numbers of students;
- length of wait time for first and subsequent appointments;
- access to psychologists and psychiatrists.

The Committee found that, while individual campuses have differing circumstances, strengths, and challenges, the UC system overall has had difficulty measuring up relative to the above indicators of a mental health care delivery system fully able to serve the University's students. In addition, all campuses report difficulty in managing and supporting after-hour care.

The Impacts of Limited Student Mental Health Staffing

The capacity of campuses to address aggressively and affirmatively student/specialist ratios, wait times, and specialist access—the three markers identified above—depends heavily on a single

underlying factor: *whether or not campus mental health staffing levels are able to meet the full student need and demand.* In its examination of this issue, the Committee found that the University falls below the student/staff ratios recommended by the International Association of Counseling Services, the accrediting body of college and university counseling services. With respect to wait times, for example, students who do not identify themselves as in imminent crisis must often wait three to six weeks to see a counselor or psychiatrist.

Non-competitive Salaries
The Committee also found that, consistent with the findings of the June 2005 Report of the Academic Senate's University Committee on Planning and Budget, *Budget Cuts Affecting Campus Mental Health*, the entire UC system lags behind the private sector in compensation levels for mental health care providers. As a result UC is losing experienced psychologists and psychiatrists. For example, in one six-month period alone in 2004-2005, UC San Diego lost fifty percent of its counseling psychologist staff largely because of salary concerns.

Referrals Outside the University
The increasing numbers of student mental health-related crises on the University's campuses have clearly stretched their capacity to respond. More extensive referral outside of the University is problematic in many cases, given the limits on coverage provided by health insurance and the financial limitations of many students. In addition, private referrals may not be close to campus and thus not readily accessible. Public community mental health agencies already carry enormous caseloads and can only care for extraordinarily severe mental illness. At the same time it increases the capacity of campuses to respond to mental health needs on campus, the University would be well-served to further explore ways to overcome the often-present barriers to off-campus referrals.

Managing the Legal Risk
In addition to the challenges of responding to individual student needs, there has been a recent increase in both the amount and complexity of case law involving student mental health and institutions of higher education. Universities across the nation are now examining their protocols, service models, and communication procedures. Administrators and governing boards are increasingly cognizant of the need to take reasonable and prudent measures to protect students, staff, and faculty who are experiencing or are affected by mental health crises within the academic learning community, as well as to position themselves to minimize their exposure to legal risk in this increasingly complex area of changing case law.

Diminished Capacity to Serve All Students
The increased need for mental health services has also affected the larger network of support services and programs constituting the campus life fabric of the University. The need to direct limited resources to students in crisis has undermined the ability of campuses to provide assistance to other students who are not so acute but who are dealing with more "traditional" adjustment and developmental issues such as homesickness, questions of identity, relationship issues, and concerns over career choice. Those students may fall through the cracks. This is of increased significance in light of the Berkeley study previously cited which showed that eighty percent of student respondents who have considered suicide have never sought help at the campus counseling center.

The Impact on Academic Success
The impact on the academic success of students suffering from mental health issues is profound. A study of productivity costs of depression at Western Michigan University (A. Hysenbegasi, S. Hass, C. Rowland, 2005) showed that depressed students were more likely to miss classes, assignments, and exams as well as drop courses. Depressed students also experienced a decline in grade point average of 0.49 on a 4.0 scale. Kansas State

University reported in the *Journal of the American Medical Association* (R. Voelker, 2003) that the proportion of students who came to counseling centers with depression increased from twenty-one percent in 1990 to forty-one percent in 1999. Data from the Big 10 schools, also reported by *JAMA*, show a forty percent increase in the number of students seen at counseling centers from 1992 to 2002.

Conclusion: Learning Communities in Crisis

As any number of campus staff and faculty will attest, a psychological emergency for one student can reverberate across an entire campus community. Such scenarios are playing out on every campus, day after day, term after term. Campuses are losing capacity to attend to the general well being and developmental needs of the student population as student services staff attends to the more immediate issues raised by the scenarios described here. This lost capacity has an impact on the ability of faculty and staff to effectively promote teaching and learning and is causing increased interruption to the larger learning community. The mental health landscape among college students represents a stark new reality in higher education in this country and at the University of California.

In its consideration of the above findings, the Committee has reached the following overall conclusion, about which it feels there is substantial degree of urgency:

The increased need by students for campus mental health services has resulted in an overtaxed delivery system at UC that falls significantly short of meeting the actual student demand and expectation for services.

The cumulative toll of this shortfall in service capacity has had and continues to have a significant negative impact on all campus populations, including other students, faculty and staff; on the affected individual student's academic performance; and on that student's overall mental and physical well-being.

Further, it is the Committee's considered view that this situation will not improve over time, and indeed given general societal trends can only further deteriorate, without aggressive intervention on the part of the institution. This intervention must include a systematic review of policy, enhanced communication mechanisms, and a renewed commitment to campus-wide collaboration along with an infusion of new resources commensurate with both the nature and magnitude of the challenge now facing the University.

III. Committee Recommendations

As the findings of the Committee have confirmed, campuses across the nation and at the University of California are experiencing a dramatic rise in the number of students with serious mental health problems. UC campuses simply do not have adequate funding and resources to fully meet the changing mental health needs of students. While at first glance this funding shortfall might seem to result from a simple rise in demand for mental health services, it actually has deeper roots. In order to properly understand the need, as well as other challenges to providing for and maintaining healthy campuses, the Committee examined the funding context for student services at UC over the past two decades.

Understanding the Broader Funding Context

Understanding the funding context requires an awareness of the recent history of the University Registration Fee, which has been established under Regents' policy as the primary funding source for campus programs and services that support student life and campus health (e.g., counseling centers, student health services, disabled student services, deans of students, career services, student activities, international student services, academic support programs, etc.). The policy states:

A Student Fee Policy affecting the Educational Fee and the University Registration Fee is established with the following provisions...

The University Registration Fee is a Universitywide mandatory charge assessed against each registered resident and nonresident student.

Income generated by the University Registration Fee may be used to support services which benefit the student and which are complementary to, but not a part of, the instructional program. These programs include, but are not limited to, operating and capital expenses for services related to the physical and psychological health and well-being of students; social and cultural activities and programs; services related to campus life and campus community; and educational and career support. These programs create a supportive learning environment and provide general student enrichment…. (The University of California Student Fee Policy, as approved January 21, 1994 and amended May 20, 2004 and September 22, 2005)

Registration Fee Stagnation, Inflationary Erosion, and Budgetary Downsizing

Over the last seventeen years, the University Registration Fee has essentially stagnated, increasing only $171 since 1987, from $564 to $735. However, because of inflation, this increase actually amounts to a thirty-four percent *loss* in buying power since 1987-1988. Additionally, the "University of California 2006-07 Budget for Current Operations" (November 2005) states, "Student services programs were adversely affected by severe budget cuts during the early 1990s when the University was forced to make reductions due to the State's fiscal crisis; those cuts have not been restored. In 2002-03, student services programs were again reduced by a mid-year reduction of $6.3 million, which grew to $25.3 million in 2003-04—equivalent to a 20% reduction in Registration Fee-funded programs."

Indeed, looking back over the last seventeen years the Student Mental Health Committee calculated that just to have kept pace with cost-of-living adjustments instituted at UC since 1990 would have required a $48 million increase on a permanent basis over the total amount of University Registration Fees now annually collected, and a corresponding $73

million increase on a permanent basis in order to have kept pace with both cost-of-living adjustments and mandated budget cuts.

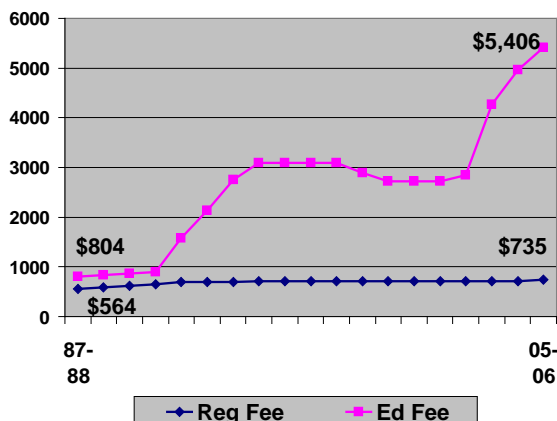**Historical Comparison of Registration and Educational Fees**

Figure 7

Triage, Stopgaps, and Other Mechanisms

To mitigate this shortage in funds, campus student services departments and programs across the UC system have developed a variety of strategies, for example: 1) income-producing measures such as user fees or fees-for-service; 2) student referenda (student self-imposed taxes) in support of facilities and services; 3) reallocation of dollars from some student services to others; and 4) the reduction, rationing and elimination of important student services. Despite these strategies, with the needs of college students changing so dramatically, staffing remains limited with little depth and a continuing need to increase services across the full array of departments designed to foster a safe and healthy campus. In order to achieve the specific programmatic recommendations outlined further below consistent with the overarching institutional goal of ensuring a safe and healthy learning environment, campuses need a significant influx of new permanent dollars, an effective funding mechanism to keep pace with inflation and rising student demand, and a campuswide

commitment to communication, collaboration, and information-sharing on mental health issues.

A Plan of Action for Creating Healthier Campus Learning Communities

Three-Tiered Model: Overview

What follows is a set of recommendations organized within a three-tiered model designed by the Committee to provide a comprehensive framework for meeting the fundamental mental health needs of our students and providing for safe and healthy campus environments across the system. While Tier 1 represents the most immediate needs, all of the tiers include recommendations that should be addressed in the campus and systemwide response to the mental health crisis.

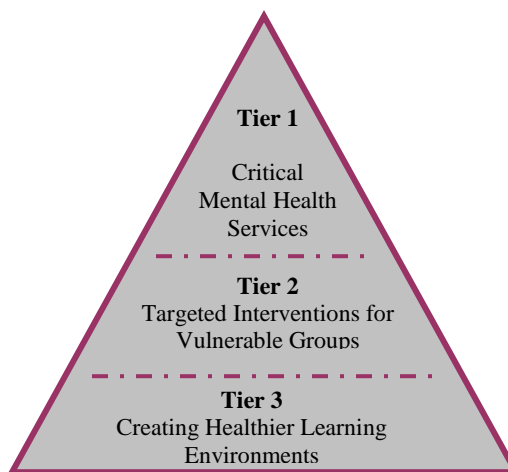**Creating Healthier Learning Communities: A Tiered Model for Improving Student Mental Health**

Figure 8

Tier 1 represents the **critical mental health services** that need to be restored for UC campuses to fully respond to basic student mental health needs on our campuses. It identifies the staff resources necessary to respond to students in distress and at risk while also beginning to address the other student care needs in this area. As a system, we currently fall below the student/staff ratios recommended by the International Association of Counseling Services, the accrediting body for college and university counseling services. The three- to six-week wait to see a counselor for a non-crisis issue is exacerbated by the relatively short academic terms on a college campus; with quarters lasting only ten weeks, a wait time of three weeks can have severe consequences on academic progress. In addition, a limited number of psychiatrists have caused many health centers to delay care or turn to general practitioners and nurse practitioners to provide mental health care.

Proactive administrative steps can be taken systemwide and at the campus level to create increased synergy across campus service areas, gain efficiencies and cost savings, share information and best practices, monitor the effectiveness of programs, and take advantage of the latest research and advances in the field of mental health.

Tier 2 outlines **targeted interventions for vulnerable groups** through education, support, and prevention programs, restores key services to help students manage stress, and increases staffing levels in those campus life areas most impacted by student mental health issues, such as disability services, student judicial affairs, and student life. Programs would thus be better able to focus on students who experience high levels of stress and some of the highest suicide rates (e.g., graduate students, international students, LGBT students, and racially and ethnically underrepresented students). Targeted training would prepare staff and faculty to recognize individuals in distress and make appropriate referrals early on as opposed to after a crisis has emerged. Web-based prevention programs

would provide students with basic information about mental health as well as the services available to them on their campuses and in the surrounding communities. In addition to enhancing education and outreach, campuses need to restore staffing levels in student life and student support departments so they can respond to student mental health issues without compromising or sacrificing the other important services they provide students, staff, and faculty. Because campuses have used different strategies to absorb both budget cuts and the impact of the mental health crisis, each campus would begin the work of Tier 2 from a unique starting point. Each campus, however, must replenish basic levels of service before it has the capacity to engage in assertive mental health outreach, education, and prevention.

Tier 3 is where UC moves beyond basic prevention efforts and triage and engages in **a comprehensive approach to creating healthier learning communities on our campuses**. This goal can be realized by enhancing the full spectrum of student life services, actively engaging the faculty and academic staff, while also facilitating proactive communication and collaboration.

Prevention can be improved by enhancing services and programs that raise awareness about early intervention and treatment, reduce stress, and teach students how to create and maintain healthy, balanced lifestyles. Such prevention programs can minimize a student's susceptibility to mental health problems by providing positive outlets for stress and alternatives to drug and alcohol use, by promoting healthy relationships, by providing positive role models, by building leadership skills, and by encouraging civic engagement. Additionally, civility in discourse, mutual respect, and a true understanding for the value and strength of differences are fundamental elements of a healthy and vibrant learning community. These messages should be woven into the fabric of campus life, both inside and outside the classroom. While essential for all students, these programs and activities are

particularly crucial for those who are at risk for mental health problems.

Faculty are essential contributors in creating healthier learning communities. Strategies to involve faculty would include increased and improved faculty mentoring, strategic discussions regarding methods to improve the classroom and lab environment for students, and focused attention on how to improve student morale and satisfaction. Key academic support services (e.g., math, science, foreign language, and writing clinics) also need to be enhanced.

The Recommendations in Depth

Tier 1: Critical Mental Health and Crisis Response Services

1) Increase the number of career psychologists and psychiatrists to approach the national standard for student/staff ratio (1000-1500:1). Psychologists and psychiatrists offer different areas of expertise for students in need of mental health care, and campuses are understaffed in both areas. Increased staff will:
   - Decrease wait times for psychiatry and counseling appointments;
   - Make counseling services more accessible via satellite centers and/or extended hours of service.

2) Bring the salaries of mental health professionals to competitive levels in order to recruit and retain high-quality, experienced staff for the counseling centers.

3) Increase staffing levels for disability services to meet the increasing numbers of students with psychological/psychiatric disabilities.

4) Ensure that student judicial affairs operations have adequate authority, flexibility, training, support and staffing to deal with mental health-related discipline cases.

5) Form or enhance campus crisis response teams and review day-time and after-hours procedures. Create or expand after-hours crisis response for students, particularly those in the residence halls.

6) Implement "case management" strategies for students in crisis that will allow for quick and effective inter-departmental collaboration and/or off-campus referral and follow-up especially when students are admitted for mental health evaluations and throughout their care cycle.

In addition, administrative frameworks should be examined with the goal of further strengthening the programs and services on each campus. For example:

7) On campuses with academic medical centers, examine relationships between medical centers and campus counseling centers to maximize opportunities for coordinating care, networking and collaboration.

8) Re-evaluate the current business model for counseling centers. Explore for example, the cost effectiveness of billing insurance companies for service and a combination of salary and fees-for-service for psychologist/psychiatric visits.

9) Develop UC Office of the President "Best Practice" recommendations and model policies that can be adapted to the unique organization and needs of each campus.

10) Develop a standard systemwide reporting mechanism for student mental health data and coordinate systemwide collaboration for the purpose of shared protocols.

Tier 2: Targeted Interventions for Vulnerable Groups

1) Enact a comprehensive, integrated prevention program, including targeted training programs for those who work closely with students (e.g., undergraduate and graduate advisors, student affairs staff, faculty, graduate student instructors, residential life staff, etc.). Students and faculty should be involved in the program design and an evaluation component should be included for each campus.

2) Develop a targeted intervention program for students who demonstrate evidence of a possible mental health decline (e.g., a significant drop in grade-point average and multiple alcohol citations). Evaluate what the possible identifiers might be, and how to best implement such a program.

3) Restore staffing levels in offices particularly impacted by student mental health interventions and who service more vulnerable populations (e.g., Office of Student Life; Student Judicial Affairs; Educational Opportunity Program; Ombuds; International Students; Lesbian, Gay, Bisexual and Transgender Center; Retention/Learning Center; and Cross-Cultural Centers).

4) Implement targeted outreach to parents regarding mental health, specifically focusing on services and resources available and the risks associated with students who chose to stop taking needed medications.

5) Enhance partnerships between counseling personnel and residential life to provide mental health outreach and education in the residence halls, regular consultation and coordinated crisis response.

6) Develop web-based mental health services and/or hotlines. Utilize national organizations such as *Jed Foundation* (a nonprofit public charity committed to reducing the young adult suicide rate and improving mental health support provided to college students) and models such as *ULifeline*, which provides students with a link to their respective college's mental health center.

7) Develop or continue student-to-student mental health awareness programs such as mental health peer advisors.

8) Develop post-vention procedures that include interviews with students affected by suicide and return visits to residence halls or other student residences, and outreach to affected students, after a student death occurs.

Tier 3: Creating Healthier Learning Environments

1) Expand key academic support and learning services (e.g., in math, science, foreign language, writing clinics, course-specific tutoring, staffed study groups, and assistance in courses known to be difficult) to enhance students' ability to manage academically related stress.

2) Promote student well-being, reduce stress, and improve the quality of student life by (a) enhancing key student services (e.g., recreation, student activities, leadership development and service/volunteer/civic engagement, alternative social programming) and (b) partnering with faculty in actively promoting and encouraging civility, mutual respect, and an understanding of the enriching value of differences within a learning community.

3) Institute campuswide awareness programs (e.g., mental health awareness days, public service announcements and mass emails on mental health-related topics, expanded mental health components in new student orientation, updated websites related to mental health services, etc.).

4) Augment support for and faculty involvement in student groups which provide peer support and informal mentoring of students.

5) Initiate a partnership with the Academic Senate to focus on the impact of the learning environment and achievement pressure on student mental health issues. Institute programs within academic departments to encourage faculty mentoring, training on mental health issues for faculty, and promote a balanced lifestyle for students. Include in department or organized research unit reviews an assessment of the effect of the learning environment on the learners in terms of mental health issues.

6) Provide mentoring training to graduate student advisors and faculty with the goal of providing more support and connection for graduate students. Evaluate faculty mentoring practices, recognize mentors at all career levels, and make mentoring count towards tenure/promotion.

7) Examine University policies that may have an unintended negative impact on international students.

8) Establish a systemwide biennial conference on student mental health to track emerging issues and solutions as well as to review best practices as these have evolved across UC and at other comparable institutions.

9) Conduct an annual campus review of student mental health issues. Such reviews should involve students, faculty, and as well as the Vice Chancellors for Student Affairs and Vice Chancellors for Academic Affairs.

10) Develop, in conjunction with the Academic Senate, strategies for communicating effectively and sensitively with students experiencing academic difficulty to assist them in clarifying their educational interests, talents, and capacities (e.g., strengths and weaknesses); to encourage them to take better advantage of available resources to support academic success; and to advise them in adjusting their goals and plans to consider alternative majors and career paths.

Summary

Like colleges across the nation, the University of California has witnessed a dramatic rise in both the numbers and severity of student mental health problems. Service levels are inadequate for fully meeting student mental health needs, regardless of organizational structure, which varies from campus to campus. The Committee's findings have given heightened visibility to the fact that the University currently does not have sufficient psychologists and psychiatrists, as well as other student life staff, to fully meet the mental health needs of our students in crisis and at risk. Wait times for appointments with psychologists and psychiatrists are excessive, and off-campus referral for treatment is complicated by factors such as a shortage of providers and insurance coverage limitations. Moreover, campuses do not have adequate resources to respond appropriately to students in crisis and identify those at risk, while also providing a safe, supportive, and healthy campus environment that addresses the normal developmental needs of college-aged adults.

As it developed its recommendations, the Committee also struggled with certain inescapable budgetary realities: over time, State funding for UC has been reduced and non-State funding which supports many of the campus services and programs in place to address student mental health has also been significantly cut.

It is the Committee's conclusion that concerns regarding the current trends in student mental health are well-substantiated. It further believes that the University is dedicated to addressing these issues while acknowledging the effective but simply insufficient existing services and programs on every campus. The bottom-line message is that the resources available to attend to this mounting crisis are too limited. Even with improved collaboration across campus departments, additional staff,

programs, and related resources are necessary to respond adequately to the growing impact of student mental health issues on the daily lives and productivity of our students, staff, and faculty. In the face of increasing demand, these resources, if carefully targeted and widely distributed, will improve the academic productivity of our students, decrease mental health crises, and contribute toward safer and healthier campuses for our students, faculty, and staff. Effective evaluation components can assist in confirming that the targeted efforts have the intended effect.

Implementation

The process of identifying the needed resources may be best accomplished via a follow-up systemwide implementation workgroup, to be established as soon as possible after the issuance of this Report and—as the Committee hopes—the adoption of the Report's recommendations. The workgroup would be tasked with exploring potential funding sources, the implications and uses of each, and the procedures and timelines related to their possible allocation.

However the University proceeds, the Committee strongly recommends that the University identify funds to address the immediate and critical mental health services levels described in Tier 1 of this Report.

Bringing staffing in all campus student mental health service areas to their needed levels is the first step, but this will be insufficient without the resources to augment and make permanent comprehensive outreach and education programs for vulnerable groups. With the foundational components of Tier 1 and 2 in place, the University can then turn to the broader issue of creating healthier campus communities—Tier 3—through varied and coordinated programs and services for students that revitalize the life of our campuses through their focus on health, wellness and balance for all students.

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