

**Recommendations from the CT Task Force to Study the Policies & Procedures Adopted
by Each Institution of Higher Education Regarding the Prevention & Treatment of Mental
Illness
2020**

- State of CT to provide funding for all institutions of higher education to support student mental health services. Community colleges are in particular need of support. Support can be through direct funding, state grants, opportunities through DMHAS
 - This needs to be flushed out - i would imagine after some assessments we will know more about what each school needs-

- Institute a Mental Health Coalition at each institution (varied stakeholders from across campus and community, including senior administration, faculty, students, staff, community partners).
 - create/review what college has/needs with regards to promoting student mental health
 - create/review policies and procedures on medical leaves/returns*
 - create/review policies and procedures on hospitalizations*
 - create/review policies and procedures on suicide behaviors, crisis response, and suicide postvention
 - create a campus strategic plan for implementation of mental health support

*policies and procedures that support mental health and wellbeing and that comply with ADA regulations

- Utilize a comprehensive approach to mental health and wellbeing (see Jed Comprehensive Campus Mental Health Model) utilizing multiple campus stakeholders versus only the counseling center

- Provide a comprehensive array of mental health clinical services (through campus services/community services) on college campuses. Take into consideration international standards for staffing through the International Association of Counseling Services (IACS) and Clinical Load Index (CLI).
 - Assessment services
 - Counseling services
 - Medication assessment/management
 - Crisis services

- Identify mechanisms to create/expand treatment networks by collaborating with community providers for outpatient services, specialized mental health services, higher levels of mental health care (intensive outpatient services, inpatient psychiatric services), and crisis services.

- Avoid outsourcing and/or charging for mental health services unless absolutely necessary. Barriers to care can be created with outsourcing and charging.
 - Many insured, though particularly underinsured/uninsured students won't be able to afford services (i.e., copays and deductible costs or full costs if uninsured), which create equity issues.

- Insurance companies control access to care via diagnosis/medical necessity, level of impairment in functioning, specific treatment planning, etc.
 - The significant amount of clinical documentation required of clinicians by insurance companies reduces the available hours to see clients.
 - The mental health services provided by an outside provider are driven by policies for reimbursement, not student support, retention and success. Outsourcing would lead to loss of control of CAPS services.
 - International students and out-of-state students' insurance may be out of network and not cover services.
 - All students would be given a mental health diagnosis in order to bill for services. Currently, approximately 5-10% of students would not meet criteria for diagnosis even though they need our services.
 - A significant percentage of students do not want their parents to know they are seeking counseling services, but because the explanation of benefits forms (EOB's) are typically sent to home address parents may be notified since they typically carry the insurance.
 - CAPS provides hundreds of hours of non-billable consultation, crisis management, training, and collaboration which would likely be discontinued as they are not billable by outside providers.
 - CAPS provides quick and easy access for students in need. (i.e., set aside crisis hours, walk-in appointments, consultation, etc.).
 - Internal College Counseling Centers have important and necessary understanding of the college and other resources available to students, and have critical connections for such collaborations.
 - Institutional reputation may suffer when outsourcing as very few universities outsource mental health services (3%); institutions that do outsource are compared to the vast majority of universities who have the benefit of offering counseling on campus and who do not utilize insurance.
- Provide outreach/prevention/education to the college community (students, faculty, staff, families) regarding mental health, referrals, and services ("gatekeeper training").
 - Develop campus mechanisms for identifying and supporting students of concern, e.g., CARE/BIT team, mental health screenings, mechanisms to report students of concern, etc.
 - Identify supplemental technology/telemental health services/technology-assisted therapy that could potentially complement existing wellbeing efforts and that closely follow state law, regulations and ethical practice. There should be caution and avoidance of over-reliance on telemental health services (i.e., distance counseling services). Benefits, risks and validity of such services must be closely assessed.
 - Avoid conflating terms of mental illness with issues of wellbeing, mental health and wellness
 - Students frequently use the terms anxiety and depression instead of stress in their daily language, so care is needed to avoid overinflating our language in problematic ways.
 - Caution is needed to avoid overpathologizing normal developmental challenges and not assume they require a diagnosis, psychotherapeutic treatment, or medication management.

- Not every student's struggle requires professional therapy with a licensed mental health clinician, and a certain degree of adversity is normal as a pathway to resilience.
 - A better understanding of some of the primary contributing factors of rising distress, such as a changing sociocultural, environmental, economic, and technological forces which are exacerbating fear, comparison, competition, envy, polarization, outrage, contempt, and disconnection is needed.
 - For example, Loneliness: Loneliness is not the same as isolation. Instead, it is the distress from not feeling enough connection with others, meaning that you can feel profoundly lonely in a crowded room. Loneliness is associated with a reduction in your lifespan that is as severe as smoking 15 cigarettes a day (Dr. Vivek Murthy, Former US Surgeon General). Gen Z adults (ages 18-22) report greater loneliness than any other adult generation surveyed (Cigna). The percentage of 8th, 10th, and 12th graders who reported getting together with their friends everyday decreased by 50% from 2000-2015 (Twenge). Loneliness is a major problem on college campuses, with close to 30% of students reporting loneliness in the past two weeks and more than 60% reporting being very lonely in the past year (ACHA). Loneliness heightens the risk of depression, suicide attempts, and self-harm behavior measured up to 15 years in the future and 41% of students who dropped or transferred out reported "feeling socially alone" as a major contributor to their decision to leave (Hopelab).
 - Social and emotional learning is needed to combat these forces in sustainable and scalable ways by teaching critical skills in mindfulness, cognitive behavioral techniques, growth mindset, healthy communication and interpersonal effectiveness, and self-awareness, compassion, and care.
- Utilize CT Department of Mental Health and Addiction Services for ongoing mental health and substance abuse training.*
 - *need to set up liaisons between DMHAS and institutions of higher education