

Task Force to Study the Policies and Procedures Adopted by Each Institution of Higher Education Regarding the Prevention and Treatment of Mental Illness

Recommendations

Introduction

The Task Force members were pleased to have been convened by the State of Connecticut. We valued our engaged and thoughtful discussions. Your priority to convene the Task Force meant a lot to all of us. It conveys how important this issue is not only to us but to our students, parents, faculty, staff, alumni, and trustees. Your leadership in this area will help our institutions consider important initiatives to support the mental well-being of our students and our communities as a whole. **The task force recognizes the fact that one size fits all solutions will not work at the broad range of institutions of higher education across the state, emphasizes the critical importance that each institution to maintain the right to determine the best course of action for improving mental health supports to meet their individualized needs, and advises that the utility and feasibility of these state task force recommendations be continually evaluated and enhanced**

Research

In order to understand the extent of the mental health crisis at institutions of higher learning, it is helpful to review specific information on college student mental health. At one of our meetings, Dr. Nance Roy presented information on this very topic. Dr. Roy is an assistant clinical professor at the Yale Medical School of Medicine Department of Psychiatry and the chief clinical officer for the JED foundation. She introduced us to the Healthy Minds Survey. This survey provides a detailed sense of mental health and related issues in college aged students. (Healthy Minds survey, 2018-2019). One group of researchers reviewed the results of the survey for a 10-year period. (Lipson, SK et al. (2018) "Increased Rates of Mental Health Service Utilization by U.S. College Students: 10-Year Population-Level Trends (2007-2017)." *Psychiatry Services*) November 5, 2018) 156,000 college student responses were analyzed. The researchers reported the following:

1. Rates of depression increased from 24.8% in 2009 to 29.9% in 2017.
2. Rates of suicidal ideation went up from 5.8% in 2007 to 10.8% in 2017.
3. Rates of past-year treatment increased from 18.7% in 2007 to 33.8% in 2017.
4. Students with a diagnosed mental health condition increased from 21.9% in 2007 to 35.5% in 2017.
5. Among students with depression, rates of past-year treatment went from 42.5% in 2009 to 53.3% in 2017.

Research from the combined survey of the American College Health Association (ACHA) and the National Collegiate Health Assessment (NCHA) shows students reported an increase in

experiences with anxiety from about 10% in 2009 to close to 23% in 2019. Data from the same survey informs us that students reported increases in depression from 10% in 2009 to 18% in 2019.

Dr. Roy reported to the Task Force that college is often an intense and challenging time for many students and that it is important that we “foster a community of support” for our students. Dr. Roy advocates a “comprehensive public health approach that promotes well-being, with the goal of reducing suicide and substance abuse on their campuses.” (Roy, Higher Education Today, December 2018). Dr. Roy also emphasized to our Task Force that it is very important that students find connections to peers on campus. She informed us that “loneliness and isolation are significant risk factors for mental health problems and suicidal behaviors.” (Roy, Higher Education Today, December 2018)

Mental Health Services at Higher Education Institutions in Connecticut.

Through our work we completed a survey of the college/university counseling centers in Connecticut. We have included an addendum that outlines what we learned through the survey.

Recommendations to create “Communities of Support”

The Task Force strongly believes in the notion that it takes an entire community of college and university personnel and faculty to support student success, mental health and well-being. We are advocating for a comprehensive State campaign to support the development and implementation of “Communities of Support” on each campus in our State. We also understand that there are both long term and short term issues to be addressed. Therefore, we are making the following recommendations.

1. Short-term recommendations to advance “Communities of Support.”
 - a. Statement of values. We recommend that the well-being of college students and their mental health become a stated shared value for the State of Connecticut. This will help set a course of direction for all institutions of higher learning to provide the structure and systems to support student well-being and mental health. We recommend working with other committees and agencies who are also having this conversation. We recommend a holistic, public health approach and encourage partnership with youth programs as well as medical professionals in a shared mission statement.
 - b. *Campus Assessment. We recommend that the state of Connecticut invest in an assessment tool to help colleges/universities determine the success/weakness in their institutional and comprehensive approach to student mental health and well-being. This can be done through the Office of Higher Education in conjunction with experts in the field of assessment. In the short term we recommend developing the assessment tool and putting in place timelines for completion. We then recommend that the State of Connecticut sponsors workshops to teach and train multi-constituent teams from each college/university on how to conduct such

an assessment. This will allow the State to have a standard in this area. So each college/university has the same training and assessment tool.

c. Each institution creates a mental health coalition on their campus.

We recommend that this coalition consist of members on campus from senior leadership to faculty and staff and the student body, including but not limited to students leaders. A main purpose to this is to include a cross dimensional group of invested partners to oversee, help coordinate the assessment efforts, strategic planning, and further recommendations for the institution. This coalition would be tasked with creating and reviewing mental health policies and protocols. This coalition would meet regularly and would report regularly to not only senior administration but also to the entire college community as well as community at large.

We recommend that every campus has appropriate staff dedicated to the management of mental health counseling on campus. This can be either a case manager or licensed practitioner. These positions should also make sure students know resources are available and know how to access the support systems both on campus and in the local community. We also recommend a grant writer on all of our CSU campuses and community colleges. This will help secure more resources and funding for such positions and programs. An Ideal recommendation is for one of these positions at each campus; however, having one position to help all of the community colleges and /or CSUs in our state obtain grants for funding programs is also a viable option. When recruiting and hiring for the above positions it is critically important that each school is inclusive and diverse. It is important that faculty and staff who are working with the student body look like the student body.

d. *Memorandum of Understanding. We recommend that each institution of higher learning put in place an MOU with at least one local mental health support services in order to have various options in place for students to seek support and to identify long term care options when needed for specialized mental health services. The Department of Mental Health & Addiction Services (DMHAS) can facilitate collaborative arrangements with mobile crisis services, young adult services and community mental health providers for mental health resources not available on campus. DMHAS can also provide advice and direction on access to mental health supports on college campuses.

e. Supporting all students and recognizing students in need. Each institution must implement awareness workshops to help employees and students recognize students in need and to know how to respond by being compassionate and when needed to make referrals to mental health professionals. This includes being aware of the unique identities that students hold, how they intersect, and how they shape the individual mental health needs

of students (such as race, sexual orientation, gender identity, and/or holding first-generation college student or Veteran status).

Schools can set up screenings, Behavioral Intervention Teams, and other programs such as gatekeeper training to identify students in need.

- f. Pamphlets/Websites/Awareness workshops. We recommend that each institution ensures all students know how to access services to support their mental health and well-being. All crisis management procedures should be publicized and accessible through this avenue. Workshops for faculty, staff, and students should take place each semester in order to inform them how to support students, identify students of concern, and to make referrals. This should be implemented by August 1, 2020.
- g. *Telehealth. We recommend that each institution inform students on how to access telehealth services as part of services offered to the community. This can also be part of what the mental health coalition on campus researches more and implements as needed.
- h. We recommend adding to the curriculum on campuses. We recommend instituting a working group comprised of faculty and mental health providers to determine what type of ongoing classroom education should /could be provided on each campus. This can be coordinated by the Mental Health Coalition on each campus.
- i. We recommend each campus designating a space for mental health counseling and “social connectedness” . This space should be separate from career centers and focus on mental and behavioral health rather than academic counseling. This must be a confidential space on our campuses. The mental health services on our campuses should aspire to the standards of the International Accreditation of Counseling Services(IACS) to provide best practices to student mental health . We recommend that these centers for mental health provide for a full complement of services including but not limited to :
 - evaluation
 - crisis management
 - outpatient services
 - specialized treatment
 - telehealth services
 - referral teams to community providers
 - psychopharma
 - psychotherapeutic
- j. Provide consistent mechanisms for supporting the well-being of all students, identifying students in need, and increasing help-seeking behavior. Each institution must implement educational efforts and programming to students, staff, and faculty on mental health awareness, compassionate responding, identification of students of concern, and referral of students to appropriate mental health services. This should prioritize being aware of the unique identities that students hold, how they intersect,

and how they shape the individual mental health needs of students (such as race, ethnicity, sexual orientation, gender identity, and/or holding first-generation college student or Veteran status). We recommend that each institution ensures all students know how to access services to support their mental health and well-being. Services should be publicized broadly and can include workshops, advertising, pamphlets, presentations, campaigns, classroom programming, website information, etc. Workshops for faculty, staff, and students should take place regularly each semester in order to provide information on how to support students, identify students of concern, and to make referrals.

- i. Follow Crisis Management Procedure. We recommend that each institution review and /or develop crisis management policies and protocols that outline campus wide response to mental health situations, leaves, transports, hospitalizations, imminent risk, and postvention response. This includes providing an environmental scan of the campus to identify lethal means on/near campus and providing policies and protocols for such, e.g., storage of chemicals, roof access, weapons on campus, disposal of medications, safe storage of medications, etc.

2. Long-term recommendations to advance “Communities of Support.”

Mental Health Coalition identified and established, with regular meetings

- a. Campus Assessment. Every institution of higher learning in the State of Connecticut must complete a campus assessment every four years. The focus is based on the development of a comprehensive campus assessment of student mental health support and student well-being. It is highly important that a campus multi-consistent team is put in place to accomplish this recommendation.
- b. Life Skills Education. Each institution must implement a course/program or set of courses/programs to teach life skills to students. It is important to teach how to cope with stress, manage relationships, and to make healthy lifestyle choices. This will come from the working group mentioned above.
- c. We recommend working with OHE/BOR to identify if there are specific or targeted services that could be contracted for by a few schools.
- d. Continue to develop and build the relationship with DMHAS- understand already in motion programs through DMHAS such as Healthy Campus. Identify places to implement all or part of such programs.

Important points :

Create and implement a mental health coalition. We recommend that each institution create a mental health coalition comprised of key stakeholders including senior administrators, staff, faculty, students and community members. Attention should go towards including a cross dimensional group of invested partners to oversee the state recommendations and mental health efforts of the campus, including members that have authority to follow recommendations through. The coalition will also be tasked with creating and reviewing mental health policies and protocols. The coalition will meet regularly and will report regularly to senior administration on efforts, progress and recommendations.

Provide for mental health services. We recommend that each institution provide student mental health services on campus. If this is not possible, we recommend that the institution provide a coordinated and consistent system of referral for community mental health services. Regardless of on-campus or community services, the provision of a full complement of services involves evaluation, outpatient services, intensive outpatient services, specialized treatment for complex diagnoses, inpatient services, crisis services, and psychopharmacological services. Partnering with community providers for the full array of care is essential. Partnering should involve developing memorandums of understanding (MOU), as needed, to advance this goal.

- On-campus services need to be provided in a confidential space that focuses on mental health; space should be separate from career centers and academic counseling spaces.
- Utilization of telemental health can be offered to complement existing services, and should be executed with an eye toward state law.
- Mental health services should aspire to standards of the International Accreditation of Counseling Services (IACS) to provide best practices in student mental health.

Provide consistent mechanisms for supporting the well-being of all students, identifying students in need, and increasing help-seeking behavior. Each institution must implement educational efforts and programming to students, staff, and faculty on mental health awareness, compassionate responding, identification of students of concern, and referral of students to appropriate mental health services. This should prioritize being aware of the unique identities that students hold, how they intersect, and how they shape the individual mental health needs of students (such as race, ethnicity, sexual orientation, gender identity, and/or holding first-generation college student or Veteran status). We recommend that each institution ensures all students know how to access services to support their mental health and well-being. Services should be publicized broadly and can include workshops, advertising, pamphlets, presentations, campaigns, classroom programming, website information, etc. Workshops for faculty, staff, and students should take place regularly each semester in order to provide information on how to support students, identify students of concern, and to make referrals.

Follow Crisis Management Procedure. We recommend that each institution review and /or develop crisis management policies and protocols that outline campus wide response to mental health situations, leaves, transports, hospitalizations, imminent risk, and postvention response. This includes providing an environmental scan of the campus to identify lethal means on/near campus and providing policies and protocols for such, e.g., storage of chemicals, roof access, weapons on campus, disposal of medications, safe storage of medications, etc.

Other Legislation that Impacts College Student Mental Health

- CT Gen Stat § 17b-245e (2018): State statute requiring “coverage for telehealth services that the Commissioner of Social Services determines are: clinically appropriate; cost effective and likely to expand access.”
 - Currently, these services do not include psychotherapy sessions (only some e-consultations between providers)
 - These services directly impact community college students (many of which utilize Husky) who have busy schedules and/or transportation concerns
- CT PSYPACT Bill HB-7302 (2019): Deemed “Joint Favorable” by the Public Health Committee. A study was approved. This bill would allow CT to join the interstate compact that allows CT Psychologists to provide telehealth services in other states that have also joined the compact
 - This would increase continuity of treatment when students return home for holidays and breaks. Currently, psychologists are not able to continue treating students when they return home out-of-state due to licensure laws.

*Our Task Force would like to remain in place and focus our energies on identifying goals, objectives, and strategies to implement this recommendation.