

Strategic Investments for Student Wellbeing

Proactive steps Missouri institutions can take to address increasing

TO: Missouri Department of Higher Education, Missouri Department of Mental Health, Missouri Department of Elementary and Secondary Education, Missouri Association of Secondary School Principals, Missouri School Counselor Association, University of Missouri System, Missouri Southern State University, Missouri State University, Missouri Western State University, University of Central Missouri, Harris-Stowe University, Truman State, Northwest Missouri State University, Lincoln University, and Southeast Missouri State University, and the Missouri General Assembly

FROM: Task Force on Mental Health Issues in Higher Education
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Executive Summary

The Task Force on Mental Health Issues in Higher Education was convened by the Associated Students of the University of Missouri (ASUM), which represents the 75,000 students of the UM System, to (1) establish a common understanding of the state of mental health issues in higher education and (2) to identify reliable and creative strategies that can be pursued by universities, state agencies, and lawmakers to make Missouri a leader in addressing a nationwide issue. This report outlines the task force's key findings following research across seven working groups and concludes with recommendations stakeholders can adopt to make headway.

Key Findings

- 58% of Missouri college students report having experienced at least one mental health issue in the past year.
- Demand for campus counseling services has increased year after year, both in Missouri and nationwide, even in years when enrollment has declined or remained steady. Resources provided to counseling centers, however, have not kept up, leading to abbreviated, less effective treatment models.
- Community resources are equally understaffed and are not a substitute for campus mental health services.
- Both universities and institutions of elementary and secondary education have roles to play in reducing the negative impact of mental health issues on young people.
- Mental health issues are the second reason students leave university, and universities can enjoy a substantial return-on-investment by dedicating additional resources to mental health services on campuses.

These findings guided the task force's efforts to identify solutions that are both aspirational yet achievable, and that we believe would genuinely improve the state of mental health issues on college campuses. These recommendations require that universities fundamentally reorient the way they think about student mental health. Not a peripheral issue involving a small number of students, mental health issues are widespread and central to students' academic and professional success. Leaders in higher education should critically evaluate their assumptions regarding student mental health. Proactively addressing these issues will enable Missouri to be a trailblazer that sets a model for universities across the country and will promote a healthy workforce and a robust economy.

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Recommendations

- Increase monetary investment in college mental health services, both directly through reallocation of existing resources and requests for additional resources, and indirectly through endowments and state and federal grants.
- Make coordinated investments in a telephonic crisis line service providing students with a tailored, around-the-clock hotline for those experiencing a mental health crisis.
- Adopt selected practices and policies that make high-demand college counseling positions more attractive.
- Address mental health issues ‘upstream’ by making appropriate curricular changes at institutions of elementary and secondary education and increase collaboration between schools and universities.
- Increase coordination between stakeholders, which at present is sparse or nonexistent.
- Conduct research and surveys to remedy gaps in the data and to effectively measure progress.

The task force welcomes the opportunity to meet with any organization to discuss these recommendations further and provide additional information. The following report will explore

crafted—is preferable to the status quo. ASUM sincerely hopes that the recommendations emanating from this task force, which comprises a wide range of professionals and stakeholders with collective decades of experience in their respective fields, will be taken seriously by leaders of Missouri’s institutions with a stake in higher education and mental health.

This report will provide readers with an overview of the methodology employed by the Task Force, followed by a summary of its key findings. The report concludes with a set of recommendations, with explicit action items for identified stakeholders. The recommendations contained within this report are intended to be both aspirational yet achievable, taking into account legitimate limitations facing stakeholders while encouraging institutions to realize the vital importance of making mental health issues in higher education a high priority.

Methodology

The task force adopted a systematic approach to developing potential policy solutions:

At its first meeting on October 10, 2017, following significant communication via email, the task force identified two primary problems with respect to mental health issues in higher education: The prevalence of mental health issues is on the rise, and access to quality mental health services on college campuses is decreasing. The primary interest of this task force has been on the second of these two problems, relating to access, which impacts the wellbeing and academic success of thousands of students in the immediate term. However, through the course of its work, the task force ultimately arrived at recommendations that could serve to remedy both problems."

At its first meeting, the task force brainstormed a series of contributing factors relating to mental health issues in higher education, which served as a foundation for a more complex model (Figure 1, see Appendix). Between its first and second meetings, the task force organized into seven working groups, which explored the following areas: (i) barriers to help-seeking, (ii) differential challenges to access and help-seeking, (iii) staffing and resource challenges, (iv) costs and benefits of making strategic investments in mental health care, (v) the role of institutions of elementary and secondary education in addressing the issue of prevalence, (vi) weighing the roles of new pressures and expectations placed on college students with the possibility of declining resiliency on increasing prevalence, and (vii) the supply of qualified professionals to fill positions necessary to address shortage of mental health care on campuses and in communities generally. At its second meeting on January 29, 2018, the task force reviewed these findings and built its recommendations around these considerations. "

: The task force explored a number of avenues for remedying the issue of declining access to mental health services, placing an emphasis on producing

recommendations that are realistic but also bold enough to actually move the needle in terms of increasing access. A policy is effective if it is deemed to increase access to and/or quality

Finding #2: Student demand for mental health services is increasing at a rate much greater than enrollment growth

- Demand for counseling services has consistently increased, both nationwide and at Missouri 4-year public universities. Nationwide, enrollment increased by 5% from 2010 to 2015, during which demand for counseling services increased by an average of 30-40%.⁴
- There are several reasons why demand for mental health services is increasing. First, decades of efforts to make college more accessible to those experiencing mental health issues have been successful, creating opportunities for individuals where there previously were none. Second, the stigma associated with seeking help for mental health issues has declined, leading more students to seek help and more family, friends, and faculty members to direct students toward appropriate resources when they show signs of mental health issues. Third, while the pressure on students to earn a degree is greater than ever before, students and their families are going into greater and greater levels of debt to get it.^{5,6} The two leading reasons students leave university are financial and mental health issues.

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Figure 3: Suicidal Ideation, Financial Stress, and Help-seeking

Credit: Eric Filco! , Missouri Partners in Prevention

essential functions such as overseeing outreach and awareness efforts and providing training to faculty, staff, and peer educator groups.

- Increases in demand for counseling services without corresponding increases in FTE staff members has undermined counseling centers' abilities to meet these recommendations, with some counseling centers in Missouri reporting that they spend up to 80% of staff time on direct clinical services. Valuable prevention work has been curtailed—training faculty, staff, and students to identify mental health issues, for example—which makes it more likely that students who are experiencing mental health issues will not seek help. 64% of students with mental health issues that drop out do so because of mental health issues, and 50% of students that do so never sought help.⁹
- Counseling centers report adopting increasingly abbreviated, less-effective triage models that rely increasingly on understaffed community resources. Research suggests that it can take up to 10 sessions for students struggling with mental health issues to realize long-term gains, but universities in Missouri are able to provide only a fraction of that.¹⁰
- Wait times have also increased, and can reach over a month on some campuses during peak times, further increasing the likelihood that students never seek help. Inadequate staffing, abbreviated treatment, and increased wait times increases the liability risk for colleges and universities.¹¹

Finding #4: By making strategic investments in student mental health services, universities may enjoy a substantial return-on-investment

- The total economic burden of mental health issues is approximately \$200 billion per year in lost earnings and productivity.^{12,13} The economic cost of depression in Missouri is \$6 billion per year, and the state spends \$229 million per year incarcerating individuals with mental health issues.¹⁴ By addressing mental health issues in college, when many are experiencing mental health issues for the first time and at a key transitional period in their careers, Missourians could realize real economic gains.

- Utilizing a model created by the University of Michigan’s Healthy Minds Network, the task force estimates that by making strategic investments of \$1 to \$2 million statewide in additional staffing for campus mental health providers, Missouri’s universities could generate an additional \$9 million to \$26 million through added years of retention, with total student lifetime earnings increasing by nearly \$328 million.¹⁵ Other research provides support for the claim that counseling services can increase retention.^{16,17}

Finding #5: Community mental health resources are not a substitute for robust on-campus mental health services

- While the task force understands the temptation to simply rely on mental health resources in the community rather than provide robust services on campus, this ignores basic realities about the availability and effectiveness of off-campus resources in the student context.
- Research suggests that referrals are ineffective in a way that further disadvantages underrepresented students. When experiencing a mental health issue, it is already difficult to make an initial appointment, let alone to be referred out into the community shortly thereafter. This explains why 42% of students and 57% of minority students do not end up connecting with the off-campus resource, putting them at greater risk.¹⁸
- Furthermore, community resources are underfunded and understaffed, leading to additional and often greater wait times than what students can find on-campus. Missouri has 107 health professional shortage areas (HPSAs), the 12th highest in the nation, with only an estimated 36% of the total mental health need met, nearly ten points below the national average.¹⁹
- College counseling centers, unlike their counterparts in the community, have a dual mission of both treating mental health issues and serving an educational role, helping individuals and the campus community at-large better understand, identify, and deal with mental health issues. Additionally, campus mental health providers go through unique training to effectively address the needs of college students during a new and transitory period in their lives.

Finding #6: There is an insufficient supply of professionals seeking much-needed positions as mental health professionals

- Salaries for psychologists and counselors working in college counseling centers are low compared to similar positions in the community and in hospitals. Furthermore, significant disparities exist in the starting salaries for counselors across Missouri’s universities, making it even more difficult for universities in rural communities to attract a diverse, qualified applicant pool.
- This is exacerbated by the fact that many individuals entering into these fields do so with high levels of student debt, making accepting college-level positions unattractive and sometimes impossible.
- As noted, the community is in no better a position. Missouri has 107 HPSAs and only 36% of the state’s total mental health needs are met.²⁰ Communities and universities have an incentive—a healthier, more productive community and additional years of student retention—to solve a shared problem.

Finding #7: Accounting for intersectionality in the provision of mental health services is essential for ensuring that all groups of students struggling with mental health issues are able to get the help they need²¹

- Some cultures and communities may be more or less receptive toward receiving treatment for a mental health issue. African Americans and Hispanic Americans utilize mental health services at one-half the rate and Asian Americans one-third the rate of white Americans.²²
- Students also face differential barriers to access. In some communities, particularly on campuses with a low number of minority students, minority students may believe that campus and community mental health providers do not understand the problems they face. A first-generation college student may be less familiar with, and therefore more averse to, college counseling. Low-income students may be concerned that they cannot afford the service, or may be unable to obtain further help once referred out into the community.
- Students also face a wide variety of problems. The kinds of problems facing an 18-year-old college freshmen may look different from those facing a third-year doctoral student. Further, both these groups' concerns are likely to be different from those voiced by a student who has served in the military. But these experiences should not be compared with one another directly; rather they should be placed within the context of that person's life experiences and developmental stage.

Finding #8: More needs to be done at the K-12 level, and universities have an incentive to work with these institutions to proactively address mental health issues and teach resiliency upstream

- Elementary and secondary schools currently suffer from a lack of training, a lack of funding, and the fact that mental health is not viewed as a priority.
- The Missouri Comprehensive School Counseling Program has a proven track record of increasing student resiliency and safety and improving outcomes in social, emotional, academic, and career functioning through planning, prevention, and intervention activities that support 100% of students.^{23,24,25,26} This model could be implemented statewide if made a sufficient priority.
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Policy Recommendations

Based on our findings and the collective knowledge, experience, and expertise of our members, we recommend the following:

Recommendation #1: Increase monetary investment in college mental health services

- **Direct investment:** We recommend direct investment in college mental health services through the reallocation of existing resources and new appropriations from the Missouri General Assembly. Universities should include funding for additional counselors in their annual appropriations requests to the legislature. Lawmakers should earmark funds for this purpose in the FY 2020 budget. The magnitude of the problem, its relation to academic success, and the potential economic gains to be made through investment far outweigh the anticipated costs.
- **Endowment funds:** Universities, individually or collectively, should establish endowment funds to create a new avenue from which mental health services can receive funding. As mental health issues become increasingly prevalent in public discourse, universities stand to gain from creating an endowment and communicating with alumni the scope of the problem facing their alma maters.
- **Private and grant funding:** Universities, MDMH, MDHE, and MDESE should identify and pursue opportunities to receive federal grants that support efforts to improve access to mental health care in communities, in schools, and on college campuses. Many campuses are not currently using funding that is already available to this end.

Recommendation #2: Invest in a crisis line specialized to work with college students

- The Access Crisis Intervention (ACI) line currently housed in the Department of Mental Health is an excellent service enabling Missourians experiencing mental health crises to get in touch with a mental health professional 24-hours a day, seven days a week.
- Like with community mental health providers, however, mental health professionals working on the ACI line often are not trained to address mental health issues in the context of higher education, and students utilizing the service report low levels of satisfaction. College students are in a unique period in their development, may be experiencing a mental health issue for the first time, or may experience stressors that are unique to those typically found in the general population.
- Universities should make a coordinated investment in a telephonic behavioral health service that (a) tailors its services to a student's campus, referring them to appropriate campus resources, (b) works with campuses to account for campus-specific events that may lead to heightened need for services or for which the campus has a preferred response (i.e., suicide on campus, active shooter event, protest, etc.), and (c) that reports back to campus mental health providers, enabling providers to follow-up with students to provide additional counseling and support.

- To supplement a crisis line service and to account for campuses with large numbers of non-traditional students whose mental health issues better resemble those displayed in the general population, MDMH should negotiate with its ACI providers to provide limited resources for responding specifically to calls made by college students.

members with the purpose of fostering an ongoing, recurring discussion surrounding mental health issues in education, to identify opportunities to pool resources and reduce redundancy, and to evaluate progress. The committee should include but should not be limited to the following stakeholders:

- Students, selected through collaboration with student government associations
- Missouri Department of Higher Education
- Missouri Department of Mental Health
- Missouri Department of Elementary and Secondary Education
- Lawmaker(s) with relevant experience and/or committee assignments
- University leaders (ex. Curators/Trustees, Presidents/Chancellors, Vice Chancellors of Student Affairs)
- College mental health professionals
- Community mental health professionals
- Missouri School Counselor Association

Recommendation #6: Conduct research and surveys to identify gaps in the data and to effectively evaluate progress

- Public universities and MDHE should seek to contribute to a national effort to better understand and address mental health issues on college campuses by collecting data and conducting high-quality research.
- By determining metrics for success, stakeholders can better identify and invest further in policies that prove effective and reduce or phase out investment in policies that do not. This presents opportunities for universities to learn from one another and to identify best practices that can serve as a model for the country.

The task force welcomes the opportunity to meet with stakeholders to discuss these recommendations further and provide additional information. We thank you for your consideration of these recommendations.

¹ Missouri Assessment of College Health Behaviors (MACH-B). 2011-2017 Annual Surveys.

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³ Kessler, R.C., et al. (2005). Prevalence, Severity, and Comorbidity of 12-Month DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 593–602. Retrieved January 16, 2015, from <http://archpsyc.jamanetwork.com/article.aspx?articleid=208671>

⁴ Penn State University Center for Collegiate Mental Health (2017). 2017 Annual report. Retrieved May 13, 2018, from https://ccmh.psu.edu/files/2018/02/2017_CCMH_Report-1r4m88x.pdf.

⁵ Georgetown University Public Policy Institute. *Recovery: Job Growth and Education Requirements Through 2020*. O

⁶ Institute for College Access and Success Project on Student Debt. State-by-state data.

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- ⁷ Missouri Assessment of College Health Behaviors (MACH-B). 2017 Annual Survey.
- ⁸ Association of University and College Counseling Center Directors (AUCCCD). 2017 Annual Survey.
- ⁹ National Association of Mental Illness. 2012 College Students Speak Survey, from https://www.nami.org/About-NAMI/Publications-Reports/Survey-Reports/College-Students-Speak_A-Survey-Report-on-Mental-H.pdf.
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- ¹⁹ Henry J. Kaiser Family Foundation. Mental Health Care Health Professional Shortage Areas (HPSAs). From <https://kaiserf.am/2leJzyQ>.
- ²⁰ Henry J. Kaiser Family Foundation. Mental Health Care Health Professional Shortage Areas (HPSAs). From <https://kaiserf.am/2leJzyQ>.
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Figure 1: Understanding the Complexity of Mental Health Issues in the Higher Education Context

Appendix