

## **Executive Summary of the Report of the Mental Health Work Group**

**The Charge:** The Mental Health Work Group was charged by Vice President Royster Harper to review the current status of mental health preventive and treatment services for the students at The University of Michigan, Ann Arbor Campus, and to identify qualities of an optimal system of care, major barriers to such a system, options to correct or reduce these barriers, and finally to recommend ways to ensure on-going oversight of such services. The workgroup was convened in September, 2001, and was composed of senior representatives from all units supplying mental health care to students on the central and medical campuses. The work group interviewed students from the undergraduate and graduate programs, and senior staff that work closely with students, from various areas within the University, including Academic Advising, University Housing, the International Center, and Services for Students with Disabilities. (See Section 1.0)

**Mental Health Issues on Campus:** College-age students are more likely to experience mental illness than other age groups, in part because many mental illnesses become symptomatic during these years. It appears that colleges and universities have experienced increasing enrollment of students with pre-existing mental illness and concurrently the number of students with more complex and severe mental health problems has increased. In addition, a linear increase and a doubling of the numbers of students seen with depression over the past decade has been described. Over the course of a single year, 1 in 12 college students in the United States will make a suicide plan, and 7 of every 100,000 college students die each year from suicide. Moreover, the presence of psychological difficulties may not be easily recognized by staff and faculty, as there are significant motivators for students to deny or hide symptoms of mental illness. Students may come from families or cultures that have strong prohibitions with respect to admitting the presence of mental illness, and these students tend to visit mental health professionals at lower rates. One barrier for these students may be the fear of ostracism from friends and social groups, or family shame. They also may be unwilling to confide in teachers and advisors whom they look to for graduate or job recommendations. (See Section 4.0, and Appendix C)

**Parameters of Optimal Mental Health Care for Students:** The characteristics of optimal mental health care for students should include: the reduction of stigmatization of mental illness; the training of staff and faculty to assist students with mental illness in obtaining assistance; the reduction of barriers to access of mental health services; adequate staffing of mental health agencies for students; excellent communication and cooperation between various agencies providing mental health care to students; and the active involvement of providers in the community who provide on-going care to students. There needs to be both an individual and a coordinating group that have the responsibility and authority to ensure that these goals are pursued continuously. ( See Section 5.0)

**Mental Health Services on Campus:** The University of Michigan offers a substantial selection of mental health care agencies and providers to serve the mental health needs of students. In addition, the surrounding community offers many mental health specialists that supplement these campus resources. Mental health services and agencies on campus have developed historically due to a variety of service and training needs on both the central and medical campuses. Primary entry into the mental health system, at no cost to the student, is available at the Counseling and Psychological Services (CAPS), the University Health Service (UHS), the

Sexual Assault Prevention and Awareness Center (SAPAC), and Services for Students with Disabilities (SSD) which are units within the Division of Student Affairs. In addition, the Psychological Clinic, and the University Center for the Child and the Family (UCCF), which are training and service sites within Rackham School of Graduate Studies, offer both primary, ongoing, and referral care on a fee-for-service basis. On the medical campus, the Michigan Center for Diagnosis and Referral (M-CDR) directs patients to a broad range of providers, primarily affiliated with the University of Michigan Health System (UMHS). In addition, the Psychiatric Emergency Service (PES), the Riverview Outpatient Clinic, the Chelsea-Arbor Addiction Treatment Center, and the Department of Psychiatry Medical Student Program are units or programs within the Department of Psychiatry. Until the formation of the Mental Health Work Group, cooperation between these units was informal. There is no oversight or functional coordinating body. Referral and cooperation between units in coordinating the care of patients is also informal in nature. (See Section 6.0)

### **Findings and Recommendations:**

- **Stigmatization of Mental Illness** is a powerful barrier to students, especially affecting those from other cultures, preventing them from reaching out for help and obtaining mental health services. The group recommends that a University-wide commitment be made to address this issue. Two recommendations are envisioned: first, to identify or hire a staff person responsible for addressing these matters using contemporary public health and social change skills, endorsed and supported by high-level executives within the University; and, second, to create a systematic way in which all mental health programs on campus participate in addressing these issues. (See Section 8.1)
- **Prevention of Suicide and Harm** should become a long-term goal for the University. This is currently represented by outreach and training programs offered by CAPS, but should be expanded to target high-risk students and high-risk groups. Alcohol use, academic difficulty, and origin from certain high-risk cultural groups are specific risk factors for suicide and self-harm. (See Section 8.2)

**Access to Mental Health Services** has multiple determinants. Each agency providing mental health services will need to determine the specific areas for improvements in service delivery, communication, and collaboration.

- **Contacting a Mental Health Provider** may present substantial difficulties for a student who is in distress and unfamiliar with the variety of resources available. It is recommended that two recommendations be considered: first, to create a centralized web site that includes discussion of all campus mental health resources, including detailed description of services and costs; and second, to establish a 24-hour phone number where a student may obtain advice or directions for obtaining mental health services, specifically taking into account the variety of resources available to students on campus. (See Section 8.3.1)
- **Hours of Access** appear to be comparable to other Universities, and include evening hours. It is recommended that students receiving care be surveyed periodically regarding adequacy of hours. (See Section 8.3.2)
- **Staffing** was considered in the context of the increasing complexity of mental illnesses among students, the waiting time for appointments, and current external standards. Counseling and Psychological Services, the University Health Service, and Sexual Assault Prevention and Awareness Center staffing are currently adequate to meet the primary mental health care access needs. Funding for staffing needs of international students in North

Campus Family Housing is inadequate. All of the agencies serving the University remain under pressure from the increasing severity of mental health issues presented by entering students, and this will need continual monitoring. This will require a commitment to collection of student visit data at all University agencies providing mental health services to students. (See Section 8.3.3)

- **Cost of Care** presents a barrier to care when on-going therapy or medications are necessary. Policies should be put in place to guarantee that no student will be denied care because of lack of appropriate local insurance coverage. Proof of such coverage should be a condition for matriculation, and should be considered in financial aid calculations. (See Section 8.3.4)
- **Staff and Faculty Training** would improve the recognition of mental health issues that arise with respect to students, and would facilitate timely and appropriate referral to mental health professionals. While the staff of University Housing undergoes such training, no other units have guidelines or programs meeting this need. It is recommended that a systematic training program be created and required for new and current faculty and staff who are in contact with students. (See Section 8.4)
- **Referral and Use of Community Resources** are key elements to the coordination of care. Referral processes between University mental health providers are not systematized and, while they usually work adequately, these processes should be improved and formalized. Community providers are an important resource for on-going care of some patients. It is recommended that the University work more closely with community providers to create a list or group of such providers who will assure timely access and care to students at a reasonable cost, including reduced fees if the situation warrants. See Section 9.0)
- **Communications Regarding Students** who have mental health issues is regulated by the Michigan Mental Health Code, the Health Insurance Portability and Accountability Act (HIPAA), and the Family Educational Rights and Privacy Act (FERPA). These laws give students assurances of a high degree of privacy under most circumstances; however, they may also restrict appropriate communication between caregivers, and between caregivers and select faculty and staff. It is recommended that a standard release form be created and used diligently by all mental health providers, medical providers, and administrators when referring or communicating regarding students with mental health issues. (See Section 10.0)
- **Withdrawal and Matriculation Policy** allows for standardization and fairness in the managing of issues with respect to the mental health of students and associated disruptive or harmful behaviors. Such a policy exists only in draft form, developed by a committee within the Division of Student Affairs. It is the recommendation that this policy be formalized. In addition, it is recommended that a University wide policy regarding withdrawal and re-matriculation for mental health reasons should be put in place, including an evaluation prior to the return of the student to assure that they are ready to return to the University and that they have an adequate support system in place. (See Section 11.0)
- **Mental Health Organizational Structure** offers a wide array of choices for students seeking mental health care services on the campus. Each unit has its own mission and structure, and there is a strong need for better coordination of care among the units, and between the units and other campus services such as academic advising and University Housing. At present, no structure exists to promote such coordination. The MHWG recommends that a high-level role or position within the Division of Student Affairs be established to facilitate accomplishing this task. The group recommends that this individual be charged to establish a formally organized student mental health coordination group, whose mission would be to

meet regularly to create and maintain optimal coordination of care for students. This group should have a membership that includes representatives of campus mental health services, other units concerned with student mental health such as University Housing and academic advising, students, faculty and staff. (See Section 12.0)