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SUMMER FORUM
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Student Well-Being: Reshaping Student Affairs Role in Mental Health and Wellness

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Comprehensive Health-Related Programs and Services for Students in Higher Education

APLU
Council on Student Affairs

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Rationale: Health in Higher Education

» Why? Most colleges and universities are not, in relation to their students, in the health care business

» Ex-urban placement of colleges and universities

» Medical/public health events — epidemics, outbreaks

» Preserves focus on academics; stay on campus for basic services

» Institutional focus on student life/student services

» Mission-central: influence of health status on students’ ability to engage, learn, succeed
Supporting Students’ Health & Well-being Key Concepts

‣ Redefinition of “student success” — embraces, but not limited to, persistence, retention, and graduation rates; incorporates quality and quantity of learning and long- as well as short-term outcomes

‣ Change in assumptions about institution’s relationship to students, toward sharing responsibility for success

‣ Recognition of importance of challenges to health and wellbeing as factors in students’ readiness to learn

‣ Ethic of care

‣ Broader campus-wide engagement in mental health concerns; counseling centers lead, but do not own, mental health on campus
Major Trends: Student Health Services

› “Low tech / high touch” throughout history and evolution — comfy / friendly.

› Low-intensity, low-complexity primary/“urgent” care for fundamentally healthy young adult population; very limited ancillary services. Focus = reactive > preventive. Little question about scope of care.

› Scope of practice ~ institutional type, location, residential/commuter students, history/traditions, expectations.

› Staffing model: NP/PA > MD/DO; LPN/MA > RN

› Innovations: depression screening, inter-professional care models; most are relatively new to QI.

› Often facilities, staffing, and inertia create high levels of friction that undermine productivity; student development and learning needs require longer / sometimes more frequent visits.
Major Trends: Counseling/Mental Health Services

- Continuing increase in demand
- No clear consensus about scope of care
- Slowing, but still increasing, prevalence of depression and suicidal ideation; continuing/faster increase in anxiety
- Roles, responsibilities, and practices of counseling/mental health centers changing
  - From adjustment disorders to clinical diagnoses and treatment
  - Greater acuity, complexity, severity — but preservation of developmental orientation blended (inter-professional model) with medical and social work approaches
  - Outreach programs/activities often reduced — resources needed to respond to clinical demand
  - Higher expectations of staff
Trends: Demand Management

- Not possible/feasible for most centers to continue to expand staff
- Portfolio of strategies to accommodate or manage rising demand
  - Enhanced prevention/health promotion — mental health outreach; self-care, resiliency, wellness
  - Creating culture of thriving/flourishing, wellness, connectedness
  - Changes in staffing patterns/disciplinary mix; interdisciplinary and inter-professional care
  - Change in service model: brief/short-term therapy; stepped care; referral and on-campus networks; boundaries on service depth and extent
  - Risk stratification
  - Clinical data collection, analysis, and application
  - Outsourced after-hours services
  - Technology-assisted services
Trends: Health Promotion

- Priority on creating and sustaining a campus environment that supports wellness by engaging leadership, partners, and systems across campus.

- Mobilize the environment, culture, policies, and services towards student well-being—embed health and well-being into all aspects of campus culture. Okanagan Charter (health-promoting universities).

- Promote wellness based on evidence-based priorities: target resources depending on what is and is not working for students according to assessment data, and design programs and deliver resources “grounded in what communities want.”

- Increasing the ability of students to promote their own health is a student-centered focus—“community participation in their own creation of health.”
Organizational Trend: Integration/inter-professional Care and Services

- Improvements in clinical case management and coordination of care
- Reduction in problems caused by conflicting philosophies, approaches, or requirements
- More frequent, thoughtful, and collaborative review of resources across the full range of health-related programs and services
- Better response to campus-wide prevention and health promotion needs
- A single entry point for health and wellness services encourages active agency for students but does not require them to determine where to go for assistance by themselves
- Responds to students as whole people, not as separated bodies/minds
Dimensions of Integration

- Organizational and Leadership Integration
- Advanced Operational and Programmatic Integration
- Basic Operational and Programmatic Integration
- Spatial Integration
- Organizational and Leadership Co-Reporting
- Colocation Without Integration
Integration

- Inter-professional care and services model preserves disciplinary autonomy and aligns providers of different disciplines through common purposes.
- Informal inter-professional practices and methods become systematic, consistent, and supported.
- Structure privileges students and their needs first.
- Replaces dichotomous model (mind/body segregation) that is common throughout higher education (academic/student affairs).
- Reduces risk of harm caused by incomplete information.
- Can be accomplished without creating risks to students’ privacy and personal health information.
Challenges

- Understanding and responding to cultural, demographic, and other differences and variations; attention to other ways of knowing, describing, seeking help for “health” or wholeness
- Relationships, networks, organizational structures: inter-professional integration of health, counseling, and health promotion programs and services means different things in different places
- The “medical model”—“Western”; professional castes and hierarchies; developmental vs. medical approaches
- Information sharing/privacy debates and tensions; universal EMR
Who Owns
(responsibility for)
College Student Mental Health

UNIVERSITY OF ILLINOIS, CHICAGO
University of Illinois, Chicago

(Influences on) A Counseling Center Director’s Perspective

- Federal and state legislated expectations and mandates
  - (e.g. Illinois H.B. 2152, Public Act 099-0278, Public Act 98-63: Sec. 105)
- Community mental health/student organizations (recent UIC forums)
- Recent student suicide or injury/threat to others
  - Chancellor’s Student Mental Health Needs Task Force

- A Primary Role for Clinical Services
  - Treatment vs. Absorption Model
  - Scope of Practice
    - Individual, group, couples psychotherapies
    - Triage/Crisis-Case Management/Referral
    - Holistic, Integrative Psychiatry practice
    - Mind/Body Program Services
  - Caseload and Capacity
    - Ratios (IACS) and other indices
University of Illinois, Chicago

- A Primary Role for Clinical Services
  - Opportunities/Challenges
    - Mobile apps, telehealth (e.g. HEMHA guidelines)
  - Psychoeducation/Prevention/Advocacy
    - Liaisons/Consultation/Campus Collaborations (examples)
      - Suicide prevention and education [https://counseling.uic.edu/online-resources/suicide-prevention-and-education-at-uic/](https://counseling.uic.edu/online-resources/suicide-prevention-and-education-at-uic/)
      - Student Response Team
      - Commitment to mental health advocacy/social justice
      - Evolving role of Peer-to-Peer support
  - Training of mental health professionals
    - Commitment to specialty of college mental health
    - Professional standards (e.g. APA accreditation, licensing laws)
      - Service vs. Training
      - Multicultural competency
University of Washington

- In place: an extensive and complex web of services related to wellness, and especially mental health

- Two challenges presented to institutional leadership:
  - Develop clarity of messaging for students
  - Eliminate silos and reduce incidence of multiple initiatives addressing the same thing with little or no coordination
University of Washington

- Explored “integration” in the sense we usually mean that.
  - Determined not feasible (financial and organizational barriers)
- Solution: centralized website (“integration of message”)
  - Needed full buy-in
- Our approach: Adaptive Leadership model to bring all stakeholders together
  - Student Well-Being Collaborative met monthly
  - Used Adaptive Leadership model and Collective Impact framework to overcome barriers, develop shared vision
Washington State University

- Upshot: “Integration” is an important concept in our current thinking about student mental health

- It can occur in a variety of forms

- It may be more likely to succeed if approached collectively and incrementally
State of Student Health and Wellness Prior to 2016

Enrollment growth increased 36% from 2006 (25,460) to 2016 (36,660)

Thielen Student Health Center
  • Understaffed, under-resourced, and couldn’t meet student demand
  • Issues with administrative processes and technology

Health Prevention Program
  • Lacked visibility
  • Very researched focus

Counseling Center
  • Understaffed, under resourced
  • Heavy focused on the training program, not enough focus on direct student care

Recreation and Fitness
  • Strong facilities and programs but stretched to meet the demands
Iowa State University

Steps Taken to Reforming Student Health and Wellness

1. Formation of a Student Wellness Task Force with cross-functional representation (2013)

2. Keeling and Associates hired to conduct consultation visit of the Thielen Student Health Center. A comprehensive report with recommendations was submitted (2014)

3. Thielen Student Heath Center begins reformation process (2014)
   • new leadership
   • changes in administrative processes
   • new front line staff
   • additional clinical staff
   • new measures of accountability
Iowa State University

Steps to Reforming Student Health and Wellness

4. Keeling and Associates hired to conduct a gap analysis assessment which resulted in a recommended model for a new Student Wellness Office (2015)

5. New Student Wellness Office is formed with the hiring of a director, staff, peer educators, and the development of programs and services (2016(20,150),(987,968))

6. Assistant Vice President for Student Health and Wellness position is created and four key departments; Thielen Student Health Center, Counseling, Student Wellness and Recreation Services, are grouped under one collaborative structure (2017)

7. Erin Baldwin, Director of Thielen Student Health Center, is appointed to dual role as AVP for Student Health and Wellness and Director of Thielen Student Health Center (2017)

8. Collaborative model is further developed with branding strategies, leadership retreats, unit level meetings, and a plan to propose a new comprehensive facility (2017)
Iowa State University

Steps to Reforming Student Health and Wellness

9. Student Counseling Center undergoes reformation (2017-2019)
   • Keeling and Associates hired to conduct consultation focused on team dynamics and related service issues
   • External peer review with counseling directors from The University of South Carolina and North Carolina State was conducted
   • Diversity training sessions were conducted by Inclusion Consulting, L.L.C. to address dialogue and interactions with staff around diversity and inclusion
   • Staff modified service contracts, crisis care and walk-in service models, developed a new scope of care, and accountability measures
   • A new director was hired (July 2019)
Iowa State University

Institutional Strategies

• Crisis Text Line (TEXT ISU to 741-741)
• Let’s Talk
• Biofeedback
• Campus financial and operational support
  o Student Government
  o Student Fee Committee
    ➢ Three new psychologists, two psychiatric advanced practice practitioners
  o ISU Police – mental health advocate
  o Library – well-being space
• College Embedded Counselors
• Collegiate Recovery Campus
• Peer Wellness Educators and Cyclone Health Ambassador Team (CHAT)
• Mobile Crisis Team
• The Tap Room
• Self-help online tools (exploring)
• Menu of health and wellness offerings
Questions