



**BOARD OF REGENTS**

SUMMARY OF ITEM FOR ACTION,  
INFORMATION OR DISCUSSION

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**TOPIC:** Report on Campus Mental Health Services

**COMMITTEE:** Education Policy and Student Life

**DATE OF COMMITTEE MEETING:** November 20, 2013

**SUMMARY:** USM's Vice Presidents of Student Affairs compiled the attached report to share the state of mental health services across institutions. The report and presenters will highlight trends in college mental health faced by counseling center personnel including:

- Increase in demand
- On-campus counseling services
- Psychiatric services
- Triage and/or waitlist periods
- Referrals
- Crisis intervention
- Prevention, education, and outreach services
- Funding and management of services

The report also includes best practices and emerging issues. It is critical that this topic be brought before and addressed by the Committee, as the ability to be successful in college is at stake for many students seeking counseling.

**ALTERNATIVE(S):** This is an information item only.

**FISCAL IMPACT:** This is an information item only; there is no fiscal impact associated with this item.

**CHANCELLOR'S RECOMMENDATION:** This is an information item only.

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COMMITTEE RECOMMENDATION:      Information Only      DATE: November 20, 2013

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BOARD ACTION:      DATE:

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**Report on Campus Mental Health Services to the  
Board of Regents of the University System of Maryland**

The National Survey of Counseling Center Directors (2011)<sup>1</sup> outlines several trends in college mental health faced by counseling center personnel across the country. The following are of concern:

- More students are coming to college with severe psychological problems including depression, anxiety, panic attacks and suicidal ideation.
- More students are coming to college already on psychiatric medication.
- More students are being hospitalized for psychiatric reasons.
- College student suicide, while lower than that for young people in the general population and mediated by seeking help at college counseling centers, is still a great concern.
- Counseling Center directors are seeing an increase in the provision of immediate crisis intervention on campus.

Not only are they seeing more students with severe psychological issues, but counseling service directors across the country also report an increased demand for their services from students with more traditional developmental and adjustment issues as well. Many directors find themselves balancing their role as risk managers with providing more developmental services to students.

These same concerns are reflected in the experiences USM counseling services report. Despite differences in institutional mission, population and size, most USM counseling services shared similar concerns about managing the increase in demand for their services with the increase in severity of mental health issues demonstrated by their student population.

It's important to note that the ability to be successful in college is at stake for many students seeking counseling, both for students with severe psychological concerns and to varying degrees for those needing assistance with adjustment and developmental issues. Not only do counseling services play an important role in risk management, but they have a large role in student success and ultimately student retention and graduation.

The following report describes the status of mental health services provided at USM institutions and addresses emerging issues.

**Increase in Demand:** Almost all campuses reported an increase in demand for their services over the last three years, with counseling services reporting increases ranging from a modest 2.1% to as much as 24% over this period. Very few services indicate that their staffing had kept pace with the increase in demand. According to the International Association of Counseling Services (IACS) the recommended ratio of staff clinicians to the institution's student population should be 1:1500. Most campuses had higher staff to student ratios, although not all.

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<sup>1</sup> See Gallagher, Robert P., Highlights of the 2011 National Survey of Counseling Center Directors.

Institution	Current Counseling Full Time Staff to Student Ratio
University of Baltimore	1:3069*
UMBC	1:2139*
Universities at Shady Grove	1:2105*
Salisbury	1:1986*
Coppin	1:1900*
Towson	1:1689*
University of Maryland College Park	1:1606*
University of Maryland Baltimore	1:1600*
Bowie	1:1112
Frostburg	1:1084
UMES	1:1032
UMUC	NA

\*IACS standard is 1:1500

Like their counterparts nationally, directors of counseling services attribute the increased demand to a rise in student mental health needs overall including students coming to campus with more serious mental health concerns and histories of prior treatment and medication, less stigmatization and more acceptance among students of counseling and mental health services and a concurrent increase in referrals from faculty and staff.

Complicating the increase in student demand are the additional demands on counseling services to respond to students in immediate crisis. Psychiatric hospitalizations of students have increased and require careful follow-up on the part of counseling services as well.

Campuses have further involved counseling staff as experts on their behavioral intervention and threat assessment boards. Finally, directors see an increase in their role as consultants to faculty and staff regarding student behavior.

To address the increasing student demand, counseling services are using a number of solutions including moving to a short term counseling model, triaging student clients, adding psychiatric services for psychiatric assessment and medication management, and developing an active referral program to services off-campus. The following categories give insight into the way that various campuses are managing their student clientele.

**On-Campus Counseling:** Almost all campuses with the exception of UMUC offer counseling services in some form on campus. Most campuses offer individual assessment and short-term individual counseling services.

Many of the campuses limit the number of sessions offered to individuals, offering from 5 to 15 sessions per term or year while providing students with an unlimited number of group therapy sessions. Campuses located in areas with greater access to local mental health providers will generally refer students requiring longer term or intensive services to off-campus providers. Exceptions to limited on-campus sessions are made depending on individual student circumstances or limited referral possibilities. A few campuses do not limit sessions but still subscribe to a short-term model, i.e., 6 to 12 sessions per year.

Institution	Counseling Model Used and Session Number
Bowie	Short term- no firm limit
Coppin	Short term- 5
Frostburg	Short term- no firm limit
Salisbury	Short term- 15
Towson	Short term- no firm limit
University of Baltimore	Short term- 12
University of Maryland, Baltimore	Short term- 12
UMBC	Short term- 12
University of Maryland, College Park	Short term- 8
UMES	Short term- 8
Universities at Shady Grove	Short term- no firm limit
UMUC	NA

**Psychiatric Services:** Roughly half of the USM institutions provide some psychiatry services for students, primarily psychiatric assessments and medication management with the larger institutions more likely to provide these services. Those who do not provide psychiatry services generally refer students to psychiatrists in the local community or at home.

**Triage and/or Waitlist Period:** Most institutions report engaging in a process of triaging students so that those who are in serious crisis are seen as quickly as possible and helped to get to services, whether on campus or off. Therefore, most institutions do not have waitlists per se, and instead evaluate an individual student's need to see a counselor immediately based on the nature of the case. Institutions have found varying ways of managing the high volume they face without a waitlist. Some have reduced the number of on-going counseling sessions students receive in order to respond to intake appointments. Others have increased the amount of time between appointments, moving to appointments every two weeks rather than weekly. Institutions also report hiring temporary contingent staff psychologists during peak periods to help meet the immediate need when possible.

Despite increasing demand for services, many USM institutions trying to function without a waitlist will triage a student and then schedule intake appointments as quickly as possible, generally within a week although a few have waiting periods up to two weeks at peak times.

**Referrals:** Many USM campuses engage in active referral programs, referring students with complex or long term mental health needs to providers in the local community. Some institutions have hired part or full-time staff members called case or care managers specifically to manage referrals to local providers. In doing so, consideration is given to students' insurance and ability to pay as well as clinical needs. Some case managers also follow-up with students who have been referred.

**Crisis Intervention:** Not surprisingly, counseling services at USM institutions serve as experts to the campus in mental health crises on campus. Counseling services staff are asked to respond to individual student crises as well as help with the aftermath of larger crises and tragedies which affect large parts of the campus community. Counseling service staff are also expected to serve as experts to campus behavioral intervention and threat assessment processes and are involved in managing campus safety in ways that had not been done in decades past. As one director stated, "Mental health needs have only been increasing in depth and especially in urgency over the past many years, bringing Counseling

Centers into the increasing realm of campus safety and disaster prevention.” These more recent expectations are a clear source of added stress to many counseling center directors.

#### **Other Services Provided:**

In addition to individual counseling, USM counseling services offer a range of prevention, education and outreach programs to students, faculty and staff.

Most counseling services offer therapy and/or support groups and conduct workshops on psycho-educational topics including but not limited to depression, suicide, eating disorders and body image, sexual assault, substance abuse, stress and time management, and grief and loss.

Many institutions have peer education programs which involve training student educators to educate students on specific mental health topics. Typical peer education programs focus on alcohol and other substance education, sexual assault prevention, body image and other topics. Similarly, student RAs in the residence halls are trained in crisis intervention and referral.

Most institutions sponsored mental health screening days for the campus community on alcohol use, depression, anxiety coping skills and other related topics.

Counseling services also sponsor services focused on diverse populations. Groups and other supportive programs and services are offered for Students of Color, LGBTQ students, and Veterans for example.

Several institutions report grant funded or institution funded large-scale suicide prevention programs and have engaged in training students and faculty and staff to recognize signs and to respond to others in crisis.

In addition to consultation with individual faculty and staff, liaison relationships have been developed with other University units such as health centers, residence life, academic advising, diversity programs and athletics.

Institutions also train non-counseling center staff in crisis intervention and referral, how to respond to sexual assault and child abuse reports, and how to make referrals for support.

<b>Institution</b>	<b>Examples of Communication with Faculty, Staff and Students</b>
Bowie	Psychosocial interviews, workshops, F/S training, information tables, orientation, class visits, open house, F/S/Students advisory board, website
Coppin	Screening days, bystander intervention training, class presentations
Frostburg	Social media, website, print media, public presentations, faculty/staff referral guide
Salisbury	Online interaction program through suicide prevention grant, new faculty orientation

Towson	Orientation, social media, print and digital media, outreach events and programs, in-person outreach and training of faculty, website
University of Baltimore	Contact with faculty through academic advisors, information tables, website, workshops
University of Maryland, Baltimore	Training faculty/staff, guidelines for faculty/staff on when and how to request mental health evaluations/utilize services
UMBC	Print/social media, academic department/student org presentations, guide for faculty/staff, academic class trainings, phone app "just in case"
University of Maryland, College Park	"Warmline" service consultation, orientation, outreach events and programs, Student Advisory Board, assistant/associate dean consultation dyads, faculty workshops
UMES	Outreach to faculty/staff/students, faculty assembly/senate meetings, information share via campus media and technology
Universities at Shady Grove	Letter to faculty/staff/students, presentations, tabling, promotional bookmarks, posters, summer orientation
UMUC	REACT Team (response emergency assessment crisis team) maintains a website which provides local/national mental health resources

### Best Practices:

Among the best practices at the USM institutions are the following:

Online Mental Health Screenings: Several institutions made online mental health screenings for depression, anxiety, bi-polar disorder, substance abuse, eating disorders and other mental health concerns widely available to campus community. (Bowie, Coppin, UMBC, UMCP, Towson).

Suicide Prevention Programs: Several institutions have comprehensive suicide prevention programs including gate-keeping training programs for students, faculty and staff to identify students at risk. Others used online interactive risk reduction programs such as Kognito for students and/or faculty and staff. Another best practice includes the use of Collaborative Assessment and Management of Suicidality (CAMS) to address students who have suicidal risk. (Bowie, Salisbury, Towson, UB, UMBC, UMCP).

Mental Health Promotion and Suicide Prevention Group: UMBC created a workgroup of staff, students and faculty to discuss mental health concerns, propose innovative strategies for combating stigma on campus, and train campus partners in identifying students at risk. (UMBC).

Development of Medical Leave of Absence Guidelines: UMB developed medical leave of absence guidelines for faculty and staff working with students needing a leave. Guidelines include assistance with outside referral and a well check prior to student's return. (UMB).

CCAPS-64 Evaluation of individual counseling through pre-post assessment of counseling and a client self-report form. (Frostburg).

Triage: As indicated earlier, most institutions had developed an approach to triaging students in order to ensure that students in immediate need had access to services.

Ethics Training: UMES developed in house training on ethics for staff members. (UMES).

BASICS and Motivational Interviewing approach for use with student with alcohol and other drug violations. (Frostburg, Towson, UMBC).

Depression Collaborative Project: Imbeds depression screening in face-to-face, health center primary care visits annually along with mental health referral. Project includes benchmarking with other institutions. (UMCP).

While UMUC does not offer counseling services, it is investigating the addition of a part-time mental health professional to consult with the Response Emergency Assessment Crisis Team. (UMUC).

#### **Creative Funding and Management of Services:**

External or creative funding is minimal among USM counseling centers. Some centers report grant funding to assist with education and outreach while others report utilizing auxiliary or operating budget funds to supplement peak time staffing needs.

<b>Institution</b>	<b>Examples of Creative Management of Services</b>
Bowie	Grant funded Four Year Experience Counseling Program to specifically address the psychosocial needs of students from all classifications
Frostburg	Evaluation of counseling through pre-post assessment of counseling using CCAPS-64 and a client self-report form-results show significant improvement as a result of counseling
Salisbury	Stand4You Suicide Prevention Program including Kognito interactive simulation
Towson	Part time/part year clinicians hired to buttress services during peak demands paid out of general operating funds
University of Maryland, Baltimore	Group counseling, developed partnership with Psychiatry Residency Program
UMBC	Focus on initial assessment, short term treatment and referrals for students who need long-term or more intensive help, group counseling
University of Maryland, College Park	Hire part time contingent psychologists during peak times, triage incoming clients for severity and care, promote group therapy, reduced session limit from 12 to 8
Universities at Shady Grove	Space is a concern so scheduling part time staff to share offices and not overlap time

**Emerging Issues:**

Adequate Staffing: While counseling directors adjust the way their services are offered in order to address the increased severity and demand, (i.e., the use of triage systems, short term therapy, longer time between sessions, etc.) adequate staffing remains a priority for many of the institutions. Directors remain concerned that by making the adjustments in their shorter-term models that some students may not get the help that they need when they need it.

Staff Burnout: Related to adequate staffing, the constant pressure to respond to emergencies and crises can cause burnout among staff members. Finding ways to reward and rejuvenate staff will be important. Some directors mentioned keeping salaries competitive as an issue as well.

Suicide Prevention: Continuing efforts to train students, faculty and staff on the signs of students in distress and how to respond will be important in preventing future incidents. Faculty in particular should be educated in how to recognize concerns and how to refer.

Threat Assessment: Increased vigilance of campuses and the involvement of counseling services in threat assessment is an area that is likely to continue to occupy counseling service staff members as well as other student affairs administrators. While psychologists have a great deal of knowledge, most are not trained in forensic psychology and may not have the ability to predict violence on the part of students.

Regulatory Intervention: Recent federal government regulations regarding how universities should respond to students of harm to themselves or to students who are victims of sexual harassment or assault, domestic violence or stalking require the involvement of counseling services. Directors find themselves increasingly having to focus on federal guidance and will need support in order to manage the array of issues in front of them.

Case Managers: More institutions have added case or care managers to their counseling staff in order to link students with affordable treatment services off-campus when there is a need to refer students to longer term or more complex care. Case managers take into consideration students' insurance or ability to pay and spend time recruiting potential off-campus providers for referral purposes. Case managers may also check back in with students to see how they're doing with their off-campus care.

Counseling Services for Multicultural/International and Other Populations: Many counseling services have services tailored to the needs of multicultural populations. The mental health needs of international students who may have culturally different perspectives on counseling services and mental health issues in general is a growing area.

Addressing the mental health needs of students studying abroad or away from campus on alternate spring break experiences, retreats or athletic competition is an additional area of concern. With the progression of students from undergraduate to graduate study, addressing the increasing mental health needs of graduate students is also an area of growing need.

Managing Alcohol and Other Drugs on Campus: Most institutions have spent much time and effort educating students about the issues surrounding the underage use of alcohol and other drugs and additional time and resources enforcing alcohol and other drug policies. Several campuses are involved with the new Maryland Collaborative, a statewide initiative intended to focus concerted attention on the problem of alcohol on Maryland campuses. As the Collaborative project rolls out, its results on our campuses will merit attention.



**References:**

Robert P. Gallagher, American College Counseling Association (ACCA) (2011). *National Survey of Counseling Center Directors [Association website]*. Retrieved from <http://www.iacsinc.org/2011%20NSCCD.pdf>: The International Association of Counseling Services, Inc.