Trends in Campus Mental Health Services

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Student Affairs Forum

The New Normal

Demand for Campus Mental Health Services Continues to Soar

Breaking News for 2017

Surging Demand for Mental Health Care Jams College Services

…And for 2016…

The Number of Students Seeking Mental Health Treatment is Growing Rapidly

…And 2015…

More Stress, Less Stigma Drives College Students to Mental Health Services

…And 2014

Students Flood Counseling Offices

Demand for Services Outpaces Enrollment Growth

Average Growth, 2009-10 to 2014-15

5.6%

Average percent change in **institutional enrollment**

29.6%

Average percent change in **counseling center utilization**

5x **Rate at which counseling center utilization outpaced enrollment growth**

Source: Center for Collegiate Mental Health, 2015 Annual Report, https://goo.gl/xVoaVx; EAB interviews and analysis.

A Similar Story North of the Border

Canadian Colleges and Universities Experiencing Demand Spike

A Sharp Upswing

35% Average percent increase in the number of **counseling appointments** across 13 post-secondary institutions, over the last five years

"In the last few years, we've seen a substantial rise in the number of students coming forward and asking for help with anxiety and depression. **Despite a sizable budget increase** last year, our counseling center is still feeling **overrun and understaffed**."

Counseling Center Director
Public Canadian University

Not Just a Single Province Issue

CBC — *Ontario Campus Counsellors Say They're Drowning in Mental Health Needs*

Global NEWS — *Alberta Commits $7.5M to Improving Mental Health Resources at Calgary Colleges and Universities*

CBC — *Improving Access to Mental Health Counselling a Priority at University of British Columbia*

Source: Cribb R, Ovid N et al., "Demand for Youth Mental Health Services is Exploding. How Universities and Business Are Scrambling to React," *Toronto Star*, May 29, 2017, https://goo.gl/ugcqdK; EAB interviews and analysis.

What Is Driving Demand?

Product of Decade-Long Social and Institutional Investments

Increased Awareness

Institutional and national tragedies have spurred more open conversations about students' mental health needs

Structured Response Framework

New teams and protocols streamline how institutions identify and treat students with mental health needs

Reduced Stigma to Seeking Care

Campus and social stigma-reduction campaigns led to today's students being more comfortable seeking care

Generational Differences in Perceptions of Therapy

Boomers: Therapy? That's for crazy people.

Generation X: I saw my first therapist when I was an adult.

Millennials: Embarrassed about therapy? No. My friends are all in therapy too.

Gen 2020: I have a whole team of coaches and therapists.

Rethinking the College Mental Health Crisis: Do Bubble Wrap and Special Snowflake Myths Prevent a Vision for Needed Change?
The Huffington Post

Source: Lee, K. "Rethinking the College Mental Health Crisis: Do Bubble Wrap and Special Snowflake Myths Prevent a Vision for Needed Change?," The Huffington Post, Feb. 10, 2017, http://www.huffingtonpost.com/entry/rethinking-the-college-me_b_14683448.html; EAB interviews and analysis.

External Factors Also Drive Up Demand

Outside of Your Control, but Having a Huge Impact on Students

Substance Abuse

Students look to drugs and alcohol to relax; use prescription drugs to focus, work late into the night

Intensified Expectations

Students face early and persistent pressure to academically excel, fit in socially, and be successful after graduation

Social Media

Time spent online amplifies existing stressors and contributes to an overwhelming sense of social isolation on campus

New Parenting Styles

Highly involved parenting creates busy, overscheduled, failure-averse students who struggle to adapt to challenges as they arise in college

Political Climate

Stress from current events and politics exacerbates students' existing issues with stress, anxiety, and depression

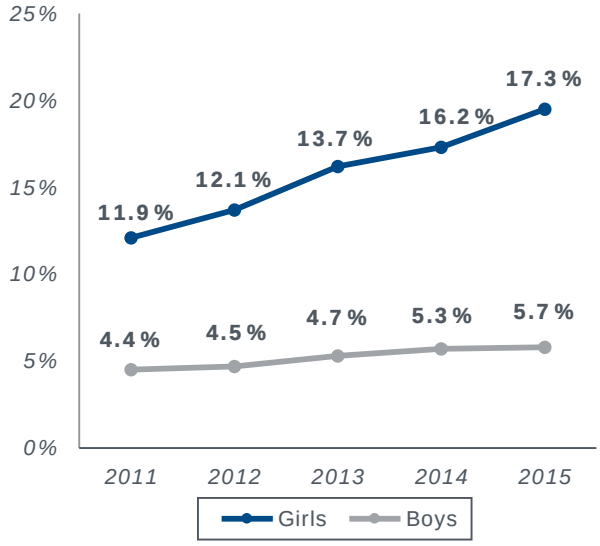
Source: EAB interviews and analysis.

Depression and Anxiety on the Rise Among Teens

A Silent Epidemic Is Coming to Campus

Escalating Rates of Depression

Past Year Major Depressive Episode[1] Among Adolescents, By Gender (2011-2015)



Growing Mental Health Challenges Among Children and Teens

25% Of teens meet criteria for an **anxiety disorder**

8% Of children ages 7-16 have **attempted self-injury**

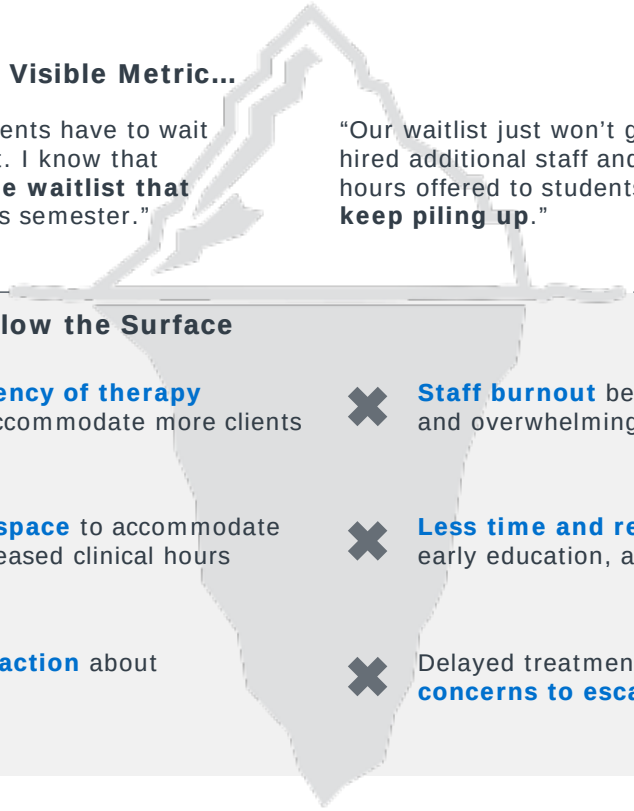
172% Increase in minors requiring **hospitalization for an eating disorder**, 2003 to 2014

1) A major depressive episode is characterized as suffering from a depressed mood for two weeks or more, and a loss of interest or pleasure in everyday activities, accompanied by other symptoms such as feelings of emptiness, hopelessness, anxiety, and worthlessness.

Source: National Institute of Mental Health, "Major Depression Among Adolescents," https://goo.gl/KSk7xT; Olfson M et al, "Trends in Mental Health Care among Children and Adolescents," *The New England Journal of Medicine*, https://goo.gl/3GjjFn; Merikangas K et al, "Lifetime Prevalence of Mental Disorders in US Adolescents: Results from the National Comorbidity Survey Replication...," *Journal of the American Academy of Child & Adolescent Psychiatry*, https://goo.gl/apDwDe;" EAB interviews and analysis.

Waitlists Are Just the Tip of the Iceberg

What Increased Demand Looks Like on Campus



Waitlists Are the Most Visible Metric…

"After the first week, students have to wait weeks for an appointment. I know that there are **students on the waitlist that we just won't get to** this semester."

"Our waitlist just won't go away. We have hired additional staff and increased clinical hours offered to students, but **they just keep piling up**."

…But There's More Below the Surface

- **Decreased frequency of therapy** appointments to accommodate more clients
- **Staff burnout** because of long hours and overwhelming caseloads
- **Lack of physical space** to accommodate new hires and increased clinical hours
- **Less time and resources** for outreach, early education, and other priorities
- **Student dissatisfaction** about service availability
- Delayed treatment leads **students' concerns to escalate**

Source: EAB interviews and analysis.

"We Can't Afford to Get This Wrong"

Delayed Service Increases Risk All Around

Significant Risks for Failing to Meet Students' Mental Health Needs

Campus Safety

"We have to support our students or else we risk endangering-or being perceived as endangering-our entire campus."

Student Welfare

"Our number one concern is to ensure that students are well enough to take care of themselves as a person. We want what is best for them."

Student Success

"At the end of the day, it is about **helping students be successful with their academic and personal goals.** If you really want to improve retention, you have to provide these services or else you are going to have a revolving door as students get overwhelmed."

Vice President for Student Affairs
Public Research University

A Demonstrated Impact on Academic Performance

#2

Mental illness is the second most common reason that students dropout of school

-0.4

Average drop in GPA for students with anxiety and mild to severe depression

Source: Eisenberg D and Lipson S, "The Economic Case for Mental Health Services in Higher Education," https://goo.gl/obK1Cv; Calettstout D, "Mental Health Laws for Students Should Involve Students," *The Cougar*, January 25, 2017, https://goo.gl/i7Z5d3; Field K, "Stretched to Capacity," The Chronicle, November 6, 2016, https://goo.gl/qaSn89; EAB interviews and analysis.

An Unsustainable Cycle

Hiring More Staff Is Not the Answer

Ongoing Investments in Counseling Center Staff…

42% Of institutions **gained FTE clinical or professional staff** in 2015-16

6.3 FTE **Number of FTE staff counseling centers gained** for every 1 lost in 2015-16, up from 3.9 in 2014-15

…Have Prompted Recognition that Something Needs to Change

> Demand for mental health support is rapidly growing on Canadian campuses. In response, we have poured more and more resources into clinical support services. **Despite the additional investment, both waiting times and student distress are increasing**."
>
> *Andre Costopoulos*
> *Vice-Provost and Dean of Students*
> *University of Alberta*

> We have been throwing money at this problem for years and it is an endless pit. Our numbers just keep going up. **Hiring more therapists is not the answer. We now know that we can't staff our way out of this problem**."
>
> *Vice President for Student Affairs*
> *Public Research University*

Source: The Association for University and College Counseling Center Directors, Annual Survey Monograph 2016, https://goo.gl/2nYfe9; Constopoulos A, "Our Role is to Support Students When They Are Ready to be Students, *University Affairs*, August 25, 2017, https://goo.gl/5wpyp7; EAB interviews and analysis.

Time for a New Approach

Today's Stark Reality Requires a New Path Forward

Opening Up to New Ways of Providing Support

"The biggest shift for our profession- and university counseling centers on the whole-is that **we have to think differently about how people can be helped.** We can't keep saying that the 50-minute hour is the best answer because we just don't have the resources. **We must get creative, explore and commit to new ways of working, and be open to new ideas that don't compromise the quality of our work with students.**"

Director of Counseling Services
Private Research University

Realigning Expectations Around Counseling Services

"**Counseling centers have become a place where people expect solutions.** There is a huge amount of expectation from students, parents, and faculty in the community that we will whisk in and fix people that are somehow broken. **We can't live up to that mission.** Before folks run to counseling, they need to utilize the other services on campus. We need more resources to teach students how to be well and not just panic when students are unwell."

Vice Provost for Student Life
Canadian Research University

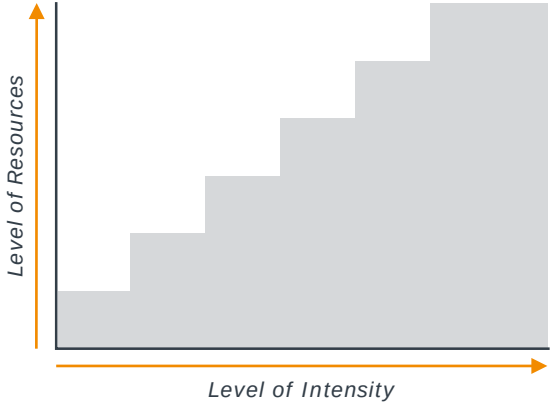
Source: EAB interviews and analysis.

Introducing a "Stepped Approach"

Giving Students What They Need, When They Need It Most

Building Options for Students

A Conceptual Model of Stepped Care



Key Principles of Stepped Care

- Care is stepped up or down as needed, based on students' changing concerns
- Prioritizes the least intensive and most effective treatment option
- Saves the most limited and intensive clinical resources for students who need them most
- Depends on a wide range of services, including self-help resources, peer support, online tools, and on- and off-campus therapy

Source: Cornish P, "Stepped Care 2.0: A Framework for Rapid Access and Improved Outcomes," NECCCD Conference, March 13, 2017, https://prezi.com/bwnttl-vnen/neccd-mar-13-2017/?utm_campaign=share&utm_medium=copy; EAB interviews and analysis.

Meeting the Escalating Demand

Mapping Targeted Interventions to Key Student Segments

HIGH-NEED STUDENTS

Promoting Successful Off-Campus Care

STUDENTS WITH SHORT-TERM NEEDS

Restructuring Individual Appointments

Exploring Dynamic Staffing Models

Special Focus
Reinvigorating Group Therapy

LOW-RISK STUDENTS

Driving Utilization of Self-Serve Resources

Fostering Non-Clinical Connections

Source: EAB interviews and analysis.

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