

Don't Forget About Higher Ed: Examining Collegiate Mental Health Policy

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WHAT WE ALREADY KNOW



We all know...

- Increased Rates of:
 - Depression- 40.9%
 - Anxiety- 31%
 - Binge Drinking-24.1%
 - Illicit drug use-20.9%
 - Suicidal Ideation - 17.7%
 - 2nd leading cause of death among young adults (CDC, 2020)
- Healthy Minds, 2020



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- Rates of Suicide in college population have tripled since 1950
- Increased by 60% for ages 10-24 from 2007-2018

(NCBI, 2016)



COVID affect on Mental Health

- 95 % of college students experienced mental health symptoms during COVID (Best Colleges, 2020)
- Stress and Anxiety were the most reported symptoms (Active Minds, 2020)
- 63% of college students report their mental health is worse than it was prior to the pandemic



WE NEED TO KNOW



Youth Mental Health Rates And Care Access in the CSG South

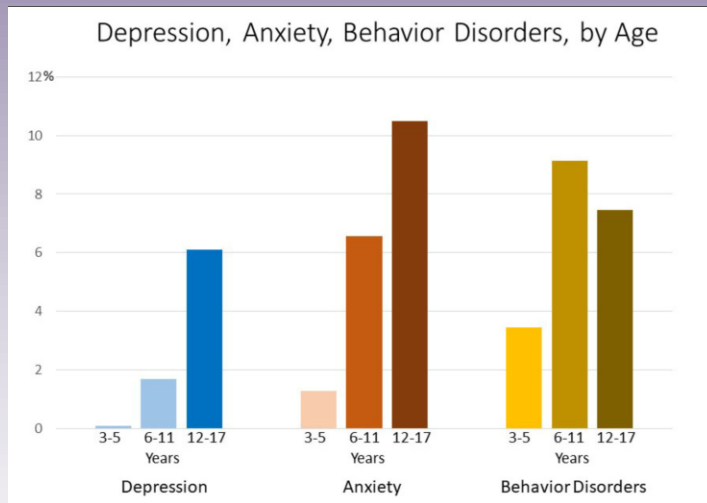
Rank ^	State
01	Pennsylvania
02	Maine
03	District of Columbia
04	Vermont
05	Massachusetts
06	New Hampshire
07	New Jersey
08	Connecticut
09	New York
10	Maryland
11	Wisconsin
12	Illinois
13	Colorado
14	Minnesota
15	Rhode Island
16	Mississippi
17	Georgia
18	Delaware
19	Ohio
20	Alabama
21	Virginia
22	Missouri
23	South Dakota
24	Kentucky
25	Louisiana

26	Indiana
27	Michigan
28	Oklahoma
29	Hawaii
30	Florida
31	Iowa
32	Utah
33	Kansas
34	North Dakota
35	South Carolina
36	California
37	Nebraska
38	Montana
39	Washington
40	Tennessee
41	Texas
42	North Carolina
43	Wyoming
44	West Virginia
45	Oregon
46	Alaska
47	New Mexico
48	Arkansas
49	Arizona
50	Idaho
51	Nevada



The Fact: Prevalence of Mental Health Diagnoses Prior to age 18

Number of Diagnoses



Number who Received Treatment (2016)

- ~80% received treatment for Depression
- ~60% received treatment for Anxiety

(Ghandour RM, Sherman LJ, Vladutiu CJ, Ali MM, Lynch SE, Bitsko RH, Blumberg SJ.,2018)



The Issue: Continuity of Care

- Many students have established care prior to starting at the university
- Decreased appointments due to needing to continue with provider
- Issues with appointments as they are across state lines
- Issues with prescribing across state lines for NPs/ PAs



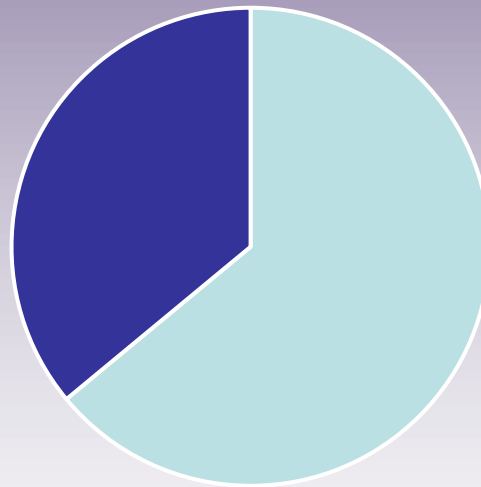
The Proposed Solution

- Improve Telehealth Access
 - Allowing counseling across state lines
- Prescribing Policies
 - Allowing prescribing rights for all providers across state lines



The Facts: Retention

- **64% of students drop out of college because of mental health problems.**



■ Leave School due to Mental Illness
■ Leave school due to other reasons



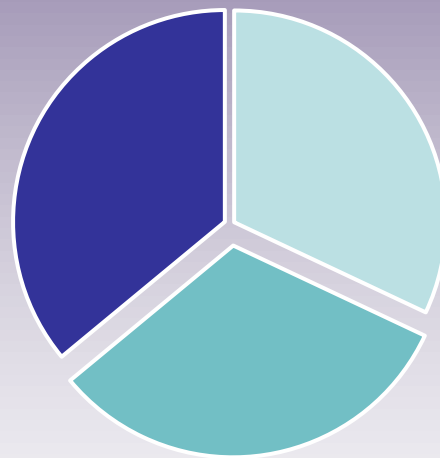
The Facts: Retention

- 1/3 of students diagnosed with Depression dropout of college (Imagine America, 2020)



The Facts: Retention

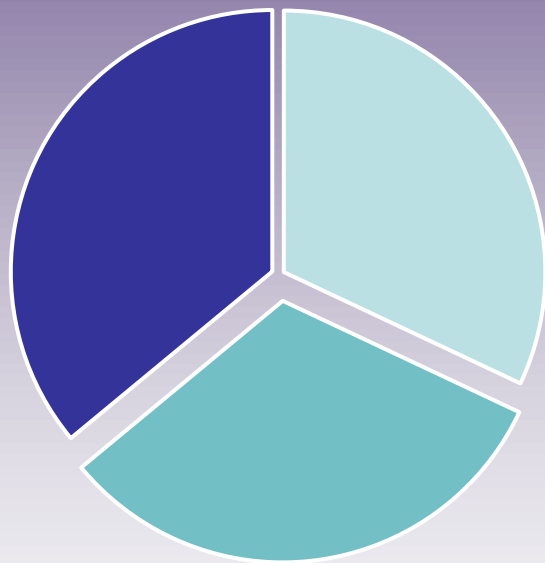
- 50% of those who dropped out did not access mental health services



- Leave School due to Mental Illness
- Didn't seek services
- Left School for other reasons



Issue: Barriers to Access



- Leave School due to Mental Illness
- Didn't seek services
- Left School for other reasons

- Barriers to seeking Care
 - Cap on the number of appointments (Nami, 2012)
 - Counseling services are in a high traffic area (Nami, 2012)
 - High Rate of Staff Turnover (Nami, 2012)
 - Long waits for appointments (as many as 60% report having difficulty accessing mental health care. Healthy Mind, 2020)



The Issue:

What could have helped...(per the students)

- Receiving Accommodations
- Accessing Mental Health Services
- Connecting with Mental Health Providers Earlier
- Getting Assistance with Medical Bills/ Transportation
Managing Side Effects of Medications

NAMI, 2012



The Facts:

More Students are accessing Care

- Rates of treatment doubled in 10 year period 2007-2017 (Lipson, Lattie, Eisenberg, 2018)
- Fewer counselors are available Staffing ratios:
 - Recommendation is 1: 1000-1500
 - Reality 1:1600

(International Accreditation of Counseling Centers, 2019)



The Issues:

Identified needs (per students)

- Increased Number of Mental Health Providers on Campus (Therapists and Prescribers)
- Appointments triaged and scheduled based on need and with appropriate services
- Lack of Communication between mental health and physical health providers
- Mental Health training for Campus Community
- Integration of Behavioral Health



Proposed Solutions

- Need for Well-Being Initiatives
- Push for Integrated Behavioral Health Models



Proposed Solutions - MONEY

- Legislation re: fee increases for counseling services – how fees are allocated to universities
 - Funding for staff and programming
- Improved Benefits for Working in Higher Education



How do we meet the need? (What Policy Changes could Improve Care)

- Telehealth
- Prescribing limitations for NPs/ PAs
- Push for Well-Being as a way of life
- Integrated Behavioral Health
- FUNDING
 - Staffing
 - Programming

