

Supporting our Students: Navigating Mental Health Care Services **on Today's College Campuses**

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Disclosures

- I have no actual or potential conflict of interest in relation to this presentation.
- I will not be discussing off-label use of medicines during this presentation

Program Objectives

At the end of the program, participants will be able to:

- Describe the prevalence of mental health symptoms and diagnoses in a campus population, and the rates of service utilization.
- Compare varied organizational structures of health and counseling services at Institutions of Higher Education (IHE).
- Define FERPA and HIPAA and know how they apply at IHE health and counseling services.
- Understand how recent policy changes affect prescribing practices, particularly of controlled substances.
- Feel better prepared to facilitate one's clients and their families for transition to campus life.

First to set the stage...

- The college application process has evolved
- College rankings and perceived importance/selective nature
- Concerns about lessened value of college education, especially in humanities

The college application process in 2024

- Test-optional applications
 - 74% included standardized test scores in applications in 2019, vs 43% 2023
 - Option to disclose artificially inflates mean acceptance score
- Common App use is up
 - 836,679 distinct first-year applicants had applied to 834 colleges participating in the Common App by 11/1/23
 - 41% increase over 2019–20 (592,390 applicants)
 - 12% increase over 2022-23 (+89,000 applicants)
 - 4.1 applications per student

Early application is the new normal

- Early Decision utilization on rise
 - Penn admitted 51% of class 2026 from ED
 - Early decision is binding, yielding less consideration of competing financial aid or merit-based scholarship support
- Early Action becoming more common at both public and private colleges and universities
 - Thought driven by need spread of application review burden over time
 - Frequent use of “deferred” disposition
 - Class of 2025: Harvard deferred 80% ED applicants, MIT 71%, Georgetown 89%
 - Anecdotally, a largely unexpected outcome for applicants!

SCOTUS decision

- This is first application cycle since repeal of Affirmative Action
 - Decision announced June 29, 2023
 - Students for Fair Admissions, Inc. (SFFA) v. President & Fellows of Harvard College (Harvard)
 - SFFA v. University of North Carolina (UNC)
- Schools are now blind to race/ethnicity application data
- Too soon to fully understand the multidimensional impact of this decision

2023-2024 Common App essay prompts

1. Some students have a background, identity, interest, or talent that is so meaningful they believe their application would be incomplete without it. If this sounds like you, then please share your story.
2. The lessons we take from obstacles we encounter can be fundamental to later success. Recount a time when you faced a challenge, setback, or failure. How did it affect you, and what did you learn from the experience?
- ...
5. Discuss an accomplishment, event, or realization that sparked a period of personal growth and a new understanding of yourself or others.

Mental health experience of college students

- Student surveys
 - The Healthy Minds Study
 - American College Health Association (ACHA) National College Health Assessment
- Counseling center surveys
 - Center for Collegiate Mental Health practice research network
 - Association for University and College Counseling Center Directors (AUCCCD) members survey

The Healthy Minds Study

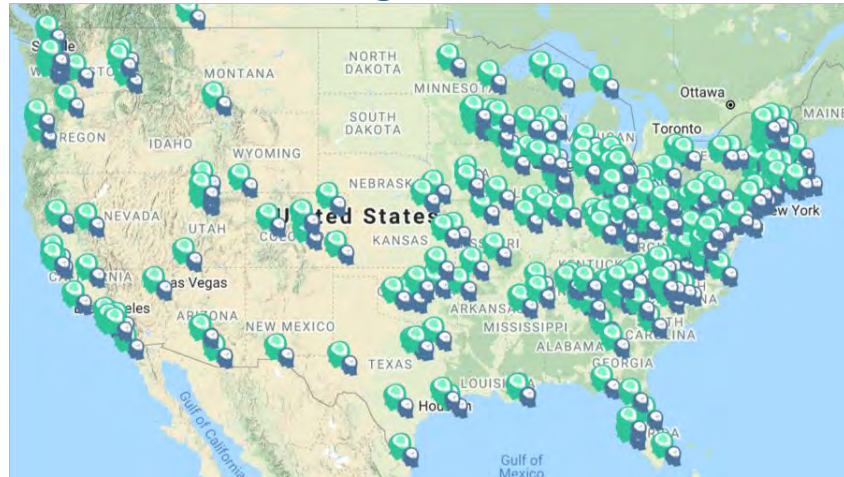


- Annual voluntary electronic survey about mental health status, service utilization, stigma, and more
- Mental health resources provided at end
- healthymindsnetwork.org/



2022-23 Annual report

- N=76,406 student respondents represent 530 IHE's
- 61% pursuing Bachelor's degree
- 22% seeking an Associate's



2023 reported feelings of loneliness

How often do you feel...

you lack
companionship



34%
37%
19%

left out



29%
39%
22%

isolated from
others

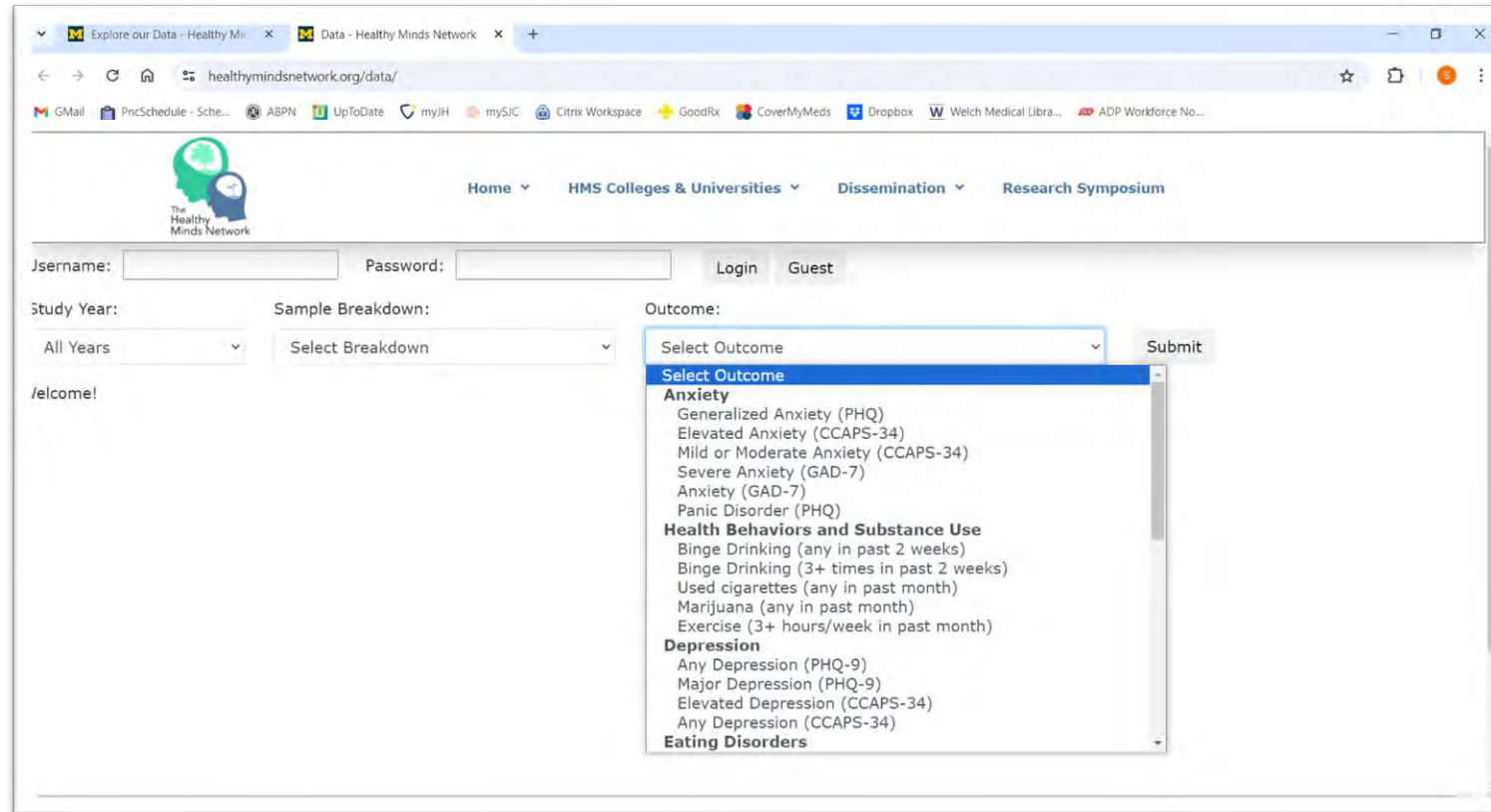


29% Hardly ever
36% Some of the time
25% Often

Explore Healthy Minds Network data at healthymindsnetwork.org/data/

- Extrapolate data by respondent characteristic
 - Gender
 - Race
 - Year in school
- Search for trends within standardized self-report surveys

Explore Healthy Minds Network data



The screenshot shows a web browser window with the URL `healthymindsnetwork.org/data/`. The page features a navigation menu with links for Home, HMS Colleges & Universities, Dissemination, and Research Symposium. Below the navigation is a login section with fields for Username and Password, and buttons for Login and Guest. The main content area includes a 'Study Year' dropdown menu set to 'All Years', a 'Sample Breakdown' dropdown menu set to 'Select Breakdown', and an 'Outcome' dropdown menu. The 'Outcome' dropdown is open, displaying a list of categories and their associated measures:

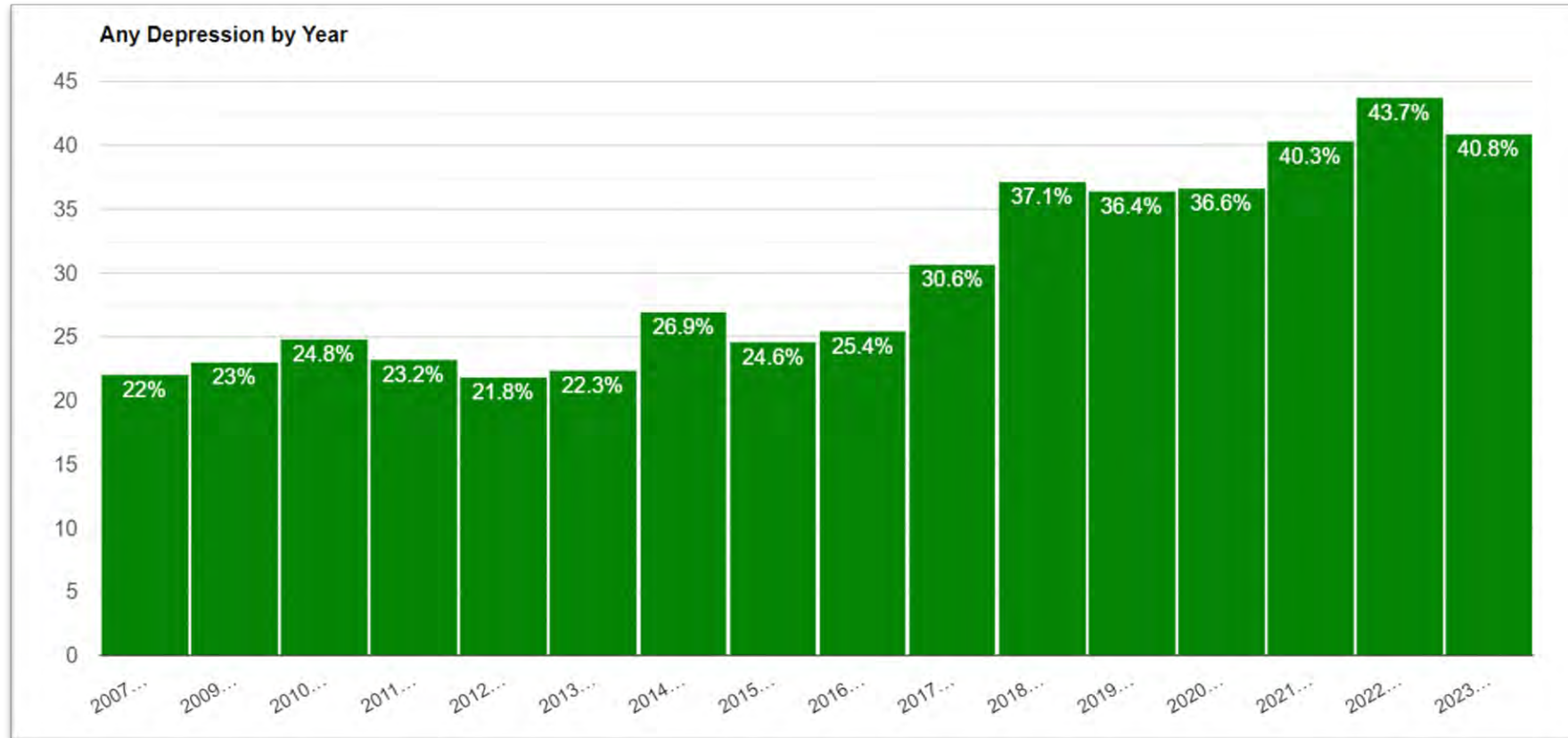
- Select Outcome** (dropdown menu)
- Select Outcome** (highlighted)
- Anxiety**
 - Generalized Anxiety (PHQ)
 - Elevated Anxiety (CCAPS-34)
 - Mild or Moderate Anxiety (CCAPS-34)
 - Severe Anxiety (GAD-7)
 - Anxiety (GAD-7)
 - Panic Disorder (PHQ)
- Health Behaviors and Substance Use**
 - Binge Drinking (any in past 2 weeks)
 - Binge Drinking (3+ times in past 2 weeks)
 - Used cigarettes (any in past month)
 - Marijuana (any in past month)
 - Exercise (3+ hours/week in past month)
- Depression**
 - Any Depression (PHQ-9)
 - Major Depression (PHQ-9)
 - Elevated Depression (CCAPS-34)
 - Any Depression (CCAPS-34)
- Eating Disorders**

A 'Submit' button is located to the right of the 'Outcome' dropdown menu.

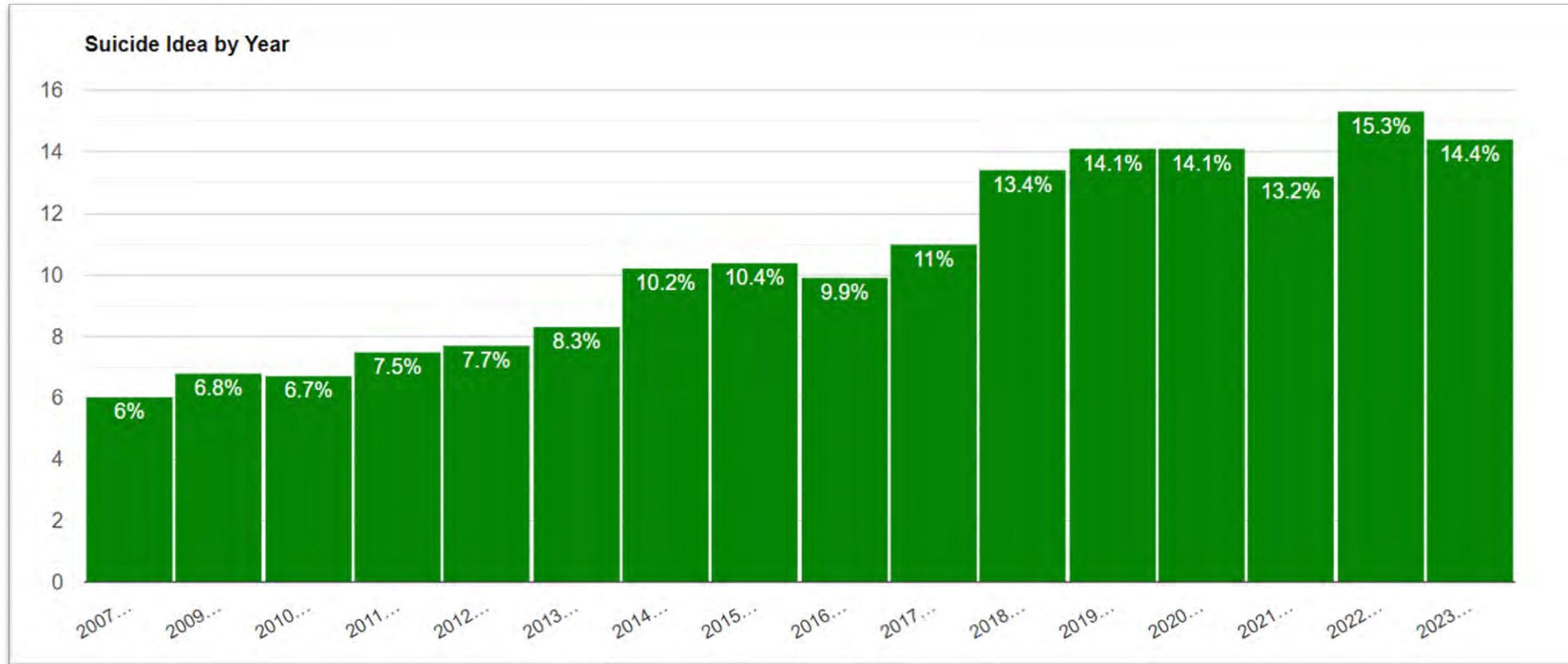
HMS strength in showing trends. Over 16 years:

- Increased reporting of depressive symptoms
- Increased reporting of suicidal ideation
- Increased reporting of anxiety symptoms
- Higher rate of positive screen for disordered eating
- Decreased self-report of sense of flourishing

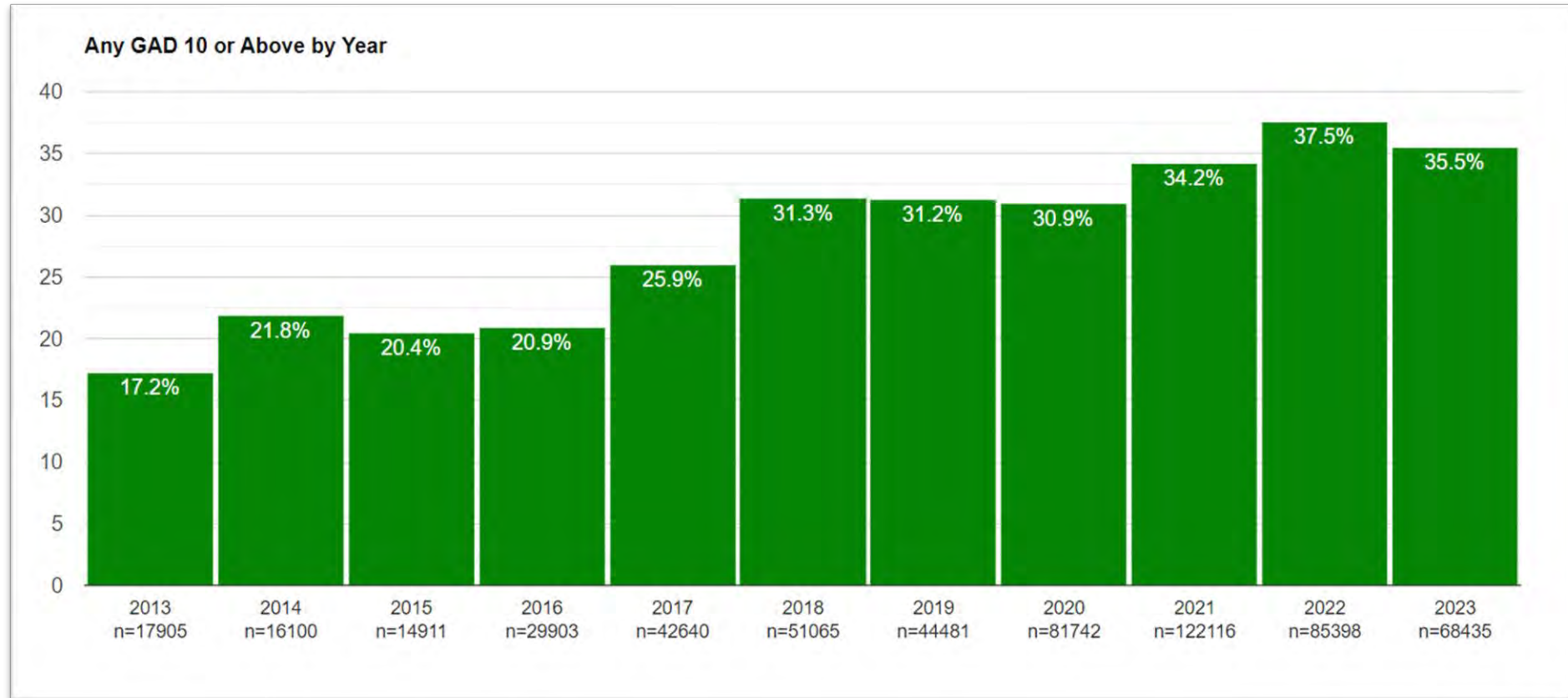
Increasing rates of reported depressive symptoms (PHQ-9)



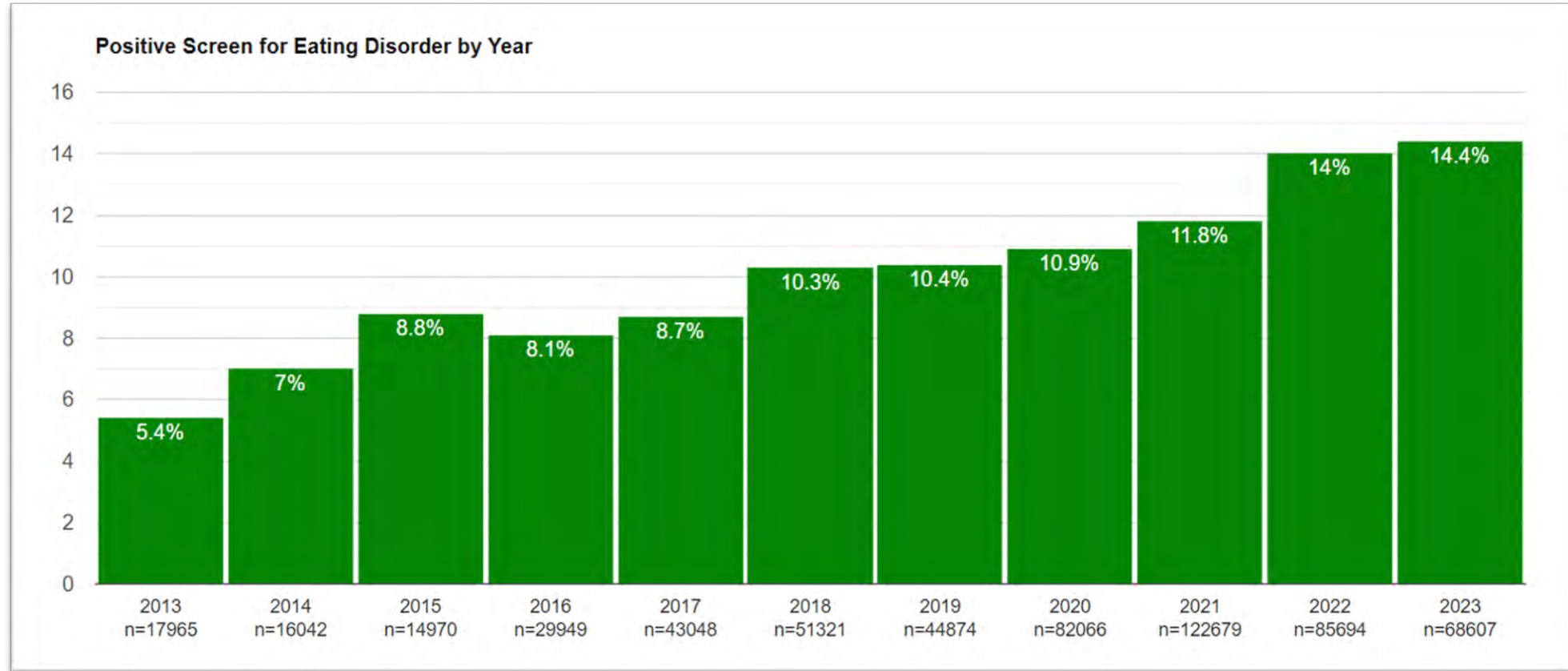
Increasing rates of suicidal ideation in past year



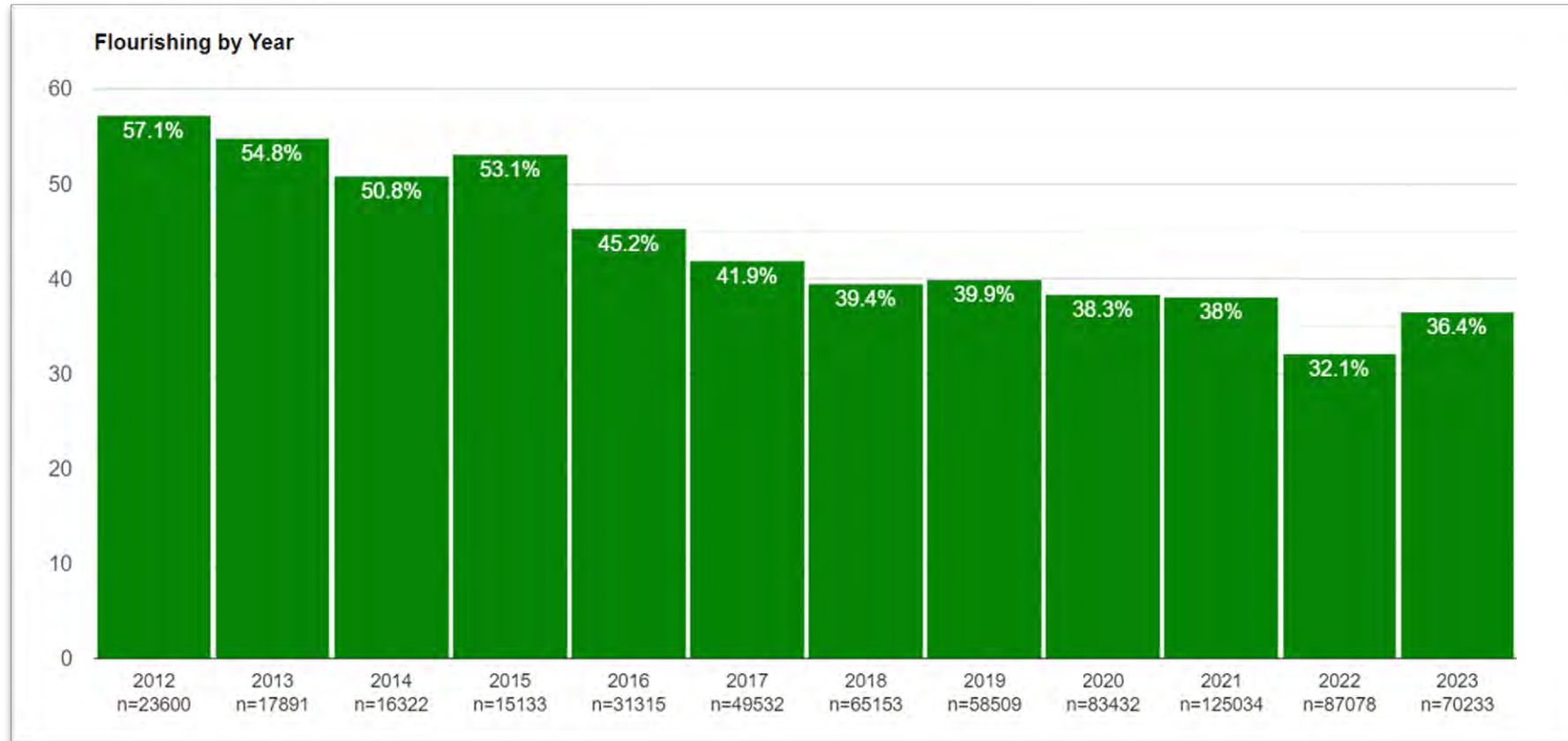
Increasing rates of reported anxiety symptoms (GAD-7 > 10)



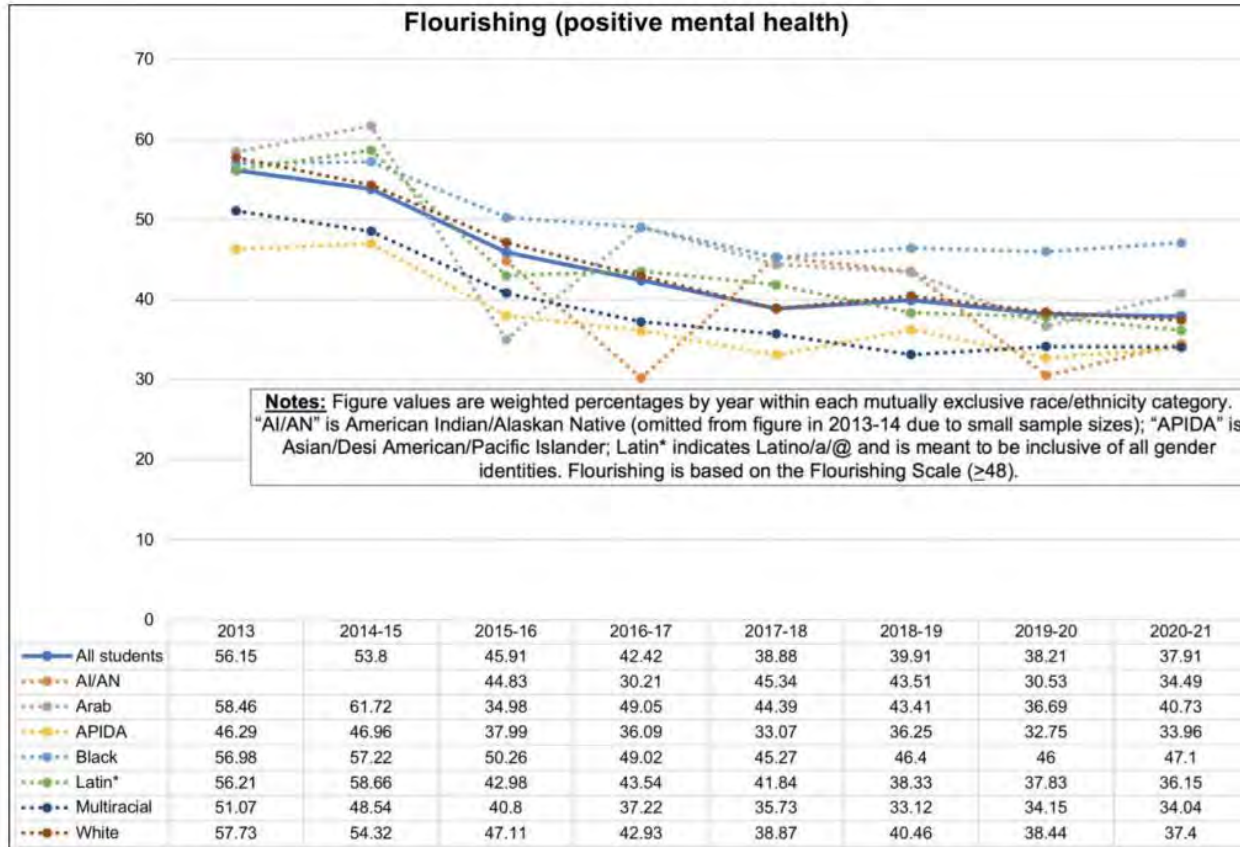
Increased rate of SCOFF+ responses



Self-reported feeling of flourishing

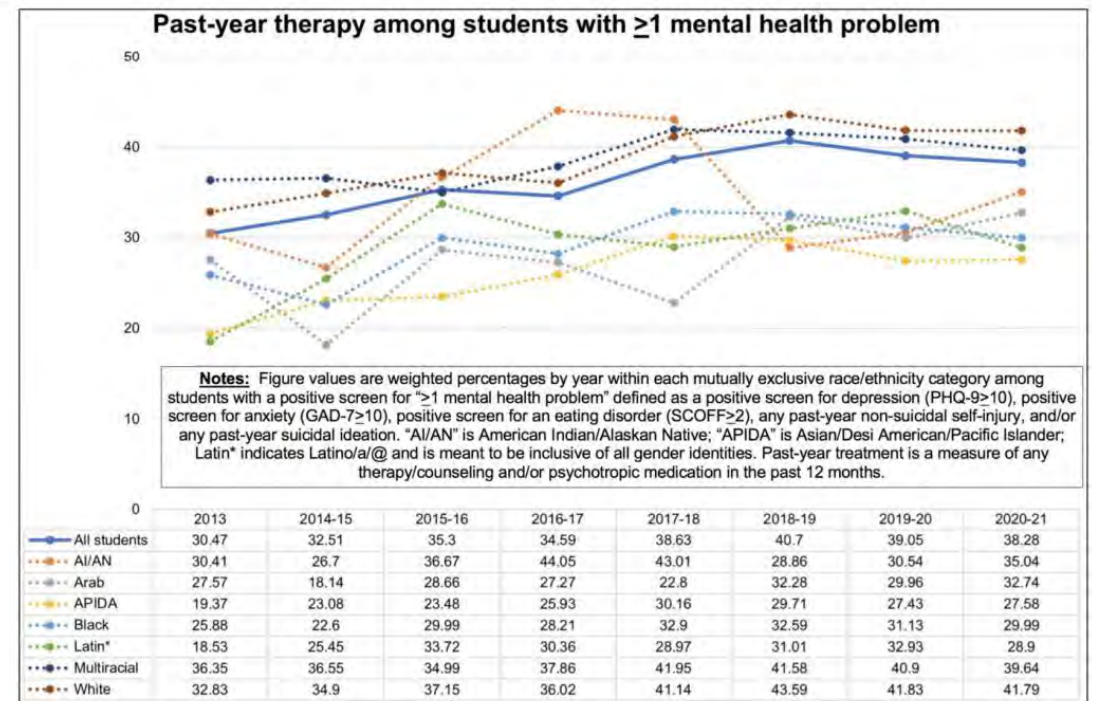
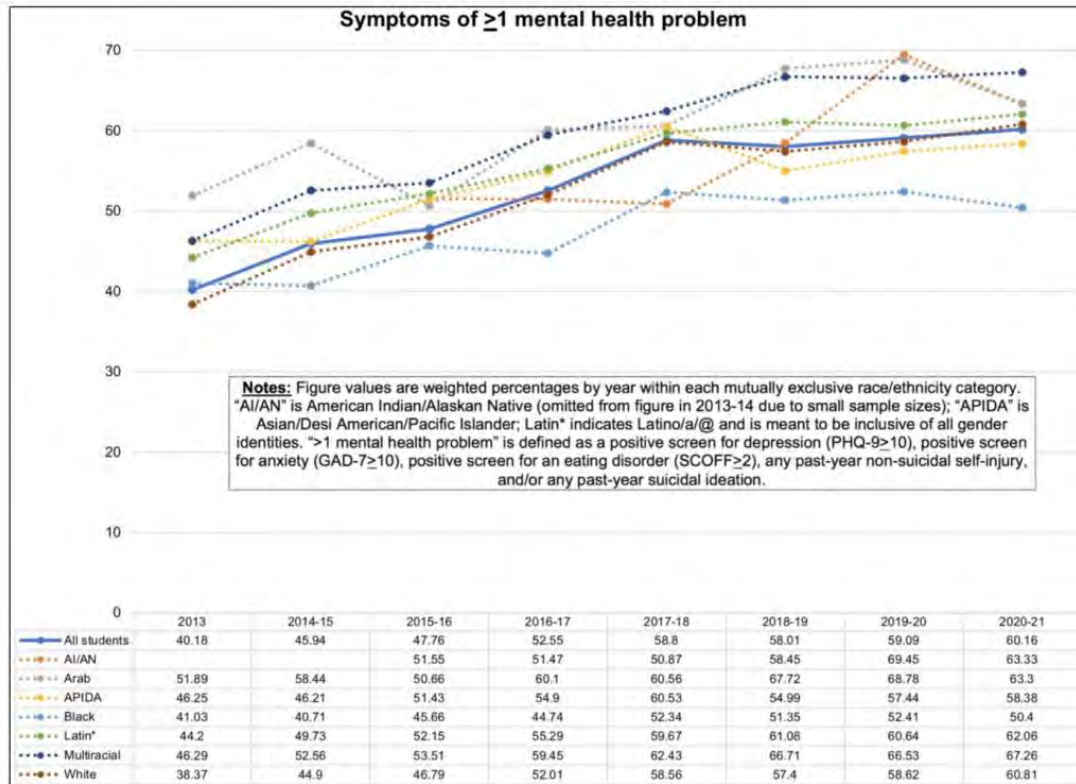


Worsening sense of mental health in students by racial/ethnic identity



- Overall college population reported less positive sense of health
- American Indian/Alaskan Native students experienced largest decreases in self-reported flourishing

Service utilization data cross-reference reveals treatment gap



Treatment gap widens



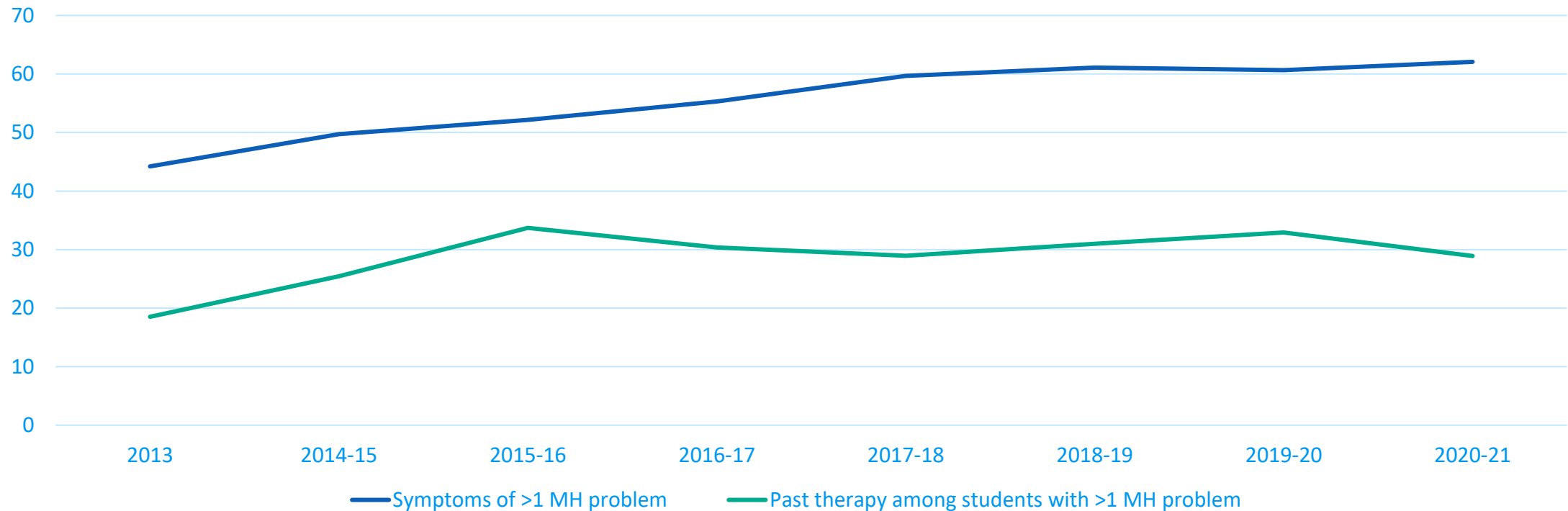
Research paper

Trends in college student mental health and help-seeking by race/ethnicity:
Findings from the national healthy minds study, 2013–2021

Sarah Ketchen Lipson^{a,*}, Sasha Zhou^b, Sara Abelson^c, Justin Heinze^d, Matthew Jirsa^e,
Jasmine Morigney^f, Akilah Patterson^d, Meghna Singh^d, Daniel Eisenberg^g



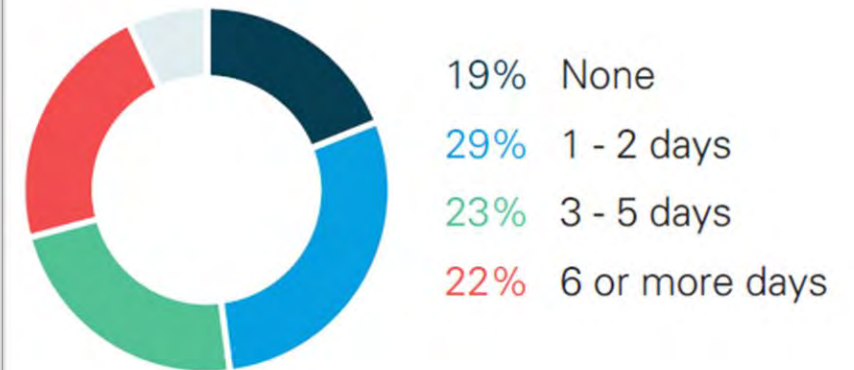
Latinx student service utilization



Healthy Minds Study takeaways

- Symptoms of mental health conditions are high and rising
- Treatment gap exists/continues; wider for students of color
- Gender and sexual minorities reported higher rates of mental health symptoms, including suicidal ideation
- Mental health challenges are associated with academic impairment

In the past 4 weeks, how many days have you felt that emotional or mental difficulties have hurt your academic performance?



ACHA National College Health Assessment



- Voluntary web-based self-report survey
- N = 54,204 undergraduate student respondents at 129 four-year institutions
 - 14,746 cis male identifying
 - 35,531 cis female identifying
 - 3,443 transgender/gender non-conforming

Proportion of college students who reported they <i>agree</i> or <i>strongly agree</i> that:	Percent (%)			
	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
I feel that I belong at my college/university	66.4	64.9	53.2	64.4
I feel that students' health and well-being is a priority at my college/university	48.4	43.1	28.9	43.5
At my college/university, I feel that the campus climate encourages free and open discussion of students' health and well-being.	55.6	52.3	40.0	52.3
At my college/university, we are a campus where we look out for each other	48.8	46.1	33.5	45.9

Questions focus on self-report of behaviors: substance use last 3 mo.

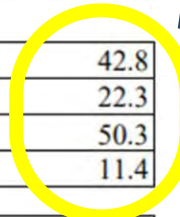
- 66% drank alcohol
 - 11% report having had >7 drinks last time they drank
 - 26.5% of all respondents had >5 drinks in sitting within last two weeks
- 30% smoked pot or used cannabis product
- 23% used nicotine/tobacco product
- 3.0% took a diverted stimulant
- 2.2% used diverted opioid or sedative/hypnotic
- 1.7% used cocaine

Questions focus on self-report of behaviors: suicide and SIB

- 2.9% reported they attempted suicide within the past 12 months
 - 7.3% transgender/gender non-conforming
 - 2.3% cis women
 - 3% cis men
- 12.1% of student respondents indicated they had “intentionally cut, burned, bruised, or otherwise injured themselves within the last 12 months.”
 - 33.3% transgender/gender non-conforming
 - 12.0% cis women
 - 7.1% cis men

Where are students receiving healthcare?

College students reported:	Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Receiving psychological or mental health services within the last 12 months		21.3	38.6	64.2	35.7
<i>*The services were provided by:</i>					
My current campus health and/or counseling center		41.9	42.7	43.5	42.8
A mental health provider in the local community near my campus		20.4	21.9	27.0	22.3
A mental health provider in my home town		47.3	50.6	53.0	50.3
A mental health provider not described above		11.6	11.0	12.7	11.4
<i>*Only students who reported receiving care in the last 12 months were asked these questions</i>					
	Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Visiting a medical provider within the last 12 months		57.8	75.0	78.8	70.6
<i>*The services were provided by:</i>					
My current campus health center		26.7	31.6	35.3	30.8
A medical service provider in the local community near my campus		25.2	27.9	31.6	27.5
A medical service provider in my home town		79.2	81.2	75.6	80.3
A medical service provider not described above		6.0	5.2	6.9	5.5
<i>*Only students who reported receiving care in the last 12 months were asked these questions</i>					



Campus counseling and health centers

- Per ACHA NCHA:
 - 35.7% surveyed undergraduates received psychological or mental health care within last 12 months
 - 42.8% of those who received services did so at campus counseling/health center (15.3% all students surveyed)
 - 21.7% of surveyed undergraduates had received medical care from campus health within the past 12 months
- Many counseling centers offer services free of charge to student, but copays and fees often apply in primary care

Mental healthcare delivery systems are as different as campuses

- Location and integration of psychiatry
 - Psychiatrist in counseling center
 - Psychiatrists in primary care clinic apart from counseling services
 - Integrated centers
- Contractor vs. staff vs. full-time
- Session or frequency limits
- Acuity limitations
- 9-month vs 12-month availability
- Crisis response services

Clinics span spectrum of integration SAMHSA Standard Framework

- Coordinated care
 - Separate locations
 - Separate medical records
- Co-located, partially integrated
 - Same site
 - Some shared services and multidisciplinary teams
 - Separate leadership and organizational structures
- Integrated center
 - Psychiatry, counseling, & primary care share space, EMR, rounds, etc.
 - St. John's College, Annapolis

Coordinated Care		Co-Located Care		Integrated Care	
1	2	3	4	5	6
Minimal Collaboration	Basic Collaboration from a Distance	Basic Collaboration Onsite	Close Collaboration with Some System Integration	Close Collaboration Approaching an Integrated Practice	Full Collaboration in a Transformed /Merged Practice

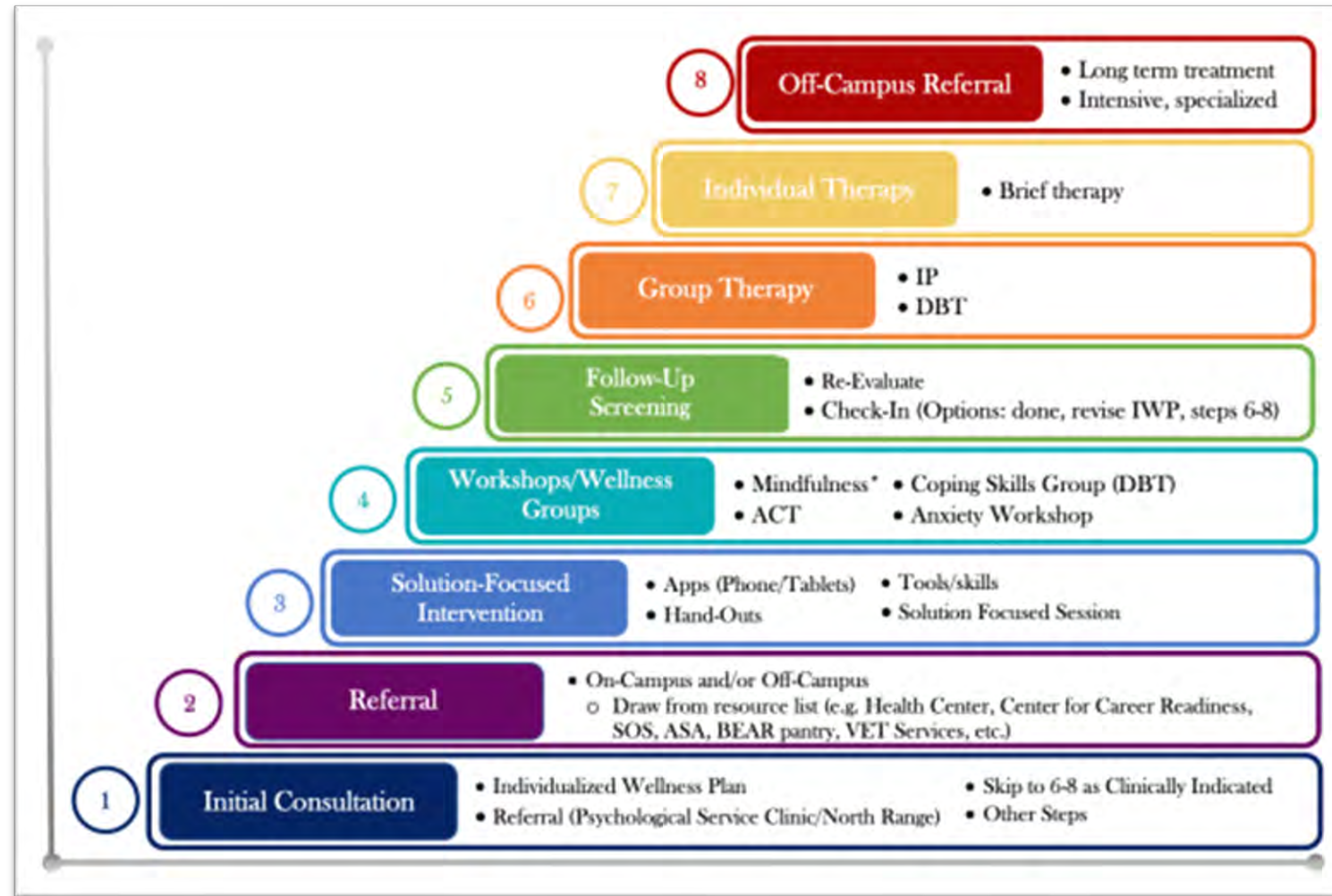
The contractor psychiatrist **...booked and busy!**

- Part-time, no benefits, paid hourly (no PTO), <19hr/w
- Limited time for collaboration
- Mostly absent for policy development, staff meetings
- Communication can be challenging
 - How frequently monitoring email and EMR inboxes?
 - Varied schedules of multiple contractors can create an inequity in appointment/schedule and communication availability to students
- *I am a contractor psychiatrist at SJC*

Service capacity: counseling (practices vary)

- Individual session frequency limits
 - “Brief psychotherapy” approach
 - Biweekly or less frequent scheduling
- Group therapy modalities
- Drop-in sessions, workshops
- High risk designations for group processing
 - CAMS protocol
 - CSSRS
- Acuity limitations*

Stepped care model



Service capacity: psychiatry

- Potential restricted prescribing of controlled substances, particularly stimulants
 - Can be conditional on prior psych-ed testing
 - Reinforces health disparity, inequitable access
 - Much more to know here re: ADHD access, Rx use on campus
- 9-month availability of care with limited new patient appointments in 1-2 weeks ahead of extended breaks

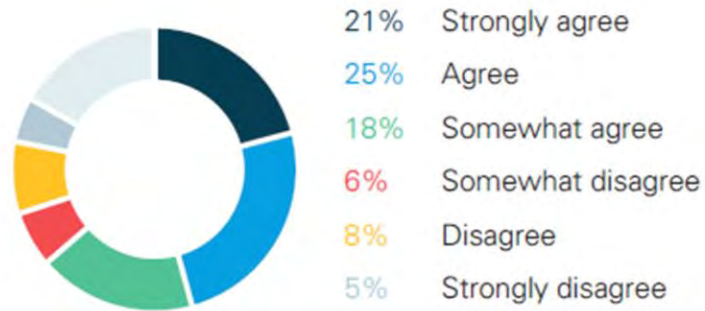
Growing movement towards staff hiring, 12-month employment with year-round availability, promoting team membership, inclusive atmosphere, collaboration

How to address increasing need for on-campus care?

- Popular utilization of complimentary telehealth services
 - Academic Live Care
 - TimelyCare
 - Protocall
- On-campus crisis response
 - Growing interest, resource commitment nationwide
 - Movement to train campus public safety officers in MHFA
 - *Johns Hopkins University Behavioral Health Crisis Support Team (BHCST) is nation's only 24/7 on-site crisis response unit*

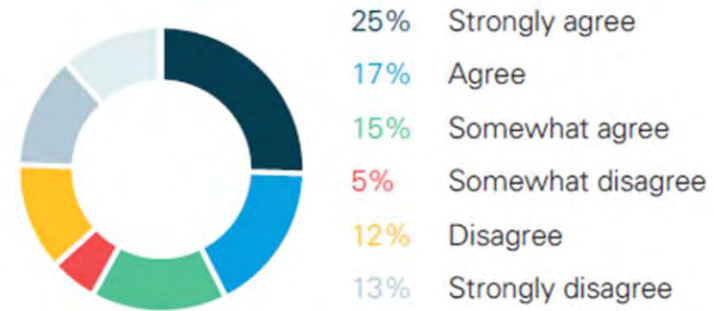
Knowledge of campus mental health resources

If I needed to seek professional help for my mental or emotional health, I would know where to go to access resources from my school.



Perceived need (past year)

In the past 12 months, I needed help for emotional or mental health problems such as feeling sad, blue, anxious or nervous.



Outreach services

- Liaison
 - Student services – FLI, Center for Diversity and Inclusion, Athletics,...
 - Student groups – Hillel, Black Student Union, SGA...
- Present at campus events
- Individual outreach
 - Voluntary anonymous online student experience questionnaires with personal response and offer to engage services
 - MedChecks pilot program at JHSOM

Campus health and record privacy

- FERPA and HIPAA protections both address access to, amendment of, and disclosure of records
- Which regulation dictates practice on campus clinics?
 Spoiler: Maryland privacy laws are more prescriptive than either!
- JED Foundation guide

<https://jedfoundation.org/wp-content/uploads/2021/07/student-mental-health-and-the-law-jed-NEW.pdf>

Family Educational Rights and Privacy Act (FERPA)

- FERPA protects “education records,” which are generally defined as records that are directly related to a student and maintained by an educational agency or institution or by a party acting for the agency or institution.”
- Under FERPA
 - The institution can and will share information under specific circumstances
 - A student at an IHE has the right to access his/her own education record upon request, even if they are younger than 18

“Education records”

- What are “education records?”
All records directly related to a student and maintained by or on behalf of an IHE
- What are not?
Treatment records that are used only by professionals directly involved in a student’s treatment

- ✓ Exams
- ✓ Papers
- ✓ Attendance records
- ✓ Emails
- ✓ Discipline complaints and materials
- ✓ Financial account info
- ✓ Disability accommodation records
- ✓ Parking tickets
- ✓ Treatment records that have been shared outside of clinic – written or verbally communicated

When can IHE disclose FERPA-protected information without **student's consent?**

- Emergencies related to health or safety of individual
- *Good faith* communication to school official with *legitimate educational interest*
 - Both terms should be defined by IHE in annual notice
 - Application: Welfare check by pub safety, accumulated absences, ?discipline hearing
- Students who are dependents can have info disclosed to tax-payer
- Some IHE can disclose alcohol violations to parents if student under 21
- To another school in case of transfer or change in enrollment
- In announcing Final Results of disciplinary hearing
 - Honor code violation
 - Title IX investigation

What regulations protect privacy and confidentiality of treatment records?

- Student medical or mental health records that are created *solely for the purpose of treatment at an IHE's health or counseling center* and are only shared with those directly involved in treatment, are excluded from FERPA protection and distribution
- **HOWEVER**, if records or details, *written or spoken*, are shared for purposes other than treatment (insurance participation, disability services, non-clinical campus partners) then that information is now covered by a FERPA entity

So, are counseling records covered by **HIPAA privacy standard? ...No**

- The HIPAA Privacy Rule covers three types of entities:
 - Health plans
 - Health care clearinghouses
 - Health care providers who conduct certain types of electronic transactions
- As an exclusion in the HIPAA definition of “protected health information,” *HIPAA privacy rules do not apply to student treatment records created on campus*, whether they are shared with others or used solely for treatment

Local regulations rule

MPS: Maryland Medical Record Laws

<https://mdpsych.org/resources/maryland-medical-record-laws/>

Health Insurance Portability and Accountability Act (HIPAA)

- “Private health information”
- PHI on campus is not covered – an explicit exception

Maryland Confidentiality of Medical Records Act (MCMRA)

- “Medical record”
- Silent on coverage of educational records
- More detailed and stringent protections of MH records
- Minimum necessary disclosure standard applies MH records

What does Johns Hopkins University Student Health and Well-Being do?

- Follow local jurisdiction regulations
- A complicated case – consider ourselves a HIPAA clinic
 - 2 clinics are located within JHSOM-regulated space
 - Records at JHU SHWB are not solely treatment records of JHU students/learners
 - Graduate trainees hold dual learner/staff appointments
 - Eligibility is extended to spouses of some JHSOM PhD programs
- Non-clinical partners are FERPA-covered entities and require signed release of information before sharing information
(student outreach services, student disability services, res life, etc.)

Student Disability Services

- Both public and private colleges and universities must provide equal access to postsecondary education for students with disabilities
 - Individuals with Disabilities Education Improvement Act (Federal)
 - Americans with Disabilities Act
 - Title II: publicly-funded universities, community colleges and vocational schools
 - Title III: privately-funded schools. All public or private schools that receive federal funding are required under
- Section 504 of the Rehabilitation Act of 1973: All public or private schools that receive federal funding are required to make their programs accessible to students with disabilities

JHU Student Disability Services

- “Student Disability Services collaborates to create an inclusive community for students with disabilities by proactively removing barriers, raising awareness of equitable practices, and fostering an appreciation of disability as an area of diversity while utilizing a wide range of approaches from universal design to individualized accommodations.” <https://studentaffairs.jhu.edu/disabilities/>
- 9% of Homewood undergraduates receive services
- 6% all JHU learners, university-wide

Who is eligible for SDS?

- Per JHU SDS office, 90% of cases include
 - ADHD
 - Mental health disabilities
 - Learning disabilities
 - Deaf/hard of hearing
 - Blind/low vision
 - Neurological disabilities
 - Medical disabilities
 - Physical/mobility disabilities
- Temporary disabilities are eligible for services!

Potential accommodations – Classroom

- Access to handouts, slides
- Alternative format/print production accommodations
- Addition time for in-class writing assignments
- Assisted listening device
- Assisted tech – laptops, recordings
- Close-captioned video
- Deadline flexibility
- Notetaker
- Food during class/exam
- Info on board read aloud for students with visual disability
- Preferential seating, desk height
- Interpreting and transcribing
- Leaving class when sx occur
- Personal care attendant
- Exceptions to absentee/tardiness policy

Potential accommodations – Testing

- Additional time
- Alternate exam dates during periods of heavy scheduling
- Alternative testing environment
- Assistive tech
- Breaks during exam
- Calculator
- Earplugs/headphones
- No scantron – answer directly on test
- Scribe assistance
- Spell-check or no point deduction for spelling/grammar errors on written exams

Potential accommodations

- Priority class registration
- Housing
 - Single occupancy
 - Private bathroom
 - First floor
- Dining
 - Medical
 - Allergies
 - Preferences
 - Opt-out of meal plan
- Transportation
- Reduced course load (RCL)
 - *Maintain benefits/services of full-time status but take part-time courseload*
 - *Especially important for international students on F1*
- Course substitutions for degree requirements
 - *Foreign language and math waivers are most common*

2021 Registration with disability services at Md IHE, per MHEC

Undergraduates

	12-month enrollment	Registered with SDS	% total population
Four-year Public Institutions	172,668	5,368	3.1%
State-Aided Independent Institutions	28,020	3,058	10.9%
Community Colleges	152,468	7,511	4.9%

Graduate students

	12-month enrollment	Registered with SDS	% total population
Four-year Public Institutions	50,027	927	1.9%
State-Aided Independent Institutions	40,805	1,097	1.1%

Survey results indicate sufficient support – Retention

Second-year retention rate for first-time, full-time undergrads

2020 entry cohort	All undergrads	Registered with SDS
Four-year Public Institutions	84.8%	85.8%
State-Aided Independent Institutions	83.0%	86.5%
2019 entry cohort		
Four-year Public Institutions	84.9%	84.4%
State-Aided Independent Institutions	81.8%	82.8%

Survey results indicate sufficient support – Progression

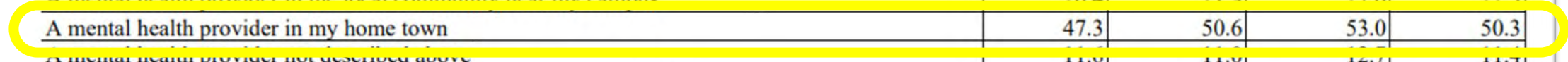
2017 entry cohort degree progression analysis of retention rate for first-time, full-time students at Md community colleges

	All students	Registered with SDS
Graduated and/or transferred	53.8%	47.2%
Successful Persister	72.7%	75.3%

Where are students receiving healthcare?

College students reported:	Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
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A mental health provider not described above		11.0	11.0	12.7	11.7

**Only students who reported receiving care in the last 12 months were asked these questions*



Prescribing to college students

- 50.3% of ACHA NCHA survey respondents who have received psychological or mental health services received them in their hometown
- Use your resources and know the telehealth regulations
 - MPS: Telepsychiatry
<https://mdpsych.org/resources/medicare-news-updates-information/telepsychiatry/>
 - APA Telepsychiatry blog
<https://www.psychiatry.org/Psychiatrists/Practice/Telepsychiatry/Blog/New-Telepsychiatry-Resources-for-2023>
 - Maryland Healthcare Commission
https://mhcc.maryland.gov/mhcc/pages/hit/hit_telemedicine/hit_telemedicine.aspx

If you are seeing student on a college campus

- You and patient should both know the campus mental health crisis support system
 - Who to call and when – weekends and evenings, specifically
 - Where is nearest ER/hospital
 - Campus primary/urgent care for labs, weights, urgent refills, etc.
- Prescription safety
 - Responsible storage in dorm
 - Diversion mitigation strategies

If you are seeing student on a college campus (II)

- Sending records to campus clinic for purpose of treatment does not submit your notes to FERPA regulations
- Know who you are talking to on campus re: FERPA
 - Accommodation request: student disability services, residential life, letters to professors or dean's office, MLOA evaluators, etc.
 - Details shared verbally with non-clinical campus staff can become part of FERPA file
 - Writing a letter or complete the office's form. Avoid sending records!
- Consider utility of student disability services

If you are seeing student on a college campus (III)

- Counseling center as a resource
 - Group, drop-in, workshop, single-session psychotherapy, outreach
 - Consider calling to inquire about “split care” policies ahead of need
- Collaborate with campus psychiatry/primary care providers as necessary or helpful
 - Warm handoffs for patients of concern - high acuity or risk, MLOA
 - In-person bridge appointment after inpatient care or ER visit
 - Consultation or curbside regarding campus/area resources
 - Campus life questions

Comments and questions

Thank you for your attention!