MENTAL HEALTH COMMUNITY COUNCIL

2014-2015 Report

Charge of the Mental Health Community Council

Brown University is committed to supporting the mental health and well-being of our undergraduate, graduate, and medical students. The Division of Campus Life and Student Services, through University Health Services (UHS), Counseling and Psychological Services (CAPS), Student and Employee Accessibility Services (SEAS), and Student Support Services in the Office of Student Life (OSL), offers support, crisis intervention, counseling, evaluation, and referrals for mental health issues as well as proactive outreach to the Brown community. We strive to provide timely, caring, and effective support and counseling that reflects Brown’s educational philosophy and the context of students’ lives.

The Mental Health Community Council includes professionals with expertise in mental health and health care, who are not employed by the Division of Campus Life and Student Services, and who will provide independent advice on Brown's policies and practices to ensure that they are informed by the most current research and follow best practices. The Community Council also includes the directors of CAPS, UHS, SEAS, and Student Support Services, three undergraduates, one graduate student, and one medical student. The Council will meet at least three times per year and advises the Vice President for Campus Life.

Each year, the MHCC will focus on a specific set of issues determined by the Vice President for Campus Life. In 2014-2015 the Council was asked to:

1. Review the process for referrals to community providers to ensure that students receive high-quality, well-coordinated care when they transition to community providers.

2. Evaluate Brown's success in supporting the needs of a diverse community.

3. Assess Brown's policies for medical leaves, readmission, and appeals.

4. Make recommendations on best practices for suicide prevention programs.

The MHCC may also advise the Vice President on topics and programs for educating the Brown community on mental health issues which could include sponsoring lectures and symposia.

Significant and concrete measures were taken in relation to each of these goals.

- A student care coordinator was hired at CAPS in June to facilitate the referral process from CAPS to providers in the community.
- New hires diversified the staff at CAPS.
- Student Support Services in the Office of Student Life has begun to implement significant changes in the medical leave process.
More than 30 people, including administrators, CAPS staff, and students attended a day-long training in June to become certified instructors in a well-regarded suicide prevention method called QPR (Question, Persuade, Refer) that is used at many colleges and universities.

2014-2015 Meetings

In December 2014, we held the initial meeting of the Mental Health Community Council. Chaired by Dr. Steve Rasmussen (Chairperson, Brown University Department of Psychiatry and Human Behavior and Brown alum), the Council’s comprehensive membership allows campus practitioners to evaluate the quality of care for our diverse community and the effectiveness of policies, including medical leave processes. A listing of the Council’s full membership is appended. The four meetings we held this year, the start of an important on-going effort, addressed the following topics:

- December 2014: Overview of Campus Services
- February 2015: Medical Leave policies and processes
- March 2015: Suicide Prevention
- April 2015: Substance Use

Our emerging recommendations reflect our examination of these issues.

In addition to our meetings, we created opportunities for conversation with the broader campus about support for mental health. Some of these sessions included discussion with the Undergraduate Council of Students, Residential Peer Leaders, and staff at the Brown Center for Students of Color. In February, Brown University Corporation members met with undergraduate students to hear about mental health needs. In addition, campus providers talked to students about opportunities for peer support. Dr. Rasmussen met with the staff at Counseling and Psychological Services (CAPS) to hear about the challenges and opportunities for their work. Margaret Klawunn, Vice President for Campus Life, spoke to the Dean of the College Maud Mandel and the Dean of the Faculty Kevin McLaughlin about strategies to support faculty in providing effective referrals for students. She also met with representatives of the medical school and graduate school to discuss resources.

The larger context for our work is the demand on colleges and universities to provide mental health resources for a population of students that is more likely than past students to have accessed counseling or psychiatric services before enrolling and that is more open to using mental health services. Recent changes in federal legislation prohibiting exclusion from campuses on the basis of mental illness have meant that colleges and universities have revised some policies for managing student care. At Brown, student concerns about the status of medical leaves and calls for more diversity in the counseling staff provided a more focused set of issues to address.
The values informing our work include commitments to:

- Supporting the diversity of the student population
- Providing equal access to care
- On-going evaluation of the adequacy of our services for short-term counseling and crisis response

These emerging recommendations should be viewed as part of a multiyear sustained effort to improve our resources and services. From our work this year, these items emerged as the most critical near-term needs.

One set of concerns that is not referenced in the recommendations is providing more support and better coordination between CAPS and community providers. Because the search for a student care coordinator, whose job is to manage the transition from Counseling and Psychological Services (CAPS) providers to community providers, was completed in June with the hiring of Jorge Vargas, this set of needs should be managed more effectively going forward and is not included here.

**EMERGING RECOMMENDATIONS**

1. **Increase staffing at Counseling and Psychological Services (CAPS)**

The aim of this recommendation is to bring our service to Brown students in line with our Ivy peers by having sufficient counseling appointments available in order to:

- Eliminate explicitly stated session limits
- Continue with the brief psychotherapy model
- Provide substantial flexibility for students in crisis

Currently, CAPS at Brown has been using a short-term counseling model that has included an explicitly stated 7-session limit within an academic year for any individual student accessing services.

**As part of a multi-year strategy, our highest priority recommendation from the MHCC is to eliminate the 7-session limit as an operating principle for CAPS.**

The framework will always be brief psychotherapy, but eliminating an explicit session limit will give providers more flexibility to determine treatment plans which is the model our peers employ.

While it will take a couple of years to reach the goal to eliminate the 7 session limit at Brown, we have begun to make significant progress thanks to gift funds. In 2014-2015, we added 2 brand new positions to CAPS (a psychotherapist with multicultural expertise and the student care coordinator). In addition, we were able to substantially increase the hours of current psychotherapists and psychiatrists which has the effect of adding many more appointment hours
(cumulatively, we added the equivalent of almost 2 more providers simply by increasing the hours of current employees). New hires this past year prioritized diversifying the staff at CAPS.

In 2015-2016, two post-doctoral fellowship positions in psychotherapy will be added at CAPS again increasing the capacity for appointment hours.

We are currently working on a plan that incorporates the significant addition of staff hired over the past two years with a more efficient appointment system to move toward the elimination of the session limit. For 2015-2016, CAPS has added triage hours that will better manage the evaluation of urgency for struggling students, and the office is implementing more appointment slots for students in crisis. With crisis, triage, and urgent appointment slots, CAPS will be more able to deal with the flow of urgent mental health needs. As these changes are implemented, we will calculate how much more hiring is required to accomplish this goal. CAPS has increased the number of student support groups they offer as a way of extending services.

We recommend that this goal should be reached by fall 2017.

2. **Improve the Medical Leave of Absence Process**

In every conversation with students about mental health services this year, concerns were raised about the Medical Leave of Absence (MLOA) process. Typically, concerns involved misperceptions about the use and frequency of the MLOA as well as specific requests to improve the timeline, communication about, and support during a medical leave.

**Perceptions** - Within student culture, a significant expressed barrier to seeking support for mental health issues is the misperception that raising one’s own mental health concerns could result in an immediate and mandatory removal from campus. This is a misperception, but its widespread currency means it must be addressed with more accurate messaging and education about medical leaves and about the supports available and provided while students are enrolled. Medical leaves taken by Brown students for mental health needs are voluntary. In compliance with the Americans with Disabilities Act, we cannot and do not mandate medical leaves for mental health reasons.

**The MHCC recommends that education and outreach to address misperceptions about medical leaves should be enacted in the 2015-2016 academic year.**

**Process** - Changes to the medical leave process are already underway in response to student feedback received this year.

Changes being implemented currently include:

- New readmission deadlines for fall (Oct. 1) and Spring (Feb. 15)
- Option to take summer courses before taking on a full fall semester course load
- Regular check-ins with students on medical leaves
The earlier readmission deadlines should make for a smoother readmission process, including allowing students to take part in the housing lottery before readmission. These new dates to reapply can give a student coming back from medical leave the opportunity to take one or two classes during Brown’s summer session before enrolling in a full fall course load. We believe that earlier access to SEAS and advising from DOC will be advantages that can help with a successful return. Students have reported feeling estranged from Brown during a medical leave, but regular check-ins from Student Life will help keep students connected during a leave and can assist with planning for return.

The MHCC recommends that these changes to the MLOA process should be evaluated this year and that there is a commitment by Student Support Services in the Office of Student Life to on-going improvement of this important option.

Additional Support Resources in Student Life – To better serve students, Student Support Services in the Office of Student Life is offering extended hours and additional resources for student support. These include open hours daily from 9-10 am and extended hours until 7 pm on Tuesdays and Wednesdays during the academic year.

3. Improve Support and Counseling for Graduate and Medical Students

Although some graduate and medical students receive important and effective support from the Office of Student Life and from CAPS, many graduate and medical students report barriers to accessing those services, including the hours services are offered and the perception that those offices are more oriented toward undergraduate users.

The MHCC recommends developing mental health resources in conjunction with Student Support Services and CAPS that are more effectively designed to meet the needs of medical and graduate students.

The participation of Campus Life staff on a Rapid Planning Group on Graduate Student Experience (announced June 2015 and delivering recommendations to the Provost in fall 2015) should assist with this effort. The Office of the Dean of the Graduate School and the Office of the VP for Campus Life have begun to work together to assess the needs of graduate students.

The extended hours in Student Support Services should help graduate and medical students in accessing support there. Initiatives for collaboration between CAPS and the medical school are in process as well. With plans in place for CAPS to hire to post-doctoral students on staff in 2015-2016, there will be more direct contact between CAPS staff and medical students as the post-doc program is sponsored by the Department of Psychiatry and Human Behavior. Each post-doc student will be involved in research on such topics as depression and suicide.

Serving graduate and medical students could be the topic for a MHCC meeting in 2015-2016.
4. **Enhance Web Resources for Mental Health and Student Support**

A theme in many conversations with students about mental health resources has been the need to clarify the purpose and resources of the different offices that serve students. While the range of support services across the University is important and admirable, it is difficult for students to determine the appropriate place to contact for any specific need. We have not done an adequate job explaining and publicizing the various services and the emergency contacts.

The MHCC recommends improved web resources that are student-friendly and easy-to-use.

Information needs to be compiled and translated to explain what various offices do and what access points will be the most effective across the Department of Public Safety, Student Support Services, SEAS, CAPS, Health Services, EMS, Residential Life, and the Office of the Dean of the College.

The template for the “How to Help A Student in Distress” website, while not publicized enough, might be a helpful starting point. The Office of Residential Life is updating a student-developed resource guide for posting in the residence halls. The CAPS website includes important changes suggested by students (pictures and bios of providers, buttons with clear instructions for after-hours access, etc). The Health Promotion website could incorporate more information on mental health as well as physical health, including listing depression, anxiety, post-traumatic stress disorder and other mental health issues as common health problems faced by college students. Students have asked for resources that can assist with 24/7 support, such as self-assessment tools, on-line appointment booking, and other features are under consideration. A student-administrative collaboration would be most effective for improving websites for key offices.

While efforts are underway, more comprehensive progress should be made to improve on-line information about student support and emergency resources in 2015-2016. These projects could be carried out by a subcommittee of the MHCC.

5. **Develop Training for Students, Faculty, and Staff on How to Provide Appropriate Support and How to Make a Referral**

Before describing specific recommendations for training, it is important to mention an underlying principle – for campus community members to be effective in making referrals, there has to be trust in the resources that are offered. For students, developing trust that mental health needs will be handled sensitively, carefully, and confidentially is going to be a process that we have initiated but that will also take time and an on-going commitment and partnership. Follow-up and opportunities for feedback will help.

Regarding training, the MHCC recommends workshops and training for students, faculty, and staff to increase understanding of mental health needs, to provide resource information, and to promote the skills necessary to make effective referrals.
An important step was taken this month when Brown launched its participation with a well-regarded community approach to suicide prevention known as QPR (Question, Persuade, and Respond). The first “train the trainers” session was held with 30 faculty, staff, and students who are now certified to disseminate this suicide prevention technique on the Brown campus. The next QPR training is scheduled for August when the technique will be offered to other students, faculty, and staff including the residential peer leaders.

For faculty members, improved web resources and promotion of sites designed for faculty members (How to Help a Student in Distress) will help, but workshops could be offered on supporting students’ mental health needs as part of advising. For example, training in the QPR suicide prevention method could be offered to advisors. Some simple suggestions, such as listing campus resources on syllabi, have been discussed with the Dean of the College and the Dean of the Faculty as easy steps that signal an understanding and support of care for students.

Opportunities for staff training on mental health resources could be offered as a partnership between Campus Life and Human Resources. The staff site for How to Help Students can be advertised as a starting effort.

As QPR rolls out this year, and along with improving web resources on mental health, additional workshops and trainings should be put in place in 2015-2016.

Plans are also in place for CAPS and the Department of Psychiatry and Human Behavior to work together on a grant application to be submitted in the winter of 2016 for a Campus Suicide Prevention Grant Program. This program is authorized under the Garrett Lee Smith Memorial Act and funded by the Substance Abuse and Mental Health Services Administration. The purpose of this program is to facilitate a comprehensive approach to preventing suicide in institutions of higher education. This program is designed to assist colleges and universities build a foundation for their efforts to prevent suicide attempts and completions and to enhance services for students with mental and substance use disorders that put them at risk for suicide and suicide attempts.

6. **Support Mental Health Peer Resources for Students**

Students have made a very effective case that supporting peer resources is equally important and significantly increases the reach and impact of mental health support on the campus.

**The MHCC recommends an on-going partnership between students and professionals to develop a network of peer and administrative resources to serve mental health needs.**

Campus Life staff in the Office of the Vice President, Student Support Services, CAPS, and Health Services have been working with students including members of the MHCC, of LETS (Let’s Erase The Stigma), of Active Minds, and residential peer leaders. These beginning efforts need to be strengthened, nourished, and continued going forward.
The Council advocates strengthening support for students who participate in peer resource programs such as the RPLs, EMTs, Meiklejohns, and other campus leaders who might want more training or support for dealing with mental health issues.

Some of the ideas under consideration include a student hotline integrated into the campus crisis and on-call resources, more joint trainings like QPR, supporting a wellness center staffed by students, providing professional support for student recovery mentors, and much more joint programming. CAPS Director Sherri Nelson is working with students interested in peer resources to move forward with some of these initiatives.

The Medical School has an established Student Health Council that the Office of the Vice President for Campus Life has offered to assist in supporting as a collaborative effort for student wellness. The Graduate School Rapid Planning Group will generate other ideas.

The collaborations this year between staff and students to expand our mental health resources represented an important first step. There is a lot of potential for important and ground-breaking work here.

Some joint programming is already planned, including a panel for incoming students on mental health, programs for Suicide Prevention Day in September, and initiatives around National Depression Screening Day in October.

7. **Improve Access to Mental Health Resources**

One of the values informing the work of the MHCC is that all students should have access to support and care. This means making sure services reflect awareness of the diversity of the student community in terms of identities, cultural values, and economic statuses. One of the challenges identified in conversations about mental health resources this year is that many students have health insurance plans that are not adequate for them to afford mental health providers in the Providence community.

**The MHCC recommends working to improve information about health insurance and increasing access to Brown student health insurance because it provides optimal coverage for mental health services.**

A subcommittee of the MHCC may want to work on this goal in 2015-2016 to formulate a strategy to address this need. It will be necessary to work with the Office of Financial Aid about how Brown student health insurance is covered for high need students. There may be some ways to promote low and no cost community providers more effectively. The Council might determine that more students need to be encouraged to adopt Brown student health insurance and that a revised mechanism should be in place to help students and parents understand insurance options with regard to mental health coverage. This recommendation has policy and budget implications.
In Conclusion

The members of the MHCC are committed to the important work that was initiated this year to improve Brown University’s mental health services. Members of the Council have agreed to continue to serve for 2015-2016 and propose that an October 2015 meeting be focused on progress and plans to implement these recommendations.

2014-2015 Membership of the Mental Health Community Council

Steven Rasmussen, Chair, Mary E. Zucker Professor of Psychiatry and Human Behavior, Chair of Psychiatry and Human Behavior, Alpert Medical School
Catherine Axe, Assistant Dean/Director of Student and Employee Accessibility Services
Jabbar Bennett, Associate Dean of Recruiting and Professional Development
Kate Carey, Professor of Behavioral and Social Sciences, School of Public Health
Carol Cohen, Senior Associate Dean for Class Advising and for Personal & Health Issues, Office of the Dean of the College
Janet Cooper-Nelson, Chaplain of the University
Richard Eichler, Director, Counseling and Psychological Services, Columbia University
Margaret Jordan, UCS Representative
Lianna Karp, Medical Student Senate Representative
Unab Khan, Director, University Health Services
Margaret Klawunn, Vice President for Campus Life & Student Services
Michael Murphy, Graduate Student Council Representative
Sherri Nelson, Director, Counseling and Psychological Services
Dolma Ombadykow, Undergraduate Council of Students Representative
Megan Ranney, Assistant Professor of Emergency Medicine, Assistant Professor of Health Services, Policy and Practice, Alpert Medical School
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Sabine Williams, Undergraduate Council of Students Representative