

The Student Mental Health and Well-Being Task Force Report

July 2, 2019

Contents

| | |
|---|----|
| Executive Summary..... | 2 |
| Task Force Charge and Process..... | 5 |
| The Charge | 5 |
| National Landscape, Trends and Current State | 6 |
| RIT Landscape, Trends, and Current State | 7 |
| Snapshot of RIT Mental Health and Well Being Providers..... | 8 |
| A. Units providing services to RIT students in general..... | 8 |
| B. Targeted..... | 10 |
| C. Core Mental Health Treatment Teams | 11 |
| Feedback from the RIT Community | 13 |
| The Good News..... | 13 |
| Mental Health and Well-Being Challenges | 14 |
| Next Steps | 18 |
| Conclusions and Recommendations..... | 18 |
| Bibliography | 27 |

Executive Summary

It is clear to the Student Mental Health and Well-Being Task Force that the RIT campus community has a deep sense of care and concern for students. The timing of our interviews and this report coincided with a period in the semester when college counseling services typically are at maximum capacity. We are also at a time of historically high stress on counseling center services nationally. Keeping in mind that the tensions and dynamics RIT faces match national challenges, and that RIT has shown commitment to understanding and supporting the mental health and well-being of our students, this task force submits the following conclusions and related recommendations for further action and inquiry.

It is the task force's conclusion that we are not a campus in crisis but, rather, a campus reacting to increased demand for mental health and well-being services; specifically a campus working to meet a level of unprecedented demand. These increases mirror national trends in higher education. RIT has an extensive range of resources and services available to support and serve students and has demonstrated commitment to enhancing those resources. Feedback to the taskforce and its recommendations are embedded in a historically strong culture of caring on campus – but this culture of care will benefit from making this network of services and resources stronger.

Our sense is that RIT Counseling and Psychological Services (CaPS) is facing increasing demand and will benefit from continued attention and care.

Recommendations to support CaPS in continuing to serve students well

- a. Navigate future changes with attention to the impacts on the system and the return on investment.
- b. Develop a protocol for clinician caseload management that makes sense for the CaPS treatment philosophy.
- c. Optimize the organizational structure at CaPS to meet the needs of the identified profile of services and to help meet demand during times of high utilization.
- d. Ensure that CaPS staff are well prepared and supported in creating and carrying out treatment plans in the short-term treatment model.
- e. Thoughtfully evaluate the model and results of the embedded counseling positions, which are currently situated and planned for a variety of locations across campus.
- f. Continue to evaluate CaPS capacity and resource needs with respect to the service model employed, population size, and network of other resources.

We have many, and varied, resources to support the mental health and well-being of students, but there is variation in the extent to which RIT community members have accurate and consistent information about these resources and how to access them.

Recommendations to enhance marketing and communications plans around mental health and well-being strategies and resources

- a. Resource, create, and implement an integrated marketing campaign for a caring campus culture focusing on mental health and well-being.
- b. Partner with students on communications and information sharing.
- c. Ensure that service provider web content is kept up to date and prioritize improvement of the CaPS web site in the University web redesign process.

- d. Consider and implement the best options for coherent representation of information about the variety of services and programs at RIT.
- e. The after-hours counseling line should be publicized better.
- f. Clearly communicate the services provided by CaPS and NTID Counseling and Academic Advising Services (CAAS) so that the RIT community can better understand the roles of these units.

RIT has a large community of caring and motivated students, faculty and staff who are seeking guidance, information, and skill in supporting students.

[Recommendations to enhance resources available to students, faculty and staff in support roles](#)

- a. Provide professional development training for staff and faculty at RIT that focuses on identifying and supporting students in distress.
- b. Develop ways for formal student involvement in RIT's culture of well-being.
- c. Foster opportunities for alumni and friends of RIT to engage and contribute meaningfully to the mental health and well-being of students.

Some students present with mental health concerns beyond those that can be reasonably addressed by a short-term treatment model. Those students will require access to additional services.

[Recommendations to enhance access to mental health resources for students](#)

- a. Set intentional goals and form the appropriate team or process to pursue community relationships and partnerships that would develop much needed resources within close proximity to campus.
- b. Improve transportation planning services for students who do not have reliable transportation and are referred to off-campus treatment providers.
- c. Resource appropriately, advertise, and continue to leverage the Case Management office as a primary means for students and families to understand existing resources and design a viable personalized care plan for incoming and current students.
- d. If we are going to refer students off-campus, employ solutions that make this as successful as possible.
- e. Increase and promote self-help options for therapeutic tools.

RIT offers a wealth of well-being related resources and programs for students and this culture of care can be further enhanced.

[Recommendations to continue to enhance education, prevention and well-being](#)

- a. Continue to emphasize outreach efforts for target audiences known to underutilize campus resources related to mental health and well-being, while recognizing that successful efforts here will likely increase demand on CaPS.
- b. Support advanced planning on the part of newly matriculated students and their families in cases where there is a known need for mental health treatment.
- c. Ensure that redesigned and newly constructed spaces on campus include intentional flexible, informal, and tranquil spaces for students where appropriate.

[Recommendations that relate to the continuity of care](#)

- a. Evaluate the feasibility and impact of requiring and certifying that all enrolled students have proof of active health insurance accepted within the local Rochester community.
- b. Institute a system of text messaging for appointment reminders.

- c. Enhance RIT community understanding of effective practices related to handling confidential records and data privacy.
- d. Continue to resource the Student Health Center appropriately to accommodate the center's role in the mental health treatment network on campus.

A variety of offices across campus support diversity, equity, and inclusion in targeted ways, providing students multiple pathways to connect with staff. Continue to enhance the diversity of staff and support for marginalized populations with respect to mental health treatment and well-being initiatives.

[Recommendations to promote diversity, equity, and inclusion](#)

- a. Improve and standardize efforts to recruit and retain a diverse staff across treatment providing units on campus and reinforce cultural competencies in job requirements and employee development.
- b. Consider the most efficient and effective practices of partnership and collaboration among treatment providers within NTID CAAS and CaPS.
- c. Continue our focus on designing and maintaining appropriate and safe spaces related to our well-being services that accommodate and reflect the needs of the diverse groups in our RIT community.

Task Force Charge and Process

The Task Force was charged at a time when students were expressing concerns about the availability of mental health counseling on campus and RIT was facing a rapid increase in student demand for mental health services. On November 5, 2018 the President of RIT shared the following message about Enhancing Resources for Mental Health and Student Well-being:

- Increase the number of counselors in CaPS (Counseling and Psychological Services) to increase our staff-to-student ratios. And, as we do so, we will strive to hire more counselors with diverse backgrounds to better assist our underrepresented populations.
- Monitor scheduling to ensure that the wait time for an appointment with a counselor will not exceed 10 business days. We expect that often the wait will be shorter.¹
- Add an additional case manager to connect students to resources and services on and off-campus.
- Broaden flexibility of access to services of CaPS, including the addition of evening hours two days a week. And we will explore the creation of satellite locations in strategic locations across campus to provide counseling services, consultation and education related to mental health issues.
- Develop a robust online resource that provides easily navigable information about programs and services, and we will investigate alternative modes of access.
- Enhance messaging, education and resource awareness regarding mental health services and support through New Student Orientation, Year One programs, and during peak stress times throughout the year.
- Investigate and implement best practices for developing peer-led mental health education and support to empower students to change the perception about mental health on campus and to reduce stigma associated with seeking help.
- Increase training and support opportunities for faculty and staff to identify and respond to students with mental health concerns, including procedures for making referrals.

Many of the above are in the process of being implemented.

The Student Mental Health and Well-Being Task Force (hereafter, the task force) was created on Dec. 5, 2018 with the following charges and plan of action:

The Charge

- Conduct a comprehensive review of existing campus programs, services, and education efforts in mental health and well-being;
- Prepare short- and long-term recommendations to enhance our holistic and inclusive approach to mental health and well-being.

¹ This statement has been clarified to indicate the expectation is that a 1st or intake appointment will be available less than 10 business days after initial contact with CaPS.

Leadership of the task force represented an intentional collaboration between the Divisions of Student Affairs and Academic Affairs, reflecting a university-wide concern for student mental health and well-being.

Jodi Boita, Ph.D., Student Affairs - Co-Chair

Andrew Herbert, Ph.D., College of Liberal Arts - Co-Chair

Additional task force members were selected by RIT governance groups, the Division of Diversity and Inclusion, and the National Technical Institute for the Deaf.

Suzanne Bamonto, Ph.D., College of Liberal Arts

Madhav Gali, Golisano College of Computing and Information Sciences, Graduate Student

Jenn Hinton, RIT MAGIC Center

Charles Okehie, Kate Gleason College of Engineering, 3rd-Year Student Athlete & RA

Caitlin Pope, School of Individualized Studies, 3rd-Year Student, MCAS, WOCHA

Mark Rosica, NTID Counseling & Academic Advising

Nicole Scott, Diversity and Inclusion, Native American Future Stewards Program

Ian Stroszeck, Golisano College of Computing and Information Sciences, 2nd-Year Student, Student Government

The task force began meeting in January 2019 and spent time researching, dialoging, and planning for the process of gathering input from the RIT community. The task force started with a review of national data from the Educational Advisory Board (EAB), a report from an RIT engaged external consultant review of student health and counseling services from June 2015 (though CaPS has changed greatly in the four years since the external review report was received) and examination of selected articles on student mental health and well-being (see Bibliography).

Four public forums were held for RIT community members in March (two for students and two for faculty and staff). The task force also met with service providers and leadership from across the campus ranging from the CaPS counselors to staff in the range of other offices that were identified as integral to the care of student mental health and well-being (see below for details). The task force leadership solicited input from these groups that describes the “Snapshot of RIT Mental Health and Well-Being Providers” below.

Additionally, the task force co-chairs worked with an external consultant (Dr. Ben Locke, Executive Director of the Center for Collegiate Mental Health) and identified various sources of national data and a short list of counseling centers at peer-institutions to explore how other universities are dealing with increased demand for mental health services.

This report is being submitted to RIT Leadership with the understanding that it will be shared more broadly.

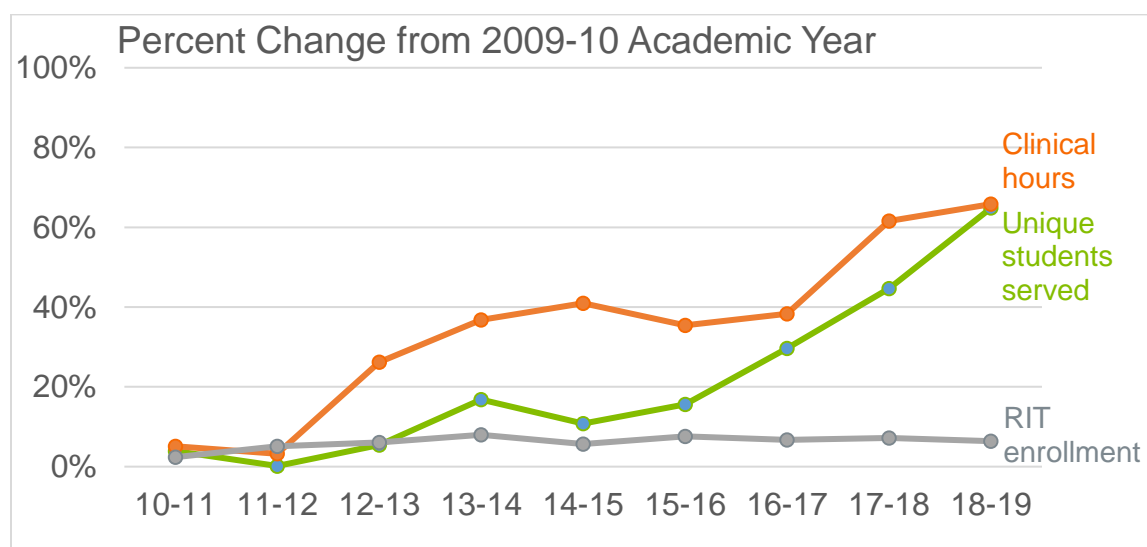
National Landscape, Trends and Current State

The task force was charged at a time when universities in the U.S. and Canada are struggling to meet ever increasing student demand for mental health services. Reports from the [Center for Collegiate Mental Health \(CCMH\)](#) reiterate this demand year after year. The National Association of Student

Personnel Administrators (NASPA) devoted its winter 2019 *Leadership Exchange* magazine to a discussion of student mental health and well-being. Most institutions of higher learning face a growing gap between growth in student demand for mental health services and enrollment. The [2015 CCMH report](#) (page 7) showed college counseling centers faced a near 30-40% growth in students served over 5 years when college enrollments had grown by less than 6%.

RIT Landscape, Trends, and Current State

The figure below shows that enrollment at the Henrietta campus of RIT has increased by an average of 0.7% year by year since 2009-10. The number of unique students served by CaPS grew moderately faster than enrollment changed in the first half of the decade but has increased by over 60% compared to the 2009-2010 data. Clinical hours provided by CaPS rose more quickly, and we see a dramatic increase relative to 2009-10 in the last two years for both students served and clinical hours. These data show us that CaPS utilization has grown at a much faster rate than student enrollment.



Many reasons for this increase in counseling center utilization exist. It is clear that this is part a success story, where the perceived stigma surrounding seeking mental health care has been reduced, and subsequently resulted in increased help-seeking behaviors ([Healthy Minds, 2017-18](#)). There is also a popular narrative where social media and technology have isolated students and produced an increase in reports of anxiety, depression and social anxiety (Twenge et al., 2018), although the causal direction is not clear or consistent (summarized in Chen, 2018). Regardless of the causes, it is clear RIT is facing high growth in student demand for mental health services and the need is continuing to grow at a rate our current systems struggle to accommodate. Much of the increased demand comes from students indicating a high potential for self-harm, who require 20-30% more services, consistent with the [2018 CCMH report](#).

The increases in demand for mental health services are also reflected in surveys of RIT students conducted in 2014 (the National College Health Assessment, NCHA) and 2017 (the RIT Health Assessment, RITHA, which included revisions to the questions for Deaf/Hard of Hearing students). From 2014 to 2017 there was a 50% increase in students diagnosed with or receiving treatment for a mental health condition. And these increases are primarily for stress, depression, and social anxiety consistent with national data (see the CCMH reports as one example). RIT student respondents report impacts on

their academic success similar to national averages for stress (33%), anxiety (25%) and depression (24%). They report higher than national averages for negative impacts from sleep difficulties and internet or video game use. Issues with sleep show the largest disparity between what students want help with compared to training and information provided by RIT. They also noted a lack of information on how to help other students in distress. On the other hand, RIT students responded that anxiety and depression training were available at levels that exceeded demand.

The task force was charged to examine student mental health and well-being. Student suicide was not explicitly called out in the charge, but it is a reality that suicides are tied to mental health and well-being and people's perceptions of a healthy population. Suicide occurs in any community and, unfortunately, RIT is no different. The emotional toll on a community following the death of one of its members can be significant. Following the death of an RIT student a team of representatives from key areas (minimally including Public Safety, Student Affairs, Academic Affairs, and University Communications) meets to determine how to best support the student's family and the campus community. In addition, a communication plan is developed in collaboration with the family of the deceased. It must be noted that there often can be conflict between preserving the family's privacy and open communication with the RIT community.

Snapshot of RIT Mental Health and Well Being Providers

Providers of mental health and wellness at RIT were asked to submit descriptions of existing campus programs, services, and educational efforts in mental health and well-being. The guiding questions submitted to the providers were:

- 1) What are we currently doing to support student mental health and well-being?
- 2) What are the details of changes that are in motion?
 - a) What are the related target dates for changes?
- 3) What collaborative efforts are we engaged in to support student mental health and well-being?

We grouped the providers into three categories; (A) Universal (programs with a wide audience), (B) Programs for target populations, and (C) Those core to providing mental health related intervention and/or treatment. The following RIT providers submitted reports:

- A. Center for Residence Life; Year One Programs/RIT; Wellness Programs and Services²; Public Safety.
- B. Center for Women and Gender; Q Center; Center for Spirituality and Religious Life; Division of Diversity and Inclusion; NTID Counseling and Academic Advising Services; Spectrum Support Program; Center for Student Conduct.
- C. Counseling and Psychological Services; Case Management; Student Health Center; Student Behavior Consultation Team.

A. Units providing services to RIT students in general

Center for Residence Life

[The Center for Residence Life](#) supports student mental health and well-being through direct 1:1 engagement with students who live in both the residence halls and apartments. Paraprofessional staff (the Resident Advisors, RAs) are the front-line contact for all residential students and are often aware of

² The Center for Women and Gender is part of Wellness Programs and Services, but it provides more specific and targeted support and so is discussed separately in the second category of programs.

well-being concerns, including mental health, before other faculty or staff. RAs receive frequent and ongoing training and supervision in this area and others. Community development is an important priority for the Center for Residence Life and is supported by programming and events (85 of these had a wellness focus in 2018-19). A significant portion of the work the professional staff does with residential students is outreach to and connection with students when members of the RIT community have expressed concern for their well-being through a variety of means, including the Student Behavior Consultation Team.

[Year One Programs/RIT 365](#)

[Year One Programs](#) offers a transitions and student success related course taken by most incoming first year students. RIT is currently transitioning to a new model, the RIT 365 course, which was first piloted in Spring 2019. The course guides students through topics related to mental health and well-being, such as connections and interactions with others, self-reflection on expectations and goals for the academic experience, and physical and outdoor activity. Two main differences in the programming between the formerly offered YearOne course and the RIT 365 course will be an increase in experiential and reflective activities as a primary mode of learning within RIT 365 and a course structure intended to connect students with RIT community members.

[Wellness Programs and Services](#)

[Wellness Programs and Services](#) is housed within the Division of Student Affairs and oversees programming aimed at enhancing the well-being of all students. Its mission is “to educate students about the value of a balanced and holistic lifestyle and to help students identify personalized areas of opportunity for growth,” with a specific focus on mental and emotional wellness. These efforts are the focus of three of their 10 Wellness Teams (Emotional Health, Self-Care, and Spirituality). Outdoor Education (OE) programs were identified as addressing mental and emotional wellness, including Red Barn Climbing, OE Wellness classes, and Team Building programs. In addition, a number of Wellness Education courses support overall student wellness, including mental and emotional health. RIT students are required to complete two Wellness Education courses prior to graduation.

A Wellness Peer Educator program is planned to launch in the Fall of 2019. This program will hire students to serve as peer educators to plan and deliver outreach, mental health awareness, and large-scale events such as a Suicide Prevention Month and an Out of the Darkness Walk.

[Public Safety Department](#)

[RIT's Public Safety](#) Department is charged with safety and security at RIT. Within the scope of their work, RIT's 40 public safety officers have been the first responders to on- and off-campus issues involving RIT students 24 hours a day, 365 days a year. In the last 3 years, Public Safety has documented an increase in mental health calls including mental health arrests, welfare checks, despondent persons, etc.:

- 2016: 245 calls
- 2017: 292 calls
- 2018: 303 calls

In the fall of 2018, all 40 public safety officers received an additional 8 hours of mental health training to supplement their on-going training and professional development.

B. Targeted

It is the understanding of the task force that the units described under this heading provide a range of support services that are not intended for mental health assessment or treatment. Students engaging these resources who demonstrate a need for mental health assessment or treatment services are referred to Counseling and Psychological Services or Case Management by staff in the units.

Center for Women and Gender

[The Center for Women and Gender \(CWAG\)](#) serves as a resource for advocacy and education to the entire RIT community. CWAG provides educational outcome-based programs to inform the community of relevant issues impacting women and gender minorities, both in the RIT community and global society. CWAG also provides 1:1 support for students. For students needing an advocate because of sexual assault, harassment, relationship violence and/or stalking, CWAG offers a 24/7 after-hours support service known as CARES. CWAG manages approximately 150 CARES cases annually.

Q Center

[The Q Center](#) is part of the Center for Campus Life and provides a resource for the entire RIT community that promotes a safe, equitable and respectful campus for all members. The Q Center offers LGBTQIA+ students and allies with a safe space on campus as well as education and promotion initiatives.

Q Center conducts Safe Zone trainings. Safe Zone training is a workshop to develop and cultivate workplace, school, and social spaces that are supportive of the LGBTQIA+ community. These trainings cover gender and identity, supporting LGBTQIA+ students, and can be adapted to each department's needs.

Center for Spirituality and Religious Life

[Spirituality & Religious Life \(SRL\)](#) supports student mental health in three primary ways; 1) support for spiritual/religious practice, 2) support for community, and 3) pastoral care. SRL supports spiritual growth through dedicated religious and interfaith programs, including religious services, community service and charitable involvement, opportunities for devotion and spiritual self-reflection, meditation and contemplative opportunities, multi-faith prayer, interfaith dialogue, lectures, panels, and experiential activities, and other programs. SRL currently works with eight partner communities and twelve student run spiritual-religious clubs to support communities on campus for Buddhist, Christian, Hindu, Jewish, Muslim, and Pagan students. Chaplains have interfaith training and provide pastoral care through one on one caring conversations across religious traditions.

Division of Diversity & Inclusion

[The Division of Diversity & Inclusion \(DDI\)](#) works collaboratively with academic and administrative units to provide a holistic range of services that enhance access and success for historically underrepresented students, faculty and staff, support education and scholarship, and ensure a welcoming, inclusive, vibrant and accessible environment for everyone. Departments and programs under DDI provide underrepresented students with academic support and advising, leadership development opportunities, and create an inclusive, student centered, and multicultural supportive environment. In spring 2019, DDI developed a new partnership with CaPS that provided space within the Multicultural Center for Academic Success (MCAS) suite for a CaPS staff member to provide mental health services.

NTID Counseling and Academic Advising

[NTID CAAS](#) provides academic advising and personal counseling services to all deaf and hard of hearing students at RIT. Students are assigned a counselor upon entering the university and have ongoing access to 1 on 1 support for a variety of advising and personal counseling needs through graduation. These services require expertise and understanding of the complexity of the developmental and linguistic experiences for deaf students in their familial, academic, social, political and cultural contexts. The academic advising role requires an in-depth knowledge and understanding of the various degree requirements and all related academic policies and procedures. Both roles require proficiency in sign language and to be able to work with a variety of students' communication modes. Students with more serious mental health concerns are referred to CaPS. CAAS reported they annually provide over 11,000 hours of academic advising and personal/career counseling to students.

Spectrum Support Program

[The Spectrum Support Program \(SSP\)](#) is a fee for service program that aims to enhance the college experience for students diagnosed with an Autism Spectrum Disorder (ASD) by providing individual coaching, drop-in support, and case management services. These program components are designed to help reduce social, academic, and transitional stress commonly experienced by students with ASD, and to address students' particular needs. SSP also holds weekly dinners and other community events to get students engaged on campus and provide opportunities for peer interaction.

Center for Student Conduct and Conflict Resolution

[The Center for Student Conduct and Conflict Resolution](#) team works in collaboration with campus partners to assess, identify, monitor, and respond to students whose behavior may be troubling and/or present potential threats. The team assesses each individual's situation to devise an appropriate response. Student Conduct and Conflict Resolution, along with campus partners may also guide faculty, staff, administrators, and other students with procedures to engage students of concern with appropriate treatment, receive appropriate assistance, and/or needed referrals.

C. Core Mental Health Treatment Teams

Counseling and Psychological Services

[Counseling and Psychological Services \(CaPS\)](#) is the primary provider of on-campus mental health counseling for students. CaPS provides urgent walk in appointments, counseling (individual and group), psychiatric services, consultations, and prevention services to enhance students' potential for learning and success and to promote the emotional health and well-being of the campus community.

CaPS is designed to provide short-term counseling for students with common mental health challenges. They provide referrals to off-campus providers for more serious or long-term concerns. A scope of care statement can be found on the [CaPS website](#). At present there are 17 counseling staff (1 of whom works with NTID students) plus the director. There are 4 counselor searches ongoing, including an additional position for NTID students and an Associate Director for Clinical Services. Overall, the number of CaPS treatment providers is in line with IACS recommendations for an institution of RIT's size. A full-time psychiatrist is also employed by CaPS but holds office hours within the Student Health Center. There are currently 5 doctoral trainee positions to provide additional mental health care. One full-time administrative staff member supports the CaPS office, and one additional position will be staffed.

CaPS has added an after-hours phone service available evenings, weekends and holidays. Information on callers is provided to CaPS daily. In the fall of 2016, a new model for urgent walk-in appointments was established. Walk-ins are currently accommodated by 2 counseling staff scheduled for this purpose. It is the task force's understanding that there is essentially no wait time to access an urgent walk in appointment. There is one counselor who meets with students in the Q-Center, another in MCAS, and one in GCCIS. Plans are in place to expand this embedded counselor model to other areas across campus in the coming year.

In order to manage the influx of new students seeking treatment, CaPS uses what is known in college counseling centers as an "absorption model". In this model, counselors are expected to "absorb" each new student into their caseload regardless of the number of students they are already managing. In theory, this model prioritizes initial access but may also result in time-delays between appointments. Alternative models provide new students with a brief evaluation and those seeking routine treatment, who are not in crisis, are placed on a waitlist and assigned to a counselor as soon as an opening is available. Short wait times for the initial appointment have been prioritized and did not exceed the university promise of 10 business days or less in the spring semester, and were often quite a bit shorter.

Case Management Office

[The Case Management Office](#) assists students in navigating their health and wellness services both on- and off-campus. Their mission is to ensure the continuity of care for RIT's students through advocacy, coordination and education. The case management team is currently made up of two full time case managers and they are in the process of hiring a third full-time case manager. Their office reported increase in service to students from 612 student encounters in 2016-17 to 1655 student encounters in 2018-19.

The Case Management unit provides an array of on- and off-campus services to students. The off-campus services include arranging/assisting transportation to off-campus services, acting as a hospital liaison, helping students/families navigate insurance coverage and medical bill processing. The on-campus services include support for temporary clothing/food/housing assistance, assisting with return from a Leave of Absence, and the management of all cases for the Student Behavior Consultation Team. In addition to direct student service Case Management consults with faculty and staff to navigate and address health/mental health issues with students.

Campus-wide, Case Management advocates for the care of RIT students by providing "Early Intervention" training for all new employees (in partnership with Public Safety). This training is offered on a monthly basis and is a requirement for all new employees. In 2015, Tigers Care was established to enhance, promote, and sustain a culture of caring and support at RIT. Tigers Care encourages students to ask for help, and then puts these students in contact with resources on campus.

Student Health Center

[The RIT Student Health Center \(SHC\)](#) provides basic primary care to students who have paid the student health fee. Physicians, nurse practitioners, physician assistants, and nursing staff are available by appointment for health counseling, evaluation, and treatment of common medical concerns. For medical care beyond the scope of practice of the Student Health Center, students will be referred to local specialists with guidance and coordination of care provided by a member of the student health case management team.

The SHC provides multiple services that support mental health education, prevention and early intervention. All students seen at the SHC for a visit with a provider receive a brief depression screening every 4 months or when presenting concerns are commonly associated with depression or anxiety. Results of the screening are addressed with appropriate additional evaluation with consideration given to diagnosis, referral and safety. This year, the SHC piloted the addition of a behavioral health professional for 15-minute interventions with good success. If the student is interested, a referral to CaPS is made. SHC providers diagnose many mental health conditions and refer when beyond scope. When it is clear to either CaPS or SHC staff that the diagnosis is beyond primary care expertise, referral to the staff psychiatrist is initiated. Referrals to off-campus providers for psychiatry services are initiated when an appointment with the on-campus psychiatrist is not available or upon the student preference.

SHC providers prescribe medications for most common mental health concerns: ADHD, Depression, and Anxiety, accounting for a fairly high volume of appointments. Between the dates of 7/1/18-3/31/19, the first year they offered more comprehensive prescribing, SHC clinicians had 1180 mental health visits serving 477 students.

Student Behavior Consultation Team (SBCT)

[The SBCT](#) coordinates the resources of RIT to review and address inappropriate, disruptive, and/or harmful student behavior to recommend collaborative and purposeful (non-punitive) interventions aimed at helping students achieve success. They also assist faculty and staff who are engaged with these students. This includes recommendations to the administration regarding students who may need to take a leave of absence, reaching out to students and providing both services and educational programming for faculty, staff and students regarding resources and referrals.

The team comprises key individuals who are responsible for the provision and administration of a wide range of services available to RIT students. These offices include Case Management, Residence Life, NTID, University Advising, Public Safety, Student Conduct and Conflict Resolution, and Counseling and Psychological Services. Follow-up and a review of action plan occurs until the situation has been satisfactorily resolved.

The majority of the work of SBCT involves responding to concerns that are raised regarding a specific student (including those communicated via [Tiger Concern reports](#)). Training and outreach regarding how to best refer student of concern for services occurs on a regular basis. Future plans regarding service provision, reporting and protocol development are in progress.

Feedback from the RIT Community

The task force received input from the RIT community through public sessions and meetings with the service providers and their directors. Hundreds of comments were provided, and these were sorted by the task force to identify challenges and opportunities for RIT with respect to student mental health and well-being.

The Good News

It was apparent to our task force that there is a great deal of care for and commitment to student mental health and well-being across campus. In addition to some challenges, our task force noted the

many ways students, faculty, and staff believe RIT is doing a great job at supporting the mental health and well-being of students.

Many positives were mentioned, and a few were repeated by many in the RIT community. Initiatives such as the [Tiger Concern Report](#), [TigersCare](#), and the after-hours urgent counseling call line were noted. There were comments focusing around many service providing units:

- CaPS staff and others providing support to students are caring and student centered;
- Counselors are now located in different locations on campus;
- Wait times for intake have been reduced;
- There is increased outreach to educate students about mental health and well-being;
- The case managers are dedicated and support students with needs for off-campus care;
- Having an after-hours call number has helped students; and,
- We have strengthened the connection between physical health care and mental health care.

Mental Health and Well-Being Challenges

Our work uncovered a number of challenges experienced by students, staff, and faculty that result in real and perceived hurdles to supporting student mental health and well-being. Many of these are consistent across higher education peers. As detailed earlier, the task force gathered information from a variety of sources. Although there are many layers and shades of grey to these qualitative data, we have chosen to report these in starker terms where there has been high consistency among sources.

Student/Family Expectations Differ from the Reality of Services

Many students and their families do not understand what services are provided through campus resources. For example, CaPS has a short-term treatment model whereas some students and families expect longer-term care. This is a salient issue for new students with a pre-existing counseling relationship who need to prepare for continuation of mental health care before arriving at RIT and should not expect all their mental health needs to be met by a campus provider. More students arrive at RIT with pre-existing therapeutic relations or background, and some have expectations for continued care. In some cases, staff, faculty, and student feedback noted that unrealistic expectations should be managed and other feedback illuminated fundamental disagreement about what a college campus should provide for students. The take-away message here is that work is needed to align student/family/community expectations with the level of services funded by RIT.

Student Resiliency Skills and Preparedness for College Life

Students, faculty and staff reported a need for incoming students to be prepared for life at college. Some students are arriving without adequate social and coping skills to navigate what they will experience at RIT (or any institution of higher learning). There are also vastly different expectations for high school versus college students, and we need to ensure students new to RIT have adequate preparation to thrive with the independence they'll face at college.

Campus Community Perceptions of Resources to Treat Mental Health

The task force was struck by how many misconceptions there are regarding the availability and provision of mental health and well-being services. Overall, faculty, staff and students do not have an accurate and complete understanding of the services offered on campus. This is true for many service providers,

academic advisors and others who are called upon to refer students to these services. This is certainly not the case for all individuals, but the misconceptions are pervasive. A primary cause of frustration that seems pervasive is confusion about CaPS and NTID CAAS structure and service models, how these two offices work together, and how they are distinct. The preceding snapshot of RIT mental health and well-being providers a starting point for cataloguing the resources at RIT but much more information presented in a coherent and easily navigable fashion is clearly needed.

Information Sharing and Knowledge about Confidential Services

We were struck by the breadth and depth of the gaps in knowledge about the services and support for mental health and well-being on campus. This was true across community members (faculty, staff and students), speaking to a gap in effective mechanisms for sharing information. Service providers were eager to know more about what's offered at other offices at RIT to facilitate their efforts to support student mental health and well-being. Again, there is no "one stop shop" to learn about the variety of student mental health and well-being touchpoints on campus.

Physical and Administrative Challenges to Accessing On Campus Resources

A variety of hurdles exist affecting students' ability (perceived or real) to access mental health services. Some relate to administrative procedure, hours of operation, physical access such as location, parking, or policy.

Access to Off-Campus Resources/Transportation

CaPS has a short-term therapy model, with the need to refer students to off-campus experts and services. Repeated references were made to the challenges of: getting an appointment with an appropriate off-campus service provider; having the means to pay for these services; and, a way to get there.

Insurance Coverage

Given the scope of mental health services provided on campus, some students will need to be able to arrange for off-campus treatment if they need more than short-term treatment. The task force was told many times that is complicated for students who do not have adequate insurance to cover services in the Rochester area.

Misconceptions, Stigma and Other Personal Challenges to Seeking Mental Health Treatment

While it is evident that the stigma related to seeking treatment for mental health has decreased, RIT community members noted that there are still challenges for certain populations. Feedback was prominent about continued stigma related to seeking help for mental health issues among international students and male students. Beyond stigma, there are personal and/or psychosocial barriers to accessing mental health and well-being support such as social anxiety, finding that therapy can be hard work, and knowing when to ask for help.

Need for Specified Resources

RIT CaPS has a short-term treatment model and does not provide resources for specialized treatment, instead referring students to off-campus providers for these needs. A predominant need noted by treatment providers and community members alike was testing for ADHD. Students vying for

accommodations through our Disabilities Service Office are in need of documentation and often arrive on campus without it or develop the need during their college experience. While the task force heard that the Rochester community is rich in mental health resources, it was also acknowledged by many professionals that specific services for the LGBTQ population, ADHD testing (especially for deaf and hard of hearing students) and psychiatric services can have long wait times for access given limited numbers of treatment providers. Additional concerns relate to finding providers who accept insurance.

High Demand for Counseling Services and Pressures on Care Providers (outside of CaPS and NTID CAS) Across Campus

There is a perception that we lack a sufficient number of service providers given the numbers of students seeking counseling. Many people specifically noted this opinion with respect to CaPS. Offices such as the Public Safety Department, the Student Health Center and the Center for Residence Life continue to support students and respond to mental health related issues, and the increased demand affects their capacity to attend to other responsibilities.

Challenges related to collaboration and information sharing.

The ethical and legal limits to sharing information about cases creates frustration for those referring students to mental health services. Many faculty, staff, students and families have a limited understanding of the legal, ethical, and practical standards surrounding confidentiality of records and release of information.

Academic Rigor, Mental Health and Well Being – Faculty and Staff Issues.

Academic expectations

RIT could be both academically rigorous and have a caring culture, but some perceived us to have an unforgiving academic environment. Course instructors need to be aware of the many demands on students going beyond the requirements of a single course. Students coming to college are often experiencing the need to create their own work/life balance for the first time. Mental health issues can decrease academic success, and academic stressors can exacerbate mental health issues. Some faculty have an expectation that students will arrive at RIT with work/life balance skills honed and ready, rather than seeing that they need to be part of the support and training network for these young adults.

Faculty/Staff roles and abilities in supporting Mental Health and Well-being of students

Faculty and staff struggle with recognizing and supporting students in distress. Faculty and staff informed the task force that they want to help students, but lack training in helping and engaging students with mental health and well-being concerns. These range from handling class absences for mental health issues, connecting students with resources on campus, and basic interpersonal interactions when a student is in distress.

Supporting High Risk and Significant Mental Health Issues Clients

Service providers reported many challenges and complexities related to supporting students who have complex, long-term and/or significant mental health concerns. This includes students perceived to be at risk for doing harm to self or others. A significant noted issue is that students with severe mental health issues come to campus without a plan for their care.

Challenges resulting from the varying service models of the Campus Mental Health Treatment providers (CaPS and NTID CAAS)

Students, care providers and others informed the task force that the short-term treatment philosophy and the absorption model for caseload management affects the availability of individual counseling sessions after the first appointment. These affect the ability to provide effective treatment, counselor caseloads (balancing hours providing treatment, outreach, clinical supervision, etc.), and student satisfaction with the frequency and availability of individual counseling sessions. There are a variety of skill sets held by the individual advisor/counselors in NTID CAAS, and thus different levels of treatment provided. CaPS and NTID CAAS have different service models, and this has created some confusion among students and those who refer students for mental health and well-being issues.

Lack of Follow up for Missed Appointments

It was told that the intervals between counseling appointments at CaPS, and the variability of possible meeting times, may lead to students no-showing for appointments with CaPS counselors. Without systematic follow-up the reason for missed appointments is unclear. RIT may be missing an opportunity to better implement the short-term treatment model by not having a system of appointment reminders.

Timeliness of Services

The task force was informed many times that there is a lack of satisfaction with the timeliness of appointments with CaPS counselors. This problem varies with the time in the semester and is a common issue at college counseling centers. Feedback indicated concern that the wait time for follow-up and subsequent appointments can be long. Although RIT has recently promised to keep wait times for a first appointment to less than 10 business days, there is a perception on the part of some faculty, staff and students that this may be too long.

Diversity of Students and Presenting Concerns but Lack of Diversity within Support Systems

The task force received many statements about the impacts of our current state of services for underserved and marginalized populations, including challenges related to the lack of diversity among the staff who serve students.

Lack of Connectedness

We heard a strong desire from all stakeholders (students, faculty and staff) for greater attention to a sense of community and connectedness on campus. There is a lack of connectedness for students with other students, with faculty and with staff. Many concerns were noted to the task force about effectively identifying students in distress who are not well connected to others on campus. Many students don't need counseling services if they can make connections with others on campus. There is also a general sense that a lack of connectedness on campus creates a burden on CaPS to see students for social issues that are otherwise normal experiences.

Lack of Regenerative Spaces for Students

There is a shortage of informal and relaxing spaces on campus for students to find tranquility, and that provide an opportunity for reflection, or other restorative activities.

Next Steps

The task force highly valued the feedback generated by our open forums for faculty, staff, and students, and our meetings with service providers. We set out to investigate these feedback themes further and collect comparative information from peer universities that would help us to draw conclusions and provide recommendations. *Details of those interviews, consultations, and reports are positioned within the recommendations they support in the following section.*

Conclusions and Recommendations

This task force entered into our work at a time when many shifts in the RIT network of care had already been put into action, and changes continued to occur throughout the past six months. As such, our recommendations should be understood with the following assumptions in place:

- Changes may already be planned or in place that address concerns and recommendations within this report. This is evident in the President's call for action on November 5th, 2018.
- The timing of our interviews and preparation of this report coincided with a period in the semester when college counseling services are at maximum capacity. This is a time of historically high demand on counseling center services nationally, as well as a time of predictably high pressure based on annual utilization patterns at counseling centers.
- Variable understanding of the current state of the services offered on campus greatly impacted the perspective of the stakeholders who offered feedback. Many challenges were noted that reflected inconsistent understanding of a variety of influences including, but not limited to, law or policy, administrative procedures, and services offered.
- The management of mental health services is a highly specialized field of expertise on a college campus. Recommendations are made with attention to feedback from a range of stakeholders across campus but are affected greatly by the guidance and counsel from mental health service providers, field-specific contacts made by the task force, and national data.
- In some cases, specific recommendations can be made, but in other cases, the limitations of time, access to data, and scope of expertise necessary to suggest a detailed direction indicated that it would be more realistic to suggest further inquiry and administrative attention to identified areas.
- Detailed resource allocation recommendations are beyond the scope of this task force.
- Technology solutions are frequently integrated into a comprehensive profile of services for a variety of business reasons. Technology recommendations are offered as examples of what is being used on other campuses to achieve specified outcomes. Prior to selection and implementation of any technology, a full investigation to review that the technology will meet business and user needs should be done in partnership with Information and Technology Services.

Keeping in mind that the tensions and dynamics RIT faces match national challenges, and that RIT has shown commitment to understanding and supporting the mental health and well-being of our students, this task force submits the following conclusions and related recommendations for further action and inquiry.

Our campus has experienced predictable impacts on our mental health services based on national trends in Higher Education.

It is the task force's conclusion that we are not a campus in crisis but, rather, a campus reacting to national trends in higher education related to the mental health and well-being care of the student population. National trends are evident in demand for CaPS services and the increases in clinical hours presented earlier.

Our sense is that RIT Counseling and Psychological Services (CaPS) is facing increasing demand and will benefit from continued attention and care.

CaPS staff are providing effective clinical treatment outcomes and a high level of service despite increases in demand for mental health treatment. However, the current absorption model does not have a way to modulate the inflow versus outflow of individuals receiving care, especially in the context of demands exceeding service capacity. Emphasis has been centered on the importance of initial student access and assessment. The demand to see new clients as quickly as possible has affected caseload management and reduced time for organizational practices, such as staff meetings and clinical supervision. This is consistent with how other university counseling centers handle brief spikes in demand, but this is unsustainable in the longer term. It is essential that there be an effective structure in place to absorb the intermittent and predictable patterns of high demand during an academic semester and during times of crisis so that critical day-to-day operations can occur (e.g., meetings, supervision, planning, etc.).

1. Recommendations to support Counseling and Psychological Services in continuing to serve students well
 - a. **Navigate future changes with attention to the impacts on the system and the return on investment.** Future changes to CaPS should be thoughtful and planned over time. The benefits of any changes must be well articulated. We recommend the organization be allowed to stabilize, in light of the recent changes, and to review and enhance operating procedures before implementing further organizational/operating changes. Changes should be clearly communicated to staff and other campus stakeholders, evaluated over time, and adjusted according to evidence of meeting intended outcomes.
 - b. **Develop a protocol for clinician caseload management that makes sense for the CaPS treatment philosophy.** Mental health treatment providers rely on a system that regulates the inflow to their caseloads to maintain reliability of care. Written protocols need to be reviewed and/or developed, including how to manage incoming cases when counseling staff caseloads are full. Some campuses use a phased approach that considers the natural rhythm of the semesters. Increasing wait times and counselor caseloads are used as indicators that trigger different phases to caseload management and how incoming cases are treated. A variety of models of caseload management are used across different college counseling centers. It was noted that the success of these programs depends on close monitoring of caseloads and initiation of phases by a clinical director, as well as transparent communication to counseling center staff, making staff meetings and updates from a clinical director important to their implementation. Clear and transparent communication to students about the status of services and what can be provided upon connecting for an initial appointment is also essential.

- c. **Optimize the organizational structure at CaPS to meet the needs of the identified profile of services and to help meet demand during times of high utilization.** The task force understands this may already be in progress. Counseling centers of RIT's size typically have more administrative positions to oversee planning, supervision, and indicated administrative tasks than were in place at the time of this report. Minimally, counseling centers of RIT's service model and size typically have a director, clinical director/assistant director, outreach coordinator, and groups coordinator, all of whom have regular administrative responsibilities, but who can also absorb incoming clinical cases as demand increases during the semester or for instances of bridge support for students who require higher level of care where referral to the community has been challenging. It is important to note that as the size of the staff within this system and the population served grows, so do the administrative duties of these positions, making this recommendation alone insufficient to solve a clinical capacity issue.
- d. **Ensure that CaPS staff are well prepared and supported in creating and carrying out treatment plans in the short-term treatment model.** Short-term (or brief) therapy is designed and planned to be limited in nature (Levenson & Davidovitz, 2000). It is important that, for best treatment outcomes, short-term therapy is planned for the individual case versus occurring by default as a result of caseload capacity issues.
- e. **Thoughtfully evaluate the model and results of the embedded counseling positions, which are currently situated and planned for a variety of new locations across campus.**
- Continue to assess this service model against intended outcomes. According to consulting counseling center directors, while satellite and embedded positions do not tend to decrease the demand on the central CaPS office they may be effective at providing additional access to students who had not connected with CaPS. Assess and develop this service model with respect to intended outcomes.
 - Ensure that there is adequate support for CaPS staff being stationed in offices across campus (ensure safety, security, access to resources and connections with colleagues). It is important to proactively attend to the training and morale of embedded counselors and ensure they are connected to the centralized CaPS staff and office.
- f. **Continue to evaluate CaPS capacity and resource needs with respect to the service model employed, population size, and network of other resources.** Historically, college counseling centers have used a standard provided by the [International Association of Counseling Services \(IACS\)](#) to address the adequacy of the number of counseling center staff. This ratio is considered the best resource available but is not sensitive enough to a variety of current state benchmarking conditions. Given the current landscape for college mental health, a joint working group has formed through the [Center for Collegiate Mental Health \(CCMH\)](#), [Association for University and College Counseling Center Directors \(AUCCCD\)](#), and IACS to create an updated staffing metric that will allow institutions to more specifically, and in a comparable way across like institutions, understand clinical load and necessary staff to student ratios for mental health treatment. The culmination of this work is on target to be presented to the AUCCD in October 2019. The task force recommends that RIT leadership stay apprised of the work of this group and consult the resulting tool to support staffing and resource decisions for CaPS.

We have many, and varied, resources to support the mental health and well-being of students but there is variation in the extent to which RIT community members have accurate and consistent information about these resources and how to access them.

The task force received direct requests for better clarity of information and noted high variability in beliefs and knowledge about services through our open forums and service provider meetings.

Additionally, a website review identified areas where information that would be helpful was lacking, inconsistent, or outdated. These communication and marketing gaps contribute to confusion and difficulty in navigating our on-campus services, as well as identifying when it is necessary to create a plan for off-campus care.

2. Recommendations to enhance marketing and communications plans around mental health and well-being strategies and resources
 - a. **Resource, create, and implement an integrated marketing campaign for a caring campus culture focusing on mental health and well-being.** Consider how this might integrate with the [“Tigers Care”](#) initiative as a foundation for this campaign, as this “campus wide effort” is in place but the mechanisms and purposes are not broadly understood.
 - b. **Partner with students on communications and information sharing.** Student Government has been a strong advocate for mental health and well-being of students and has collaborated on multiple initiatives. Students are great influencers and can provide significant positive impact when sharing accurate information. Inaccurate information can also be spread very quickly, thus negatively impacting culture and perceptions. The task force believes it is beneficial to continue these strong partnerships with students and student groups and expand our opportunities to work with students to share accurate and current messaging about mental health and well-being services on campus.
 - c. **Ensure that service provider web content is kept up to date and prioritize improvement of the CaPS web site in the University web redesign process.** Clarity and consistency of information, such as hours of operation and scope of services, as well as easy to navigate self-help resources are important for this community. Obtaining beneficial information in times of need is essential to students seeking help. After reviewing the current web site, we recommend that the CaPS website be updated, enhanced, and maintained (by developing a process for continued improvement).
 - d. **Consider and implement the best options for coherent representation of information about the variety of services and programs at RIT** in conjunction with the current University web redesign project. Coherence and accuracy of information, language that resonates with the identified target audiences, and improved website navigation are priorities for this work. Website users should not have to understand the organizational structure of RIT to access appropriate services. Bringing synergy to the host of information available will improve the web user journey. RIT should resource this digital strategy and website redesign project appropriately, include a comprehensive review of current digital tools, and implement a viable timeline to deliver a well-designed user experience.
 - e. **The after-hours counseling line should be publicized better.** Clearly articulating how to access the after-hours phone service with which RIT has a contract will help students to find and use this service appropriately when needs arise outside of CaPS business hours. It has been noted to the task force that the phone service can be of assistance to students seeking urgent access to a

mental health specialist, while also alleviating pressures on Public Safety and the Center for Residence Life outside of CaPS business hours. However, students generally don't know about it and contact Public Safety for non-safety related concerns. It might be useful to "name" the after-hours line so that the community can form an identity around the service (e.g., RIT Crisis Line).

- f. **Clearly communicate the services provided by CaPS and NTID CAAS so that the RIT community can better understand the roles of these units.** It is apparent to this task force that RIT treatment providers, staff, faculty, and students alike are seeking a solid understanding of the differentiation, cohesion, and extent of services of these offices. Consistency of the implementation of those service parameters and partnerships are key.

RIT has a large community of caring and motivated students, faculty and staff who are seeking guidance, information, and skill in supporting students.

Enriching the supports and opportunities for people in our community to make meaningful connections with students will enhance the culture of caring across the RIT campus.

3. Recommendations to enhance resources available to students, faculty and staff in support roles
 - a. **Provide professional development training for staff and faculty at RIT that focuses on identifying and supporting students in distress.** Training should focus on developing active listening skills, knowledge of RIT resources, confidence in handling expressions of emotional distress, and making an accurate distinction between normative emotional expression as a result of a difficult experience and symptoms of mental health concerns. Current training, delivered by the director of CaPS, has been well received on campus but given the size of RIT, it is not a sustainable approach for this to be the sole source of staff and faculty training. Consider the feasibility and benefits of offering vended solutions and packaged programs such as [Kognito](#), [QPR](#), [Mental Health First Aid](#) as basic training, as well as training, such as [Campus Connect](#), targeting identification of and response to students with suicidal ideation and a variety of emotional crises. While the call for making training available was clear to this task force, the continued appetite for access to training and potentially mandating training will affect the types of solution we would be able to adopt and strength of outcomes obtained. While such training can result in more effectively supporting students who do not need mental health assessment and treatment from CaPS, we must recognize that it is likely to also increase those identified who can benefit from treatment, thus also growing demand for CaPS services.
 - b. **Develop ways for formal student involvement in RIT's culture of well-being.** Students, staff, and faculty urged the task force to consider peer programming as an intervention that would support and identify students in distress. Student are interested in helping one another and there is value to the campus community in creating meaningful ways for that to occur. The integration of peer educators can expand reach and engage a broad diversity of students in promotion and prevention efforts. The task force was cautioned that peer programs may not reduce the need for additional professionally provisioned services.
 - c. **Foster opportunities for alumni and friends of RIT to engage and contribute meaningfully to the mental health and well-being of students.** Alumni and friends of RIT who are passionate about this topic and the care of our student community will find many ways to contribute to RIT's successful practices and culture of care.

Some students present with mental health concerns beyond those that can be reasonably addressed by a short-term treatment model. Those students will require access to additional services.

Given the volume of students seeking mental health treatment, the choice in front of RIT administrators is between the expense of growing on-campus services to provide care to more students versus the expense of building support to facilitate connecting students with off-campus referrals, such as additional case management resources and supporting transportation to off-campus services.

4. Recommendations to enhance access to mental health resources for students

- a. **Set intentional goals and form the appropriate team or process to pursue community relationships and partnerships that would develop much needed community resources within close proximity to campus.** The RIT Case Management staff currently forms relationships with and generate lists of off-campus providers. RIT can further build on this impact by intentionally seeking to encourage the development of community resources either closer to campus or within our campus footprint. Collaborations with alumni, community businesses, and local and national organizations who are passionate about helping in this arena are key. Attention should be paid to collecting and using data from our Case Management office that will identify the highest need specialized services for referral to off-campus resources; leveraging already existing partnerships with health care organizations, such as [Rochester Regional Health](#); and promoting existing retail and office space adjacent to campus that could be occupied, such as Park Point. Initial information from the RIT Case Management office indicates that weekly ongoing counseling for a variety of concerns for the general student population and ADHD testing, particularly for the deaf and hard of hearing population, are needed.
- b. **Improve transportation planning services for students who do not have reliable transportation and are referred to off-campus treatment providers.** Institutions that are limited in a geographic nature, or by public transportation options, often have to provide more services than those that have good public transportation. If we are to continue to develop a service model that focuses on short-term treatment and connection to appropriate services, we recommend improvements to the transportation planning services for RIT students. While the sentiment of transportation as an issue was present in our research, this task force does not have data on how often transportation impedes a student's ability to obtain services.
- c. **Resource appropriately, advertise, and continue to leverage the Case Management office as a primary means for students and families to understand existing resources and design a viable personalized care plan for incoming and current students.** This unit has become a primary resource to help students to navigate the many options for self-help, on-campus services, and off-campus treatment. In a lot of ways, the case management function becomes an integral cog in the network of care and a key to identifying and maintaining a connection to students who would otherwise be at risk for not receiving the treatment they need. The addition of our case management services in 2015 (and recent increases in staffing therein) has made a notable difference in continuity of care and identification of students in distress. The task force recommends further evaluation of the use and resource needs of this unit that supports the cohesive and holistic model of wellness within the short-term mental health treatment model. The task force noted that some universities have created extensive case management offices and rebranded them as "care" management services or Student Care and Advocacy Centers,

emphasizing a first entry point and comprehensive care planning for the range of levels of need, as well as continuity of care and follow up with students.

- d. **If we are going to refer students off-campus, employ solutions that make this as successful as possible.** Based on our contact with other counseling centers, the task force's understanding is that about half of students who are referred to off-campus services, after initially seeking mental health service on campus, end up connecting with treatment. We were quoted success rates between 40% and 60%. While we don't have data that reflects RIT's current state, we recommend that RIT consider assessing and continuing to enhance our strategies to increase the success of referrals to off-campus resources. Some campuses have used a vended solution such as [thrivingcampus](#), which facilitates successful referrals.
- e. **Increase and promote self-help options for therapeutic tools.** Leveraging online tools will provide students on-demand access to resources that assist in understanding and managing current experiences, thoughts, behaviors, and emotions. The CaPS website offers some [self-help resources](#) but there are limited tools provided. We recommend investigating the appropriate selection and effective implementation of a tool that can be used as a self-help resource or in conjunction with therapy, such as <https://welltrack.com> which the task force notes is being used by many universities nationally with positive response. Monitoring the use of self-help resources is important in understanding reach, as the task force was cautioned that on some campuses utilization rates have been low, while others have seen greater impact. Self-help resources are not going to resolve the increased volume of students seeking treatment at CaPS, but can be one piece of a curated package of prevention and intervention strategies for overall mental health and well-being.

RIT offers a wealth of well-being related resources and programs for students and this culture of care can be further enhanced.

In many ways, the people of the RIT community described a well-being continuum that includes education, prevention, and intervention. It will be important to continue to support, develop and deliver the range of services and programs that have been important to recent successes of our culture of care. Additionally, finding ways to enhance the programming and spaces that are conducive to resiliency and well-being will be important.

5. [Recommendations to continue to enhance education, prevention and well-being](#)
 - a. **Continue to emphasize outreach efforts for target audiences known to underutilize campus resources related to mental health and well-being, while recognizing that successful efforts here will likely increase demand on CaPS.** Screenings, clinics, wellness courses, and outreach programming have been plentiful and delivered by many offices. Though there is a noted decrease in stigma around seeking help for mental health concerns, the task force understands that cultural factors have known implications around shame and embarrassment for some populations. Outreach and education for targeted audiences continues to be necessary to connect with certain populations, such as international and male students.
 - b. **Support advanced planning on the part of newly matriculated students and their families in cases where there is a known need for mental health treatment.** Minimally, send incoming students materials identifying the campus services available, clarifying scope of care on campus, and encouraging early treatment planning. The task force understands that there are plans to develop a communication to new students for the 2019-20 academic year and encourages the

continued evaluation of the impact on intended outcomes, investigation of innovative solutions, and implementation of related improvements to supporting incoming students over time.

- c. **Ensure that redesigned and newly constructed spaces on campus include intentional flexible, informal, and tranquil spaces for students where appropriate.** The design of physical environments can be conducive to many things, including social interaction, relaxation and recreation. The task force noted a deficiency of spaces on campus for students to destress and recommends that this be considered in the process of redesigning or building new spaces on campus.

6. Recommendations that relate to the continuity of care

- a. **Evaluate the feasibility and impact of requiring and certifying that all enrolled students have proof of active health insurance accepted within the local Rochester community.** Students who need ongoing mental health treatment or specialized services will need access to treatment providers in the Rochester Community. RIT offers a cost-effective [student health insurance plan](#) and students are currently encouraged to compare this plan against other options (such as being a dependent on their parents' plan) with respect to coverage in the local Rochester community.
- b. **Institute a system of text messaging for appointment reminders.** In addition to their course schedule, students may have a range of meetings and appointments that vary from week to week. Reminders for appointments with a variety of units on campus may be helpful. Variability and time-lapse between appointments contribute to a greater chance for no-shows. Text messages are more likely to be read than emails, and sending appointment reminders by text has become a standard and effective practice across many different service fields.
- c. **Enhance RIT community understanding of effective practices related to handling confidential records and data privacy.** Feedback was raised about interest in more information provided about students, who have been referred for services across campus, as well as among services providers. The task force recognizes that staff and faculty are concerned about the student's well-being and often wonder if they have followed through with a referral or believe that additional shared information would be helpful to the process of supporting the student. The task force also recognizes that it would be beneficial to staff and faculty to understand ethical and legal standards that place differing boundaries around medical, counseling, and educational records for practical and legal reasons. It is imperative that our already good standards related to safe handling of confidential information are maintained and this is a good place for further review. Clinicians discuss the opportunity to sign a release of information form with students, thereby allowing the sharing of the minimum amount of information necessary to coordinate care. This is a common and effective process and should continue to be discussed and employed on this campus where access to information is necessary.
- d. **Continue to resource the Student Health Center appropriately to accommodate the center's role in the mental health treatment network on campus.** The task force noted wide and consistent accolades for the Student Health Center practice allowing for increased access to psychiatric medication evaluations and prescriptions by medical professionals beyond the staff psychiatrist. Utilization data show increasing use of this service. The task force recommends monitoring the service model over time to ensure adequate infrastructure and avoid negative impact on other services.

A variety of offices across campus support diversity, equity, and inclusion in targeted ways, providing students multiple pathways to connect with staff. Continue to enhance the diversity of staff and support for marginalized populations with respect to mental health treatment and well-being initiatives.

Offices described in the service provider section of this report (such as CWAG, the Q Center, Spirituality and Religious Life and MCAS) provide a range of entry points to mental health and well-being service, as well as places where students can have conversations and potentially deal with specific concerns. The task force recognized existing diversity in the staff demographics and cultural competencies of the staff of these units, yet there is still more work to be done to better support the culture of diversity, equity, and inclusion for our campus community and related impacts on mental health and well-being services.

7. Recommendations for supporting diversity, equity, and inclusion

- a. **Improve and standardize efforts to recruit and retain a diverse staff across treatment providing units on campus and reinforce cultural competencies in job requirements and employee development.** The task force believes that it is important to respond to the call for increased diversity of treatment providers. The task force proposes that a thoughtful and intentional approach to hiring initiatives incorporate a focus on success in recruiting and retaining diverse staff. It is important that campus search processes display RIT's commitment to diversity as stated in the relevant University policy ([P05.0](#)). The task force also recommends that RIT support staff in developing, specific areas of expected cultural competencies and professional areas of focus.
- b. **Consider the most effective practices of partnership and collaboration among treatment providers within NTID CAAS and CaPS** that will serve both to clarify and further leverage the treatment provider options for students. Based on population size, consider the appropriate ratio of counselors who are deaf and hard of hearing and fluent in ASL who are credentialed, competent, and made available to manage the mental health assessment and treatment needs of deaf and hard of hearing students on campus. There needs to be consideration of where they are located, and how students have access to these specialized staff. This is presented as a recommendation for further inquiry.
- c. **Continue our focus on designing and maintaining appropriate and safe spaces related to our well-being services that accommodate and reflect the needs of the diverse groups in our RIT community.** Of specific note, is creating equitable access to restrooms and recreation related facilities reflective of the gender diversity of our students.

Some of the recommendations in this report can occur quickly, without requiring further resources. Others will require more time including implementation planning, further investigation, and/or need to be integrated with RIT's plans for growth, from the building of facilities to developing policies. The RIT community as a whole needs to reinforce our culture of caring. The task forces challenges everyone to be engaged but patient.

Bibliography

Reports – other Task Forces

A Path Forward – Together: Student Mental Health (Nov. 2017). Student Mental Health Action Team, Georgia Tech.

Recommendation Report (Sept. 2018). Suicide and Mental Health Task Force, Ohio State University

Reports – National Professional Organizations

Lipson, S. K., Abelson, S., Ceglarek, P., Phillips, M, & Eisenberg, D. (2019). *Investing in Student Mental Health*. American Council on Education.

LeViness, P., Bershad, C., & Gorman, K. (2017). *The Association for University and College Counseling Center Directors Annual Survey*, AUCCD

<https://www.aucccd.org/assets/documents/Governance/2017%20aucccd%20survey-public-apr26.pdf>

Center for Collegiate Mental Health. (2016, January). *2015 Annual Report* (Publication No. STA 15-108).

Center for Collegiate Mental Health. (2017, January). *2016 Annual Report* (Publication No. STA 17-74).

Center for Collegiate Mental Health. (2018, January). *2017 Annual Report* (Publication No. STA 18-166).

Center for Collegiate Mental Health. (2019, January). *2018 Annual Report* (Publication No. STA 19-180).

Eisenberg, D., Lipson, S. K., and others (2014). *The Healthy Minds Study: 2014 Data Report*.

http://healthymindsnetwork.org/system/resources/W1siZiIsIjIwMTcvMDcvMjgvMDI0fjI0MDNfNDMwX0hNU19uYXRpb25hbF9EYXRhUmVwb3J0XzlwMTQucGRml1d/HMS_national_DataReport_2014.pdf

Annual Data Reports available

Student Mental Health & Holistic Well-Being (Winter 2019). Leadership Exchange: Solutions for Student Affairs Management, 16(4). National Association of Student Personnel Administrators.

[Suicide Prevention Resource Center \(2004\). Promoting mental health and preventing suicide in college and university settings. Waltham, MA: Education Development Center, Inc.](#)

Selected References

Association for Psychological Science Staff Report (2017). *The Hidden Costs of Sleep Deficits*. **Observer**, **30(10)**. Association for Psychological Science.

Chen, A. (2018). *Social Networking: Is generation smartphone really more prone to unhappiness?* **Scientific American Mind**, **29(2)**. 15552284

Hankerson, S. H., Suite, D., & Bailey, R. K. (2015). Treatment disparities among African American men with depression: Implications for clinical practice. **Journal for Health Care in the Poor and Underserved**, **26**, 21-34.

- Levenson, H., & Davidovitz, D. (2000). Brief therapy prevalence and training: A national survey of psychologists. *Psychotherapy: Theory, Research, Practice, Training*, 37(4), 335-340.
- Parent, M. C., Hammer, J. H., Bradstreet, T. C., Schwarts, E. N., & Jobe, T. (2018). *Men's mental health help-seeking behaviors: An intersectional analysis*. **American Journal of Men's Health**, 12, 64-73.
- Silverman, M. M., Meyer, P. M., Sloane, F., Raffel, M., & Pratt, D. M. (1997) *The Big Ten Student Suicide Study: a 10-year study of suicides on midwestern university campuses*. **Suicide and Life-Threatening Behavior**, 27(3), 285-303.
- Twenge, Jean M. (2017). *iGen*. New York, NY: Atria Paperback.
- Twenge, J. M., Joiner, T. E., Rogers, M. L., & Martin, G. N. (2018). *Increases in Depressive Symptoms, Suicide-Related Outcomes, and Suicide Rates Among U.S. Adolescents After 2010 and Links to Increased New Media Screen Time*. **Clinical Psychological Science**, 6, 3-17.