September 11, 2017

MEMORANDUM

TO: State Board of Regents

FROM: David L. Buhler

SUBJECT: Regents’ Mental Health Working Group Recommendations

Background

In November 2015, representatives of the Utah System of Higher Education (USHE) Chief Student Affairs Officers provided an overview of current student affairs topics during the informal discussion at the Board of Regents’ meeting. Among the items addressed was the data from the National College Health Assessment (NCHA) regarding student mental health issues. A more in-depth discussion focused only on student mental health took place at the November 2016 Board of Regents’ meeting. In December 2016, Regent Chair Dan Campbell convened the Regents’ Mental Health Working Group to recommend action to address student mental health needs at USHE institutions.

Issue

The Regents’ Mental Health Working Group has concluded its work and presents recommendations for Board of Regents’ consideration. A report on the group’s work and its recommendations is provided with this memo. The four recommendations are as follows: (1) Assess the mental health and wellness needs of USHE students, (2) Improve mental health education at USHE institutions, (3) Increase access to mental health services, and (4) Develop institutional five-year mental health implementation plans. Recommendations for strategies to achieve these recommendations are provided in the report.

Commissioner’s Recommendation

The Commissioner recommends that the Board of Regents commends the efforts of the Regents’ Mental Health Working Group, endorses its recommendations, and directs the institutional presidents to act on the recommendations as described in the report.

David L. Buhler
Commissioner of Higher Education

DLB/EJH
Background
Chair of the Board of Regents, Daniel W. Campbell, convened the Regents’ Mental Health Working Group in December 2016, and appointed Regent Patricia Jones as Chair, Regent Jesselie Anderson as Vice Chair, and Regents Teresa Theurer, Mark Stoddard, Nina Barnes, and Ty Aller as members. Stakeholders and mental health experts from throughout Utah were also invited to participate. Working group members are listed below.

Five meetings were held from February to August 2017 to gain information regarding the challenges facing students and institutions in higher education, and to develop practices and strategies to advance as a system. The Utah Legislature and Governor also voiced their concern about the mental health challenges of many college students by enacting H.C.R. 16 in the 2017 legislative session.

Recommendations
The Regents’ Mental Health Working Group recommends that the State Board of Regents affirms the following and directs the Commissioner to work with institutional presidents to address the mental health crisis at Utah System of Higher Education (USHE) institutions and to achieve the following outcomes. Specific strategies are listed below each outcome.

1. Assess the Mental Health and Wellness Needs of USHE Students
   - In an effort to make more data-informed policy decisions, assure the Chief Student Affairs Officers (CSAOs) of the USHE institutions agree upon a systematic evaluation tool to assess the mental health and wellness of USHE students. This evaluation will be conducted by all institutions in the same year (starting in the 2018-19 academic) and at least every three years. The results of the evaluation will be reported to the Board of Regents.
   - Each USHE institution will report to the Commissioner’s Office their mental health services utilization rates and wait times, which will be compiled as a system-wide report presented to the Board of Regents annually.

2. Improve Mental Health Education at USHE Institutions
   In an effort to more effectively prevent and treat mental health issues within the USHE system, assess and, if needed, modify educational standards for faculty, staff, and students. The goal of the standards should be to increase the ability of these groups to identify mental health issues and to refer students to appropriate mental health resources, as needed.

   The Commissioner’s Office will:
   - Convene the Counseling Center Directors from each USHE institution at least annually to discuss best practices for training and other strategies or other relevant topics to assure the best mental health practices for students. These topics may include “Okay to Say” or similar awareness campaigns, and collaboration with the Utah Suicide Prevention Coalition, Utah Division of Substance Abuse and Mental Health, and the Utah Student Association.

   Each USHE institution will:
   Faculty/Staff
   - Implement a mental health education requirement (recommended annually) for all faculty and staff that complements current sexual assault/harassment training.
• Each USHE institution will actively provide either QPR (Question, Persuade, Refer) training or Mental Health First Aid training to faculty, using either continuously available on-line instruction or at least two times a year using another modality.

Students
• Require students receive mental health literacy training to help students identify, respond to, and refer peers to appropriate mental health resources.
• Offer service learning and volunteer opportunities that provide exposure to mental health issues and treatment and may lead to career opportunities in mental health settings.
• Assure that institutional student health and wellness programs systematically address the biopsychosocial aspects of mental health and well-being.
• Utilize an existing or develop a K-16 Alliance to determine how to better prepare students for mental health issues across the continuum of K-16 education. Actions may include such things as: (1) increasing awareness and better coordination of the K-16 mental health continuum, (2) developing K-16 resiliency training, (3) working to transfer information on students under Section 504 of the Rehabilitation Act of 1973 from K-12 to higher education institutions students are attending, with consideration of whether such transfer includes Individualized Education Programs (IEPs).
• For those institutions with mental health therapy training programs, evaluate current group offerings and participation (evidence-based, including formal therapy and peer support) to determine their effectiveness and implement any changes needed to increase effectiveness.

3. Increase Access to Mental Health Services
In an effort to more effectively address the mental health needs of students in the USHE system, implement strategies to increase access to varying psychological treatments that are empirically supported.
• Work collaboratively with community and regional providers to increase access to psychiatric care community-wide, especially in underserved areas of the state.
• Evaluate and implement strategies that address mental health professional shortages, especially in underserved areas, such as:
  o Expanding graduate program capacity and program options to increase number and diversity of professionals produced.
  o Collaborating with the Utah Medical Education Council (UMEC) and other stakeholders in programs, such as the WICHE-sponsored Mental Health Program Rural Psychology Internship Initiative, where the objective of better mental health services for USHE students is one of the objectives. Support the UMEC’s role coordinating implementation of the WICHE Rural Psychology Internship Initiative in Utah to expand mental health services in rural areas.
• For institution-based psychotherapy services:
  o Examine strategies for expanding services to better serve students (e.g., increasing after-hours and weekend hours, contracting with community-based providers, utilizing peer mentors and support groups for mild psychological distress, and/or utilizing telehealth and web-based program applications).
  o Examine increasing the use of insurance compensation to expand mental health therapy services for students.
• Work with state and local agencies and coalitions to create statewide and institution-based evidence-based stigma reduction campaigns.
• Support and implement the higher education expansion of the SafeUT mobile app, including personalizing the SafeUT app for each institution and identifying a point of contact at each institution.
4. **Develop Institutional Five-Year Mental Health Implementation Plans**
   In order to systematically evaluate whether USHE student mental health services and wellness improve over time, each institution will:
   - Develop a five-year mental health implementation plan that is based on Regent-adopted recommendations and includes measurable institutional goals and assessments.
   - Prepare an annual report on progress on the institutional implementation plan that will be submitted to the institutional Board of Trustees and to the Board of Regents.
   - When an institution hosts the Board of Regents, the institution will present on progress and efforts on mental health issues.

**Mental Health Working Group Members**

Patricia Jones, Regent (Chair of Mental Health Working Group)
Jesselie Anderson, Regent (Vice Chair of Mental Health Working Group)
Ty Aller, Student Regent (2016-17)
Travis Baer, Program Manager, LDS Family Services Central Office
Nina Barnes, Regent
Greg Bell, President, Utah Hospital Association
Jenna Christensen, Research Specialist, Utah Medical Health Education Council
Juergen Korbanka, Executive Director, Wasatch Mental Health
Barb Snyder, Vice President for Student Affairs, University of Utah
Mark Stoddard, Regent
Teresa Theurer, Regent
Doug Thomas, Director, Utah Division of Substance Abuse and Mental Health
Jared Tippets, Vice President for Student Affairs, Southern Utah University
Carolyn Tometch, Operations Director, Intermountain Behavioral Health Clinical Program
Lillian Tsosie-Jensen, School Counseling, Equity, Prevention Coordinator, Utah State Board of Education
Ross VanVranken, Executive Director, University of Utah Neuropsychiatric Institute (UNI)

**Commissioner's Office Participants:**

David L. Buhler, Commissioner
Elizabeth J. Hitch, Associate Commissioner for Academic and Student Affairs
Megan Kubarych, Project Manager