

November 7, 2018

MEMORANDUM

TO: State Board of Regents
FROM: David L. Buhler
SUBJECT: Revised Regents' Mental Health Recommendations

Issue

In implementing the Regents' Mental Health Recommendations approved in September 2017, it became clear that some of the strategies needed additional clarification and detail. The attached revisions to the recommendations are proposed for consideration and approval in an effort to clarify strategies.

Background

As required in the Regents' Mental Health Recommendations, the Utah System of Higher Education (USHE) Counseling Center Directors met (June 4, 2018). Regent Patricia Jones, chair of the Regents' Mental Health Working Group, led a focus group to gain the directors' insights into implementing the recommendations at each of the institutions. Each recommendation and strategy was reviewed and discussed. Edits to some of the strategies were suggested to: (1) make implementation possible, and (2) provide sufficient data to the Regents on the effectiveness of the strategies in responding to student mental health needs. The Chief Student Affairs Officers reviewed the revised strategies and provided feedback.

Changes to the suggested revisions to the Regents' Mental Health Recommendations include:

- Surveys – require every USHE institution to administer in alternating years two surveys (ACHA NCHA and Healthy Minds Study) to assess student mental health
- Staff ratios – added a new recommendation that includes working toward a staff to student ratio national standard, if supported by institutional data of student mental health needs
- Removed language that was vague, redundant, or not feasible to implement
- Clarified areas of confusion and moved language for better flow (slightly reduces the number of strategies)

Policy Issues

With these revised recommendations, the Regents provide more clear and specific guidance to institutions on assessing and addressing the mental health needs of students. The revisions to the Regents' Mental Health Recommendations will not require a policy change.

Commissioner's Recommendation

The Commissioner recommends the Board of Regents approve the revisions to the Regents' Mental Health Recommendations.

David L. Buhler
Commissioner of Higher Education

DLB/MCB
Attachment

Board of Regents Mental Health Recommendations
Approved: September 2017
Revised: November 2018

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 use the following systematic evaluation tools to assess the mental health and wellness of USHE students: the American College Health Association National College Health Assessment (ACHA NCHA) in the spring semester of odd years starting 2019 and the Healthy Minds Study (HMS) in the spring semester of even years starting 2020. 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 evaluations 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, adjunct faculty, staff, and students. The goal of the standards should be ~~to increase~~increasing 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

- ~~Work to implement a mental health education training for new faculty and staff, with ongoing follow-up training opportunities available for all faculty and 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

- Offer opportunities and encourage students to participate in. Require students receive mental health literacy training to help ~~students them~~ 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~~ Collaborate with existing or developing a K-16 Alliances ~~to determine how that are working~~ to better prepare students for mental health issues across the continuum of K-16 education. ~~Actions-Collaboration~~ 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:
 - Expanding graduate program capacity and program options to increase number and diversity of professionals produced.
 - 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:
 - 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).
 - ~~For those institutions with mental health therapy training programs, e~~ Evaluate current group offerings and student participation in various types of groups, including formal therapy, psychoeducational, and support/peer support. Assess effectiveness of groups and implement any changes needed to improve effectiveness. (evidence-based, including formal therapy and peer support) to determine their effectiveness and implement any changes needed to increase effectiveness.
 - ~~Examine increasing the use of insurance compensation to expand mental health therapy services for students.~~

- Work-Collaborate with state and local agencies and coalitions that are working 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.
- If supported by institutional data of student mental health needs, work toward the acquisition of therapeutic providers relative to the student body size and unique characteristics of the institution consistent with minimum staffing ratios established by the International Association of Counseling Services (IACS).

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. The plan will be due summer 2019 with subsequent review by the Board of Regents.
- 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 including. 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.

Board of Regents Mental Health Recommendations
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Revised: November 2018

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- 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.
- Collaborate with existing or developing K-16 Alliances that are working to better prepare students for mental health issues across the continuum of K-16 education. Collaboration 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).

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 - Evaluate current group offerings and student participation in various types of groups, including formal therapy, psychoeducational, and support/peer support. Assess effectiveness of groups and implement any changes needed to improve effectiveness.
- Collaborate with state and local agencies and coalitions that are working to create statewide and institution-based evidence-based stigma reduction campaigns.
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