

PRIORITIZING MENTAL HEALTH

Resources for Ed Tech Leaders

1

Systemic Change

Increasing Mental
Health Support

[READ NOW](#)

2

Digital Mental Health Program

First of It's Kind

[READ NOW](#)

3

Telepsychiatry

An Effective,
Scalable Solution

[READ NOW](#)



JED Campus is an initiative of The Jed Foundation (JED)

designed to guide colleges and universities through a collaborative process of comprehensive systems, program and policy development with customized support to build upon existing student mental health, substance misuse and suicide prevention efforts. JED Campuses partner with JED to not only assess and enhance the work that is already being done, but also to create positive, systemic change in the campus community.

There are two program options

**Full JED Campus
Program**

**JED Campus
Fundamentals**

Full JED Campus Program

A four-year partnership in which participating colleges and universities build a multi-disciplinary team and receive:

- The JED Campus baseline assessment measuring systems, policies and programs as well as a post-assessment in year 4 measuring systems change achieved during the program
- Two administrations of the Healthy Minds Study survey in year 1 and year 4 measuring students' attitudes, behaviors and awareness on emotional well-being and substance use issues
- A site visit to conduct a student focus group, review feedback, and begin strategic planning
- A comprehensive feedback report outlining areas for enhancement and growth
- A mental health strategic plan with objectives and action steps for implementation
- Ongoing support from a dedicated JED Campus Advisor throughout the 4-year program
- Membership in our Learning Community where colleges and universities share resources and ideas with each other
- The Playbook - an online resource library organized around the JED Comprehensive Approach
- Discounts to numerous programs and services that enhance support for students, staff, and faculty
- Access to JED's You Can Help Trainings for faculty, staff, and students
- Support in the final year devoted to sustaining the gains institutions made while in the program
- A summary report analyzing systems change and impact on student attitudes and behaviors
- A membership logo signifying the institution's commitment to improving the emotional health of its students and to reducing suicide and serious substance misuse

Note:

Learning Community participation and Playbook access continue after program



JED Campus Fundamentals

The JED Campus Fundamentals program is a shorter, 18-month alternative. Participating colleges and universities build a multi-disciplinary team and receive:

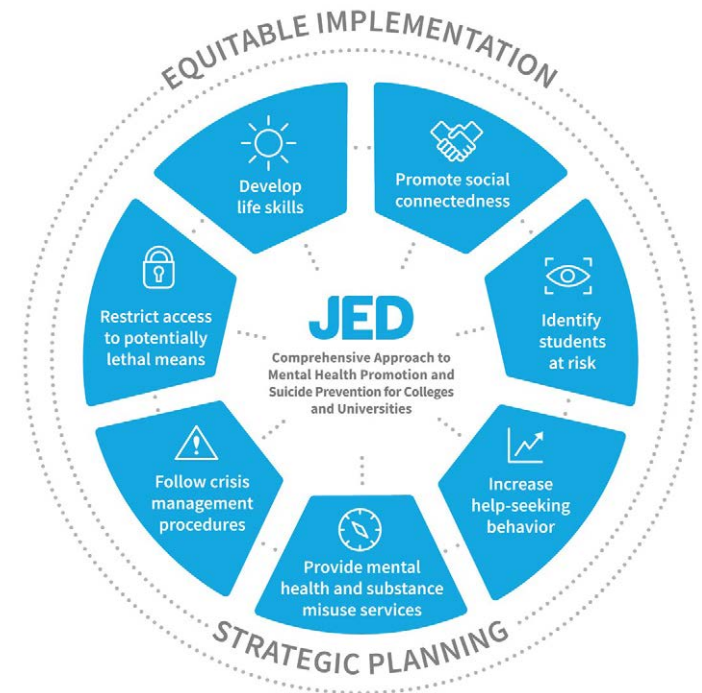
- The JED Campus baseline assessment measuring systems, policies, and programs
- A comprehensive feedback report outlining areas for enhancement and growth
- A virtual visit to review feedback and begin strategic planning
- A mental health strategic plan with objectives and action steps for implementation
- Ongoing support from a dedicated JED Campus Advisor for the 18-month program
- Access to the Learning Community, Playbook, and trainings for the duration of the program
- A membership logo signifying the institution's commitment to improving the emotional health of its students and to reducing suicide and serious substance misuse

JED Campus Fundamentals higher education institutions can request an in-person campus visit and/or add an administration of the Healthy Minds Study for an additional fee. They can also continue to access the Learning Community and Playbook beyond 18 months for an additional fee.

We believe in a comprehensive, public health approach to promoting emotional well-being and preventing suicide and substance misuse. JED's programs are grounded in our *Model for Comprehensive Mental Health Promotion and Suicide Prevention for Colleges and Universities*. This evidence-based model is used to assess efforts underway on campus to identify existing strengths and areas for improvement.

There are two guiding principles at the foundation of our programs. First, student mental health and emotional well-being must be a campus-wide priority. Second, senior administrators and leaders must support and engage in these efforts to effectively implement JED's Comprehensive Approach.

The programs and resources recommended through JED Higher Education programs have been developed with an equitable implementation lens that ensures that the needs of students who are potentially marginalized and/or underserved due to societal and structural inequities and school-specific community demographics are considered deliberately and intentionally.



Today, more than **350 MEMBER COLLEGES AND UNIVERSITIES** representing over **4.5 MILLION STUDENTS** are a part of the program. The fee for **JED Campus** is \$42,000 for 4-year institutions and \$36,500 for community colleges. The fee for **JED Campus Fundamentals** is \$14,000 for any college or university type. Campuses onboard into our programs twice a year on August 1 and February 1.

We are committed to working with higher education institutions who are passionate about this work, so should adequate financial resources be a concern, colleges and universities may qualify for a reduced fee through the generous support of the Morgan Stanley Foundation and other donors.

For more information, visit www.jedcampus.org or call 212-647-7544.

Prioritizing Mental Health at Community Colleges

"Without Mantra's Offering,
many of our students simply
would have suffered in
silence."

Mantra Health

The Challenge

Extensive research shows that untreated mental health conditions can be a significant predictor of academic success outcomes¹⁻², and with marked increases in depression, anxiety, and stress due to the COVID-19 pandemic³, the need for accessible mental health care services for students in higher education settings has never been more prominent. While many colleges and universities throughout the country are able to resource their own counseling centers on campus, often community or state colleges like St. Petersburg College (SPC) do not have the infrastructure to provide such services internally, and thus look for external partners.

The Solution



“With a vast student population like ours, we continued to work with partners who can meet a range of student needs, especially since we don’t have a designated counseling center on campus”



Dr. Misty Kemp

Executive Director of Retention Services at SPC

Mantra Health, a digital mental health company that aims to increase access points to evidence-based mental health care for college students to improve academic and life outcomes, began working with SPC students in November 2020. Mantra offers a flexible model that can be implemented in a variety of higher education settings with varying levels of existing on-campus resources providing access to:

1. Multiple access points

Seamless, virtual enrollment process enabling staff referral or direct student sign-up from the school’s learning management system, website, or directly at www.mantrahealth.com

2. Multimodal approach to care

HIPAA compliant video appointments and messaging with therapists and psychiatric providers, self-management and psychoeducational material, and measurement-informed care

3. Continuity of care

Students can stay with their Mantra provider through self-pay or by using their insurance during breaks or after graduation

4. Provider Diversity

Access to therapy and psychiatric providers that promote diversity in clinical expertise and gender and racial identities, with 50% of the providers identifying as a provider of color.

1 Hysenbegasi A, Hass SL, Rowland CR. The impact of depression on the academic productivity of university students. J Ment Health Policy Econ. 2005 Sep;8(3):145-51. PMID: 16278502.

2 Eisenberg, Daniel & Golberstein, Ezra & Hunt, Justin. (2009). Mental Health and Academic Success in College. The B.E. Journal of Economic Analysis & Policy. 9. 40-40. 10.2202/1935-1682.2191.

3 American Campus Communities (2020). College Students’ perspective on mental health during Covid-19, available at <https://www.americancampus.com/assets/about-us/media/ACC-HHAY-Survey-Report-Oct-2020.pdf>.

Providers have experience working with an array of students, including those with social determinants of health (low socioeconomic status, homelessness, etc.)

5. Robust Care Navigation

Proactive outreach to support engagement and referrals to local specialty providers for students requiring a higher level of care

6. Wraparound programmatic Support

Training and workshops for staff offer increased awareness of mental health conditions and our service offering. Data reports on program outcomes are provided to leadership regularly

Case study: Partnering with a large state college to increase access to quality mental health care

St. Petersburg College is a large, public college, part of the Florida College System, with about 45,000 students enrolled annually. It comprises eleven campuses throughout Pinellas County, Florida. While the college does not offer internal counseling and health services across their campuses, strategizing paths for students to access mental health care is a priority for SPC leadership.

In June 2020 and in response to the COVID pandemic, leadership at SPC recognized the importance for more efficient and convenient mental health care access, with a major focus on partners that could ensure student privacy was respected and quality care delivered. After running a thorough RFP process, it quickly became clear that prioritizing a telemental health provider that focuses on the higher education population is not only going to offer access to mental health services, but also ensure that students' academic needs are met.

"Partnering with a telehealth vendor wasn't necessarily the priority of the RFP process," reports Dr. Kemp. "When we launch any new initiative on campus, we make sure that our decision making and governance process is guided by student-informed feedback. We included several student representatives on the RFP review board, and there was unanimous agreement that their priorities included a vendor that offered accessibility, flexibility, and understood their needs. Mantra Health was that perfect fit for us."

Enrollment numbers immediately surpassed expectations for SPC leadership, proving the college's thesis of unmet need across the SPC student population. Two-thirds of students also reported that the services provided by Mantra helped them better stay on track with their studies and other academic requirements. Depression outcomes nearly reached targets referenced in the literature for individuals in treatment for at least 10 weeks;⁴⁻⁵

4 Moise N, Shah RN, Essock S, et al. Sustainability of collaborative care management for depression in primary care settings with academic affiliations across New York State. *Implement Sci.* 2018;13(1):128. Published 2018 Oct 12. doi:10.1186/s13012-018-0818-6

5 Carleton KE, Patel UB, Stein D, Mou D, Mallow A, Blackmore MA. Enhancing the scalability of the collaborative care model for depression using mobile technology. *Translational Behavioral Medicine.* 2020; 10(3): 573–579. Accessed at: <https://academic.oup.com/tbm/article-abstract/10/3/573/5885018>

despite the college only sponsoring three sessions, which is considered below the recommended number of sessions to meet improvement in symptoms⁶⁻⁷. Many students also chose to continue services with Mantra Health after their three school sponsored sessions ended as self-paying patients or through insurance.

After seeing the clinical outcomes and ROI analyses shared by Mantra, the school is considering options for extending services to more than three sessions for next year, in addition to supporting request for local, face to face access to providers to further support SPC students' mental wellbeing and academic attainment.

This offers a real-world example of how telehealth can be used to **augment** services that are available and provided on campus to ensure Mantra and the SPC counselor, as a collaborative team, can address each students' needs. Dr. Kemp also reports that the partnership with Mantra opened up a whole new avenue of what it may look like to access mental health treatment on their campus.

"Mental health is one of those things where you need a private, safe, and secure environment. Timeliness of that first appointment is also key, and Mantra has been able to offer appointment times in less than one week. Without Mantra's offering, many of our students simply would have suffered in silence," says Dr. Kemp.

At a glance

4.9 / 5

Visit satisfaction rating

45%

have improved depression symptoms by more than 50% since baseline

67%

believe the services provided through Mantra helped their academic performance



Mantra helped me realize that I needed to take care of my mental health, which led to an overall drop in my anxiety, depression and focus problems with ADHD. It has helped me stay focused on school work and stress less about school.

St. Petersburg Student

6 Eskin, M., Ertekin, K. & Demir, H. Efficacy of a Problem-Solving Therapy for Depression and Suicide Potential in Adolescents and Young Adults. *Cogn Ther Res* 32, 227–245 (2008). <https://doi.org/10.1007/s10608-007-9172-8>

7 Saddichha S, Chaturvedi SK. Clinical practice guidelines in psychiatry: more confusion than clarity? A critical review and recommendation of a unified guideline. *ISRN Psychiatry*. 2014;2014:828917. Published 2014 Mar 31. doi:10.1155/2014/828917

Telepsychiatry: Transforming Campus Mental Health



Table of Contents

I. Telepsychiatry: An Effective, Scalable Solution for Campus Mental Health Care	2
II. Student Perspectives: Psychiatric Care on Campus	4
The Status Quo for College Psychiatric Services	4
Students Who Did Not Receive Psychiatric Care On Campus	5
Students Who Received Psychiatric Care On Campus	5
What College Students Prioritize in Psychiatric Care	6
The Urgent Need for Psychiatric Care on Campus	6
III. The Cost of Crisis: Making the Budget Case for Telepsychiatry on Campus	7
University Leadership is Advocating for Students	7
Budgeting for mental health pays off	8
Investing in psychiatry drives quality care	9
Scaling quality care through telehealth	9
Empowering Students through Telemental Health Services	9
IV. Telepsychiatry with Mantra Health	10
Redefining the Standard of Care	10
We Collaborate with Your Center	11
When Students Talk, We Listen	12
Mantra's Promise	13



I. Telepsychiatry: An Effective, Scalable Solution for Campus Mental Health Care



Nora Feldpausch, MD
Medical Director at Mantra Health

Before the pandemic, universities were already struggling to meet growing student demand for mental health care. According to the Fall 2020 [Healthy Minds Study](#) surveying over 32,700 US college and university students, 39% of students reported moderate to major depression, 13% reported experiencing suicidal ideation, and more than 34% demonstrated Generalized Anxiety Disorder-7 (GAD-7) scores consistent with an anxiety disorder.



Having spent the last ten-plus years working in college mental health, I've seen firsthand the struggle to staff psychiatric providers - with the nation's shortage of providers, most counseling centers lack the space or resources to hire their way out of this. Recruiting specialists, especially those from diverse backgrounds, are [particularly difficult to find](#) in rural areas. Given what we know about students of color and LGBTQ+ students being [more likely to meet with providers who have similar identities](#), it's crucial that we find better solutions.

“Most non-psychiatric providers may not have the training or the time to diagnose and treat significant mental illness adequately given their positions as general practitioners

For more straightforward mental health concerns on campus, Primary care providers (PCPs) can play a vital role. With a broad background treating general health conditions, PCPs are positioned to decrease the so-called “silo-ing” of mental health care. However, most non-psychiatric providers [may not have the training or the time](#) to diagnose and treat significant mental illness adequately given their positions as general practitioners.

Nationwide, only [13% of patients treated for mental health by PCPs are receiving “minimally adequate” care that aligns with evidence-based guidelines](#). Furthermore, a [higher rate of patients](#) are referred to mental health providers after being diagnosed with a mental health condition than when given other primary (physical health) diagnoses, suggesting that PCPs recognize the need for access to specialists with more extensive training in both diagnosing and treating mental illnesses.



With 22% of students reporting having taken psychiatric medication in the past year, schools need to think outside of the box to find the resources to keep students well. As such, telepsychiatry is a promising effective, economical approach to increase student access to a diverse group of mental health practitioners with specific experience in helping transitional-aged youth.

The additional modalities of communicating when receiving mental health care virtually has the ability to support patients through real-time video appointments, messaging services and psychoeducational programming. This may be especially

useful for colleges and universities that have switched to a stepped care model in order to maximize the limited resources available on campus. In particular, secure messaging with telepsychiatry can address side effect questions and treatment goal check-ins.



As providers, we know that when patients can easily access us with questions or concerns, compliance increases, and the therapeutic relationship, an essential component of the success of mental health treatment, is strengthened.

Fortunately, even before telehealth was widely implemented on campus, data strongly supported virtual care as being equally effective as in-person care. According to the APA online telepsychiatry toolkit **“telepsychiatry is equivalent to in-person care in diagnostic accuracy, treatment effectiveness, and patient satisfaction.”** Indeed, some of the most common mental health diagnoses in college aged youth have been successfully and safely treated via telehealth, including anxiety disorders, PTSD, Major Depressive Disorder, eating disorders, and substance use disorders. Outside of medication management, which, of course, is only one piece of treating mental illness, both video-based cognitive behavioral therapy, group therapy, and other online modalities have demonstrated similar success as face-to-face care.

Through my experience on campus and now as Mantra Health’s Medical Director, I’m becoming more convinced that continuing telemental healthcare, especially telepsychiatry, may just be the best way to fill the ongoing gap in care. It is an effective way to provide the specialized, convenient, cost effective treatment needed to allow students to thrive, without compromising outcomes. I hope online care remains a permanent option for students long after the pandemic is over.

II. Student Perspectives: Psychiatric Care on Campus



With campus transitioning to a new normal in the ongoing pandemic, mental health is an even higher priority than it was before COVID-19. Schools had already been struggling to keep up with the growing complexity of students' psychiatric conditions. According to the 2020 AUCCCD Annual Report, nearly 32% of schools do not have full or part-time psychiatric providers, even though medication management in combination with psychotherapy has been shown to drive favorable outcomes for the most common mental health diagnoses, such as depression, anxiety, and bipolar disorder.

To better understand how students experience psychiatric care on campus, we partnered with Momentive.AI to deliver a survey to students at degree-granting colleges and universities across the United States. The survey was delivered to over 215 students ages 18-26, of which 55% identify as black, indigenous, or as a person of color (BIPOC), offering insight into the college students' experiences with psychiatric care on campus.

In the survey, we asked students whether they received any kind of psychiatric care, and from which providers. We also followed up with the students who had not received care on campus, asking whether they had ever tried, and what happened. Finally, we asked students their provider preferences and priorities when seeking psychiatric care.

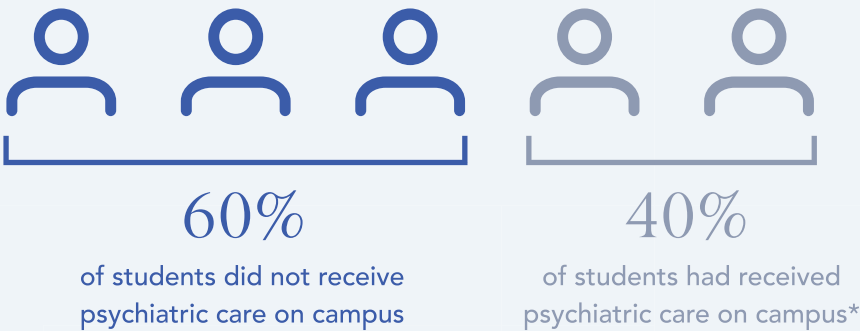
The Status Quo for College Psychiatric Services

On the following page, we zoomed into the experiences of students who did and did not receive care to uncover the care pathways of both groups. Of our sample, 40% of students received psychiatric care on campus, while 60% did not. Of the students who did not, **15% of students tried to seek care but were unfortunately unsuccessful.**

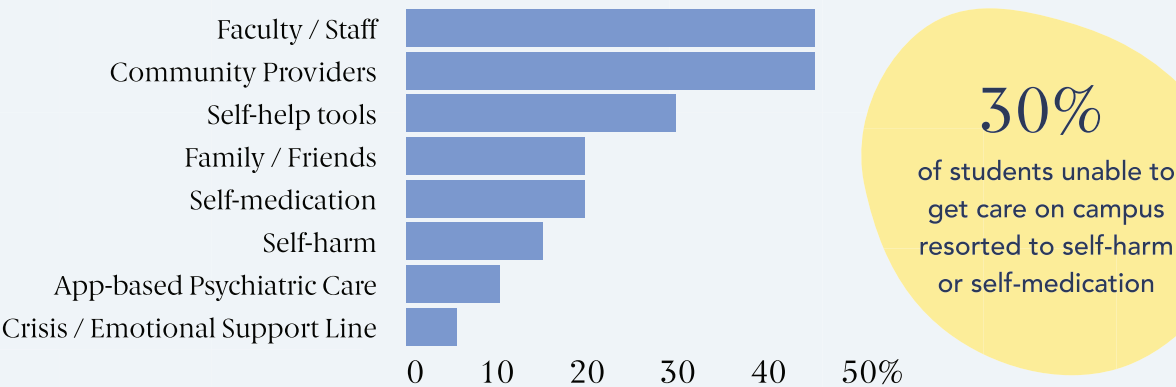
Students Who Did Not Receive Psychiatric Care On Campus

The Status Quo of Psychiatric Care on Campus

n = 219



15% of those students tried but could not get care on campus, turning to:



*Defined by seeking any kind of psychiatric treatment from a medical provider, even if it did not result in the prescription of medication.

At a glance

69% of students reported a preference for a psychiatric provider over a PCP for psychiatric care

Students Who Received Psychiatric Care On Campus

Of the 40% that received psychiatric care on campus, half saw primary care providers (PCPs) and the other half saw a psychiatrist, psychiatric NP or PA. When asked about their preferences, 69% students indicated that they would prefer to see a psychiatric provider over a PCP for psychiatric care; this rate climbs to 73% when looking only at students who received care from on-campus PCPs.

Looking at lifetime prevalence for taking psychiatric medications, the highest rate of students who had ever taken a psychiatric medication were seen on campus by psychiatric providers (73%) compared to 52% among students seen by an on-campus PCP and 24% among students who never sought on campus care, suggesting that students will access psychiatric care on campus if schools are able to provide it.

What College Students Prioritize in Psychiatric Care



Cost

Most frequently reported as a priority among students, cost can be prohibitive, especially for those taking out loans to meet tuition costs or living expenses. For many, care that is not covered by the university or insurance is simply not an option.



Convenience

Considering college students' course loads, extracurriculars, and part-time jobs, it is unsurprising that convenience is a top priority when seeking care. Telepsychiatry eliminates concerns about scheduling, waitlists, and traveling to a clinic.



Provider Experience

Especially when evaluating a referral or seeking a provider in the community, provider experience, such as degree earned, years of experience, and specialty can guide students' decisions about care and influence their trust and comfort with the provider.



Privacy

With the abundance of new telehealth platforms, students want to ensure their psychiatric care remains private -- from the location of their at-home appointment to the platform they are using. For some, in person care requires unwanted visibility and vulnerability.



Individualization

Some students—particularly students of color—are more likely to prefer telemental health because of the personalization it affords. With the pool of providers available via telehealth, students are more likely to find a provider who reflects their experience.

The Urgent Need for Quality Psychiatric Care on Campus

Quality psychiatric care can make or break the college experience, especially for students with higher-acuity psychiatric needs. The pressure to maintain mental wellness can be even higher for students who come from low-income backgrounds or hold financial responsibility for their family. A student's mental wellness can have a ripple effect, impacting multiple lives when one student accesses quality psychiatric care.

Offering psychiatric resources on campus via telehealth removes the barriers introduced when seeking community care. The cost of crisis is high, and disproportionately impacts under-resourced students for whom the alternative to campus psychiatric care may be receiving no psychiatric care at all.

III. The Cost of Crisis: Making the Budget Case for Telepsychiatry on Campus

Every day, we come to work to bring quality healthcare to campus, some of us with personal stories centering on mental health challenges in college. One of our team members shared a personal story about his nephew that offers valuable framing for the work we are doing:

"He began college in September 2020 but withdrew four months later due to mental health challenges that went untreated. He was experiencing depression and anxiety and didn't get the kind of help he needed. Despite his track record as a happy high-achiever in high school, after his brief college stint he was left with unfinished courses, substantial debt, a relationship breakup, and an overwhelming sense of defeat. At the heart of his crisis was mismanaged medication. Now, he's back home with parents getting help he didn't know how to find on campus but with greater uncertainty about how to succeed in college going forward. He has a tarnished relationship with the college experience, in general, and his university, in particular."

Stories like these are too common—and perhaps what is most devastating about them is their preventability: **83% students believe their academic performance has been hampered by emotional or mental difficulties.** While depression and anxiety are manageable with quality talk therapy and psychiatric medication management, most centers only staff counselors with patient session caps, and less than two thirds of centers offer psychiatric services at all. With telehealth emerging as a strong candidate to fill these resource gaps, universities are faced with the choice of investing in the mental health and especially the psychiatric services that are indispensable for student success.



University Leadership Is Advocating for Students


As stigma around psychiatric illness dissipates, student affairs and counseling leadership can usher new approaches onto campus to demonstrate their priorities and meet student demand and propagate meaningful change. In a 2020-2021 American Council on Education [survey series](#), college and university presidents consistently designate student mental health as the most pressing issue on campus.








Budgeting for mental health pays off.


Studies have shown that mental health is a predictor of student dropout. A simple cost-benefit analysis incorporating data from American Council on Education, NCES, and Mantra Health's End of Year survey illustrates the expected return when schools invest in mental health:

The Return on Investing in Mental Health

Assuming  = 100 students at \$1,500 per student annually*

     = \$750,000 per 500 students

With **19% of Mantra students reporting that Mantra helped them stay enrolled**, we can prevent 95 drop-outs per 500 students

     \$24,600** x 95 = \$2.3 Million in Tuition

= 3.1x Return on Investment

*Cost estimate \$1,000 noted as a conservative by ACE; adjusted to \$1,500 to conservatively include psych NP coverage

** According to NCES 2018-2019

Providing both therapy and psychiatry services yield economic returns for universities far exceeding their cost, suggesting a huge potential to deliver a better academic experience to students while also realizing important incremental revenue. This analysis does not even account for less tangible, yet still meaningful, benefits such as student wellbeing, suicide prevention, institutional reputation, and the ripple effect quality care has on the people in students' lives.

Investing in psychiatry drives quality care.

According to a recent large-scale study, while the proportion of college students taking psychiatric medications has risen in the last decade, the proportion of students receiving medication management via psychiatric providers has been stagnant. There is also a trend towards polypharmacy, with over 40% of college students using multiple categories of psychiatric medication in the last year. As college students seek care for complex conditions, the imperative to connect them with psychiatric providers is heightened.

Despite the fact that psychiatrists provide the most informed mental health care, primary care doctors are prescribing the majority of psychiatric medications in use—prescribing 59% of psychiatric medications versus psychiatrists prescribing 36%.

Scaling quality care through telehealth.

Telehealth in general is well-suited for college students with busy schedules, enabling greater appointment availability. According to a review of recent literature, “College students find Telemental Health to be convenient, accessible, easy to use, and helpful. Telemental health also helps to overcome the barrier of stigma, which may help ethnic minority students in particular to seek care.” Telepsychiatry has also been shown to be as effective as in-person care, giving telepsychiatry the potential to fill in gaps of care.

Empowering Students through Telemental Health Services

There is a new wave of empowered students and parents who recognize that mental health services are essential to student success. Not only do students care about having access to quality mental health care, but also, one of the most powerful predictors for treatment efficacy is internal motivation of patients. As stigma around mental health treatment lessens and students are empowered to gain control over their mental wellness, we hope every student who needs can access high quality mental health care and allow students to thrive.



IV. Telepsychiatry with Mantra Health

Mantra Health is a digital mental health clinic that partners with colleges and universities to carry out our mission of improving access to evidence-based psychiatry and therapy for all college and university students. The present landscape of mental health services on campus has gaps that leave the most vulnerable students without sufficient care.

A growing number of students require increasingly complex psychiatric care, yet according to the [2020 AUCCCD Annual Report](#), nearly 32% of colleges and universities do not employ a full or part-time psychiatric provider. While some schools employ primary care providers (PCPs), in certain cases they may lack the specialty training or bandwidth to address complex psychiatric needs.

Telepsychiatry has proven to be effective, affordable, and convenient. With a few key ingredients -- strong clinical leadership, high quality, diverse providers, a user-friendly platform, and collaborative partnerships with universities on-the-ground -- we believe Mantra's telepsychiatry program has the potential to transform how campuses provide psychiatric care.



Mantra has integrated world-class clinical expertise with technology and design to deliver high quality care that is convenient and delightful.”



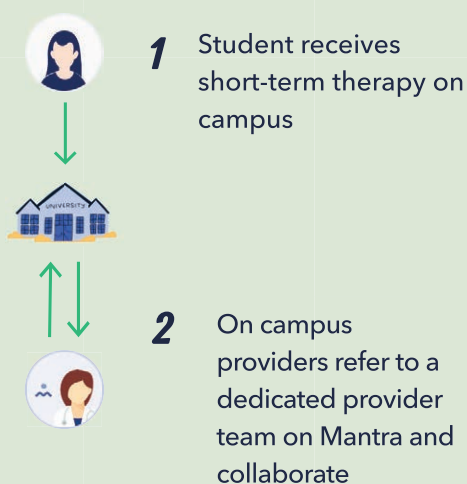
Dr. Ravi Shah
Co-founder
Mantra Health

Redefining the Standard of Care

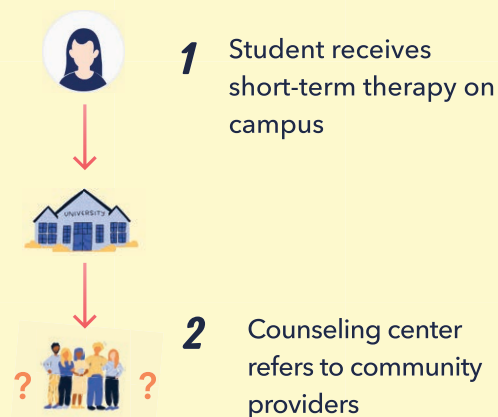
From the organization's inception, Mantra's clinical founders and advisors have played a central role in developing our telepsychiatry program. The program is designed to support the full spectrum of students' psychiatric needs, from mild to relatively complex, incorporating risk stratification tools that are cited as intuitive by students, staff, and clinicians alike.

Unlike other telemental health companies, Mantra has its own provider group which allows the company to control for quality of care. Each Mantra provider is evaluated based on their care values, clinical judgment, written communication, and specialized experience with college-aged youth. Mantra psychiatric providers participate in our clinical collaboration program, run by supervising physicians and Medical Director, Dr. Nora Feldpausch, a university psychiatrist of over 10 years. Furthermore, we are committed to provider diversity, with 50% of our providers identifying as a person of color and/or LGBTQ+.

Care Pathway *with Mantra*



Care Pathway *Status Quo*



We Collaborate with Your Center

“The main reason we chose Mantra as a partner was trust. Our conversations...were marked by a genuine desire to align with our existing values and to truly be an extension of what we're already doing.



Dr. David Walden
Counseling Center Director
Hamilton College

We appreciate the irreplaceable value of in-person care, which is why our program is designed to complement, not replace, university counseling. After some difficulty hiring psychiatrists in Bethlehem, PA, Moravian University leveraged Mantra to supplement their center's offering with psychiatric coverage, adding a referral pathway to remote, yet integrated care.

When university personnel refer students to Mantra, they can trust that students will make it to their appointments and receive quality care. The collaboration portal is regarded by our students and university partners as highly intuitive, allowing designated staff to keep track of students' progress with access to charts and treatment notes. Our flexible model and technology help us help you treat your students.

At a glance

< 1 minute
to refer a student

91%
referred students attend
their 1st appointment

88%
referred students attend
their 2nd appointment

When Students Talk, We Listen



I like how I can get a prescription after my appointment... the providers tend to be thorough with their work and how they care for you.

Student in Mantra's Psychiatry Program

Big Ten School

Our mental health program is, above all, designed with students in mind. We continuously ask students for feedback and directly implement changes to improve our program. When students are in our care, they have the attention of both their Mantra provider and care navigator. At any time during treatment, students can directly message their psychiatric provider, a critical feature to ensure a positive experience when adjusting medications or addressing side effects.

At a glance



4.9/5

overall satisfaction



84%

of patients rated their
provider match at least
7/10



3/5

students experienced
decrease in symptom
severity



19%

of students reported
Mantra helped them stay in
school

Our program tracks student progress, whether the goal is recovery, symptom reduction, or simply support in a challenging environment. Students can take the depression (PHQ-9) and anxiety (GAD-7) clinical screenings, with scores that map to symptom severity categories (i.e., Score of 0-4 = minimal, 5-9 = mild, and so on, with 20 or higher = severe). The majority of students in the psychiatry program (63% of patients taking the PHQ-9; 69% of students taking the GAD-7) reported a decrease in symptom severity category over the academic year.

That said, symptoms are not the whole story; we understand the immeasurable value that can occur from a strong, safe patient-provider bond. Students notice the difference, rating their overall appointment experience 4.9/5.0 and their provider match at least a 7 out of 10 throughout the academic year.

Mantra's Promise



At Mantra Health, our goal is to help colleges and universities support students as they navigate college and life beyond. We know that student mental health needs are growing and that universities are struggling to keep up with demand. As a digital mental health clinic, we collaborate with you to build and implement a program that will work for your staff and importantly, your students. We prioritize clinical care and have developed robust, evidence-based protocols to ensure safety, which means you can trust that your students will receive quality care that truly supports their mental health.

Authors



Nora Feldpausch, MD
Medical Director at Mantra Health



Jess Faust
Operations Manager at Mantra Health



Leah Goodman, OTD
Partnerships Manager at Mantra Health

Interested in our collaborative telepsychiatry program?

Email partner@mantrahealth.com or call (800) 464-2083 to learn more.