

*e*CAMPUS NEWS

2021
**SPECIAL
REPORTS**

PRIORITIZING MENTAL HEALTH

Resources for Ed Tech Leaders



Rethinking Wellbeing in Higher Ed

Your guide to holistic support for students,
faculty, and staff



“For my first two years as a college student, I lived the privileged life. At the end of my junior year, however, everything changed when my father died suddenly. Finishing that semester was a challenge. I felt completely overwhelmed trying to manage my emotions, my schoolwork, my job, and my relationships. In an effort to take back control of my life, I began to seek out campus and community resources. By taking things day by day and focusing on being grateful, I am able to persevere and I believe that I can handle whatever comes next.”

Roxanne
California State University, Long Beach



Introduction

Mental health and wellbeing

Our students are struggling. Whether it's a death in the family, financial difficulties, isolation, or anxiety, mental health and wellbeing issues on college campuses are on the rise. And while higher education leaders have put measures in place to help stem the tide, there's much more to be done.

In just six years, student anxiety in higher education institutions jumped from 17% to 31%, according to [a study](#) by the Healthy Minds Network and the American College Health Association. But it's the COVID-19 pandemic that's brought the issue to the forefront. In 2020, college students reported rapid spikes in anxiety and depression, with 60% of students saying the pandemic has made it harder to access mental health care, according to the study.

College applications from disadvantaged students [fell 20%](#), according to the Common App, worsening the equity gap in higher education, particularly among Black and Latino students. And high school seniors said the pandemic made them feel less motivated in their college search, missing application deadlines due to mental health issues, according to a [student survey](#) by SimpsonScarborough.

Students aren't the only ones experiencing mental health and wellbeing challenges. While 70% of university presidents say their most pressing issue is student mental health, they rank the mental health of faculty and staff right behind it, according to [ACE](#). Hiring freezes, furloughs, and layoffs have caused burnout, with faculty stating that the pandemic has caused them to think about retiring early or leaving teaching altogether.





To give students what they need to thrive throughout their college journey, leaders agree that they should promote individual wellness and foster a campus culture that prioritizes wellbeing as a value. But it isn't easy. Campuses dedicated to helping students achieve a state of wellbeing across multiple dimensions of wellness can help increase academic performance, retention, and graduation.

Although most institutions are taking action, [50% of university executives](#) say they need more tools to address student mental health on campus. In addition, [global research by Salesforce.org](#) shows that 32% of students want more wellbeing and mental health resources from their institution.

To help meet the growing need for holistic student support, we've talked with higher ed leaders and gathered best practices for institutions of all sizes around culture, staffing, and technology. By taking wellbeing strategies to the next level, you'll be on your way to making a real difference in the success of your students.



"Over the last five years, the student mental health crisis created a challenge on campus. Schools couldn't hire enough counselors to address clinical needs. So, to address higher levels of wellbeing among students, we suggest upstream solutions — like teaching students resiliency, stress management, and other behavioral changes — to help prevent more concerning downstream problems."

Kevin Kruger
President, National Association of Student
Personnel Administrators (NASPA)

What is Wellbeing in Higher Education?

Organizations like NIRSA, the World Health Organization (WHO), and the Centers for Disease Control and Prevention (CDC) define wellbeing in different ways. But all agree that wellbeing is a holistic concept — one that integrates a person's social, personal, and physical capacities.

Some student wellness centers, including those at [Wake Forest University](#) and [Ohio State University](#), have developed models that break wellness down into multiple dimensions, including the following:

Emotional: Managing your feelings and knowing when to ask for help.

Physical: Getting enough sleep, diet, and exercise, and staying safe and healthy.

Social: Building and maintaining strong relationships, and being aware of other people's feelings.

Spiritual: Seeking harmony and balance by exploring meaning and connection.

Financial: Managing finances to achieve your goals.

Occupational: Finding purpose and fulfillment in your work.

Intellectual: Valuing lifelong learning and seeking to learn for the sake of learning.

Environmental: Respecting the environment and understanding the human connection to nature.



Best Practices for Higher Ed Leaders

Create a culture and design for wellbeing

When institutions are proactive rather than reactive, they can prevent students from having to seek help in the first place. If students can find support and develop coping skills throughout their college journey, a crisis may never happen. Universities can build that infrastructure through wellness spaces, coaches, online tools, and noncredit courses.

For example, Cornell University created a Health Leaves Coordinator position so students could receive consistent support when leaving and returning to Cornell. According to Ann LaFave, Senior Director of Student Services for the College of Agriculture and Life Sciences (CALS) at Cornell, the new service brings clarity to students during a difficult time. “Due to the decentralized nature of the university, this was an important centralized role to reduce the stress and anxiety students were experiencing when faced with the difficult decision of taking a health leave of absence.”

The [Office of Wellbeing at Wake Forest University](#) leads the campus in making wellness a part of every experience in the lives of students, faculty, and staff. Their [Wellbeing Collaborative](#), which promotes the lifelong health of students, is recognized in NASPA research as a leader in the field. Marian Trattner, Assistant Director of Wellbeing, Health Promotion and Interim Director at the Office of Wellbeing, discussed the importance of getting leadership to prioritize a campus-wide culture of wellness.

“It’s imperative to have support from upper administration,” said Trattner. “Our president talked about the importance of thriving and wellbeing back in 2014 and was inspired to integrate wellbeing and a holistic framework across the campus that includes not only students, but employees as well.”

At the University of Arizona, instructors are being given more resources and training to spot health and wellness issues as extreme as suicidal ideation. They’ve been expanding their use of technology to bring more of the student service organizations onto a shared system to make student referrals faster and easier.



“We want to take care of the whole student, with health and wellness being foundational in Maslow’s hierarchy of needs. Students won’t be successful in their academic pursuits if they aren’t financially sound and healthy, don’t have a place to live, or food to eat.”

Darcy Van Patten
Chief Technology Officer, University of Arizona



Hire a Chief Wellness Officer (CWO)

While the CWO is now commonplace in the business world, it's still a relatively new role in higher education. The CWO, usually positioned within Student Affairs, develops and carries out the vision, goals, and strategies needed to create a culture of wellbeing across the institution. The CWO also acts as a change agent to improve health across multiple campus organizations through activities and programs that cover everything from healthy eating and movement to stress management and addiction treatment.

In 2011, Bernadette Mazurek Melnyk, Vice President for Health Promotion and Chief Wellness Officer at Ohio State University, was appointed the [first CWO in higher education](#) – a role she still holds today. Melnyk explained that mental health and wellbeing has been built into the One University Health and Wellness Strategic plan, and endorsed and approved by university leadership, president's cabinet, and the board of trustees.



"My role is to spearhead and improve population health and wellbeing for our students, faculty, and staff within a sustained wellness culture that makes healthy behaviors the norm so that everyone can achieve their highest potential and aspirations."

Bernadette Mazurek Melnyk
Vice President for Health Promotion and Chief Wellness Officer, Ohio State University

Since Melnyk was appointed, other universities have adopted different CWO models to address wellbeing issues on their own campuses. Today, you'll find CWOs on campuses across the country, including University of Utah Health, University of Pennsylvania, Oklahoma State University, and Texas A&M University to name a few.

Top Tips from Higher Ed's First CWO

Here are Melnyk's top strategic wellbeing recommendations for student affairs leaders.

- Be creative and evidence-based in your offerings. Use students to help create some of the resources. They're full of great ideas!
- Collaborate and partner with people inside and outside your organization. There are so many terrific resources at your university and with partners at the local, state, and national levels.
- Gain support from campus leadership and deans and vice presidents in your organization. They're vitally important to your efforts, as are managers and supervisors.
- Focus your efforts on their self-care, resiliency skills, and how they can better support those who work for and with them. Building a culture of well-being will improve the mental health and well-being of students, faculty, and staff.
- Join the [National Consortium for Building Healthy Academic Communities](#), a terrific network of universities and colleges across the country that are creating that culture of wellness for all who work and live at the university.



Use technology as an enabler

Technology can propel your institution forward, even if you don't have a large staff to support students. From virtual advising and online communities to student surveys and employee assessments, new tools for tracking data and analytics enable equity and help you make the most of the resources you have. For example, regular wellness checks could flag a student suffering from food insecurity, alcohol addiction, or other serious matters that need immediate attention.

The key to using these technologies in the most effective way, says Kruger of NASPA, is to really pay attention to what the data is telling you so you can get a holistic picture of students – especially those who are struggling.

“Using data and analytics to serve the individual student is the future of higher education,” said Kruger. “If we're going to be constrained on resources, we need to put the resources that we do have into the students who need us the most.”

For instance, telehealth has opened new opportunities to treat students and staff when and where they want, without the stigma of being seen walking into a counselor's office or sitting in the waiting room. Case Western Reserve University (CWRU) recently shifted from traditional face-to-face appointments and walks-ins to digital telehealth services. However, they needed an accessible system that would support students living in different places and learning in different ways, as their psychologists and counselors were only licensed in Ohio.

“We moved to a telehealth platform,” said Thomas Matthews, Associate Provost, Student Success at Case Western Reserve University. “With licensed counselors in all 50 states and flexible hours, students can choose the type of counselor they want. Since January, we've already seen high student participation.”



How colleges and universities are using technology to promote student wellbeing



Offer digital-first student advising: When technology makes advisors more accessible, [students are more likely to reach out](#) – not only for academic support, but for mental health, stress management, and overall wellbeing. In fact, more than half of students (51%) look for this kind of support on their schools' website or via email (42%). By providing digital-first experiences like these, you can make it easy for students to stay on track and get help when they need it.



Give easy access to advisors: With [Advisor Link](#), a digital advising solution, students at [CWRU](#) were able to enjoy the convenience of making multiple appointments from one place. In fact, 86% of students reported that it was much easier to access advisors for questions and guidance using the system. Within the first year, more than 10,000 appointments were created, with 608 student success plans developed within the first five months.



"At Cornell, we'll offer both virtual and in-person advising meetings in the fall. Although we can't wait to see our students face-to-face again, we also see the benefit and ease if a student prefers a virtual meeting between classes, or if they won't be near campus that day."

Ann LaFave
Senior Director of Student Services for the College of Agriculture and Life Sciences (CALS), Cornell University



A Little Chatter Goes a Long Way

Cornell University built an online community powered by Salesforce, called Cornell Chatter, where students can talk with peers, faculty, and staff, and join subgroups related to their status (new or transferring) and major. They can also reserve safe, socially distanced places to study on campus using the community's [Study Space App](#). According to the [Cornell Daily Sun](#), the community has given students a bright spot during the pandemic. "It's for my own sanity at this point," said one student. "I just need to get out and change the scenery a little bit."



Create belonging in online communities: In a Salesforce.org [survey](#), students said online communities were vital to helping them adapt to the pandemic. Almost 30% said online communities created a sense of belonging to their institution, and 25% said online communities supported their wellbeing. They added that receiving personalized messages showed them that their schools still cared about their success.



Conduct continuous surveys and assessments: Empower your staff and faculty with online wellbeing checks. A simple quiz can help leaders and employees determine stress levels and learn how to move forward. Like this quiz from Thrive Global, founded by Arianna Huffington, which asks 12 questions to help you see where you're thriving and where you can improve your wellbeing.

If you're looking for ways to manage employee and student wellness, start with [Work.com for Education Institutions](#), which provides tools and solutions for reopening campuses. [The University of Kentucky](#) uses Work.com solutions to conduct daily wellness assessments and symptom checks of their student body, faculty, and staff. They also use it to view data and insights from the community in the Command Center, which helps them assess campus readiness and quickly respond to changing conditions.

"We're using Salesforce's Work.com solutions as a springboard for a healthier community, supporting student mental health and wellbeing, and preparing our university to handle any number of future scenarios," said Dr. Eli Capilouto, University of Kentucky President.

Small Changes, Big Impact

The University of Notre Dame [surveyed its students](#) last summer and twice during the fall semester to find out how they were doing and what they might need. They met regularly with students, faculty, and staff to understand what changes they could make to alleviate student stress or anxiety. The ongoing assessment and surveys helped the university make changes that improved students' mental and emotional health. For example, they provided more opportunities for outdoor adventures, like using outdoor athletic spaces where students could watch movies, and building outdoor fire pits where students could relax.



Conclusion

Welcome to student success 2.0

Transforming the student experience means making wellbeing a top priority. By following these best practices, you can create a strategy to ensure the long-term wellbeing of your entire campus. And you can make sure students have the support they need—no matter how overwhelmed or stressed they may be.

Helping students make strides as they advance along the college journey means taking a holistic approach to their health – from emotional and physical to spiritual and social. Once students find their balance, lifelong wellbeing is just a step away.

Discover how Salesforce can help transform your institution's holistic student experience.

[Learn More](#)





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 outcomes^{1,2}, 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



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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.

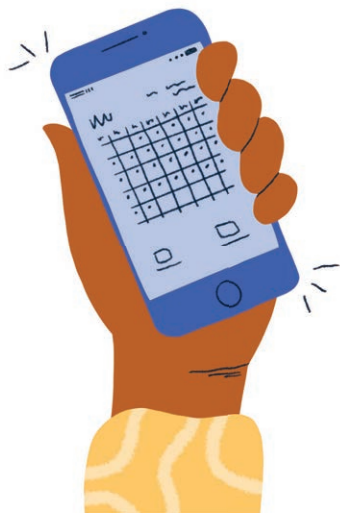


Having spent the last ten-plus years working in college mental health, I've seen firsthand the struggle to staff psychiatric providers - with the nation's shortage of providers, most counseling centers lack the space or resources to hire their way out of this. Recruiting specialists, especially those 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.

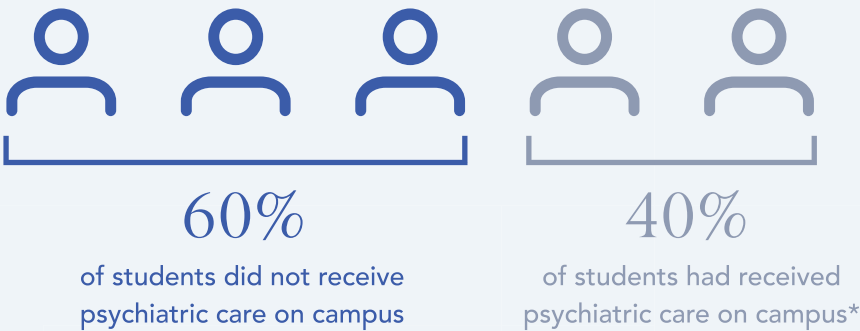
The Status Quo for College Psychiatric Services

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.**

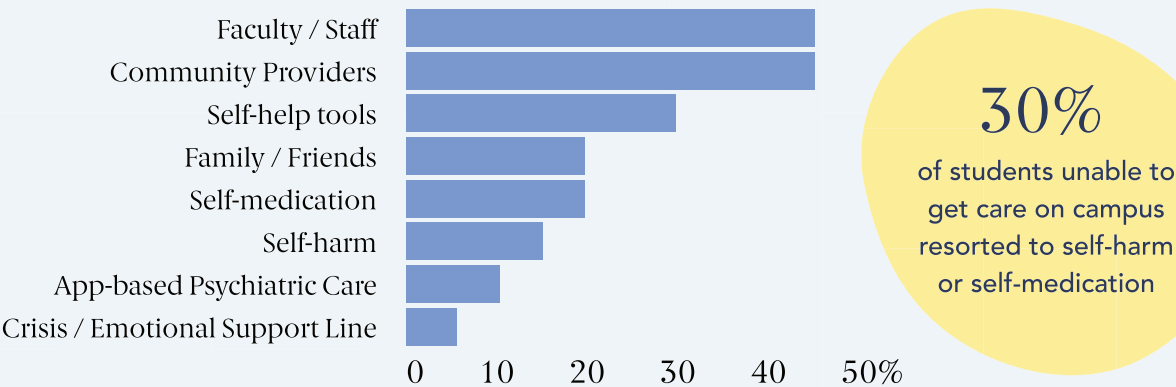
Students Who Did Not Receive Psychiatric Care On Campus

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

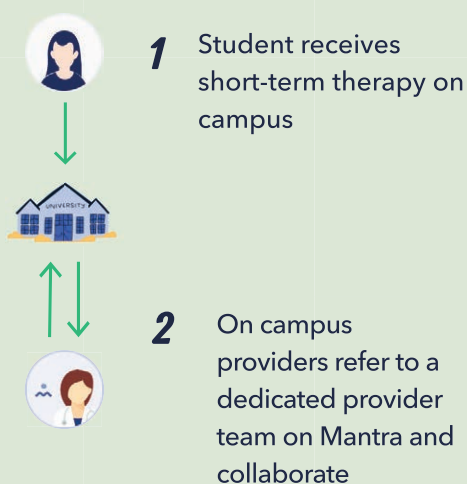
Co-founder
Mantra Health

Redefining the Standard of Care

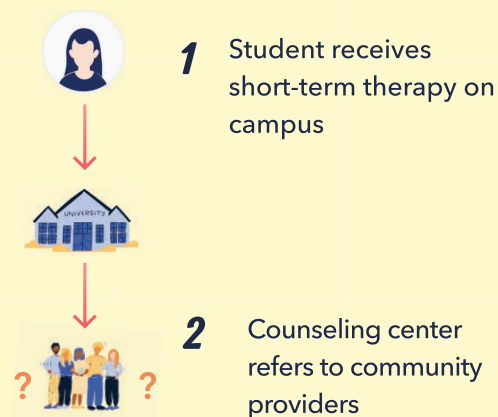
From the organization's inception, Mantra's clinical founders and advisors have played a central role in developing our telepsychiatry program. The program is designed to support the full spectrum of students' psychiatric needs, from mild to relatively complex, incorporating risk stratification tools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