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An Assessment of Mental Health Policies and Services

At the University of Southern Maine (Portland and Gorham campuses)

Capstone Report

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Spring 2013

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EXECUTIVE SUMMARY

In the spring of 2013, a USM Muskie Graduate student conducted an assessment of mental health policies and services at the University of Southern Maine to help inform the University how it might better meet the mental health needs of its students. This assessment is timely in that all colleges and universities currently face increasing external and internal pressures to meet their students' mental health needs. These pressures can place a university's obligations to educate students and to meet their health needs in conflict with each other. The assessment involved in-depth interviews with 11 individuals in departments who were identified as having an important role in addressing student mental health needs. Results of these interviews, a comprehensive literature review, and review of secondary documents of protocols and procedures were used to answer the following questions:

1. What policies, procedures, and services are in place at the University of Southern Maine affecting how the University responds to the mental health needs of their students?
2. What internal and external pressures affect how the University of Southern Maine responds to the mental health needs of their students?
3. What are the gaps in USM's policies, procedures, and services in place to meet the mental health needs of its students?
4. What steps can USM take to better meet their student's mental health needs?

Major findings: The University has a heightened awareness of the importance of mental health prevention and has new initiatives in place to focus on reducing suicides, including a prevention grant which ends in the fall of 2014. Outreach efforts are targeted at students living on campus; limited efforts are in place to reach non-traditional students and students living off campus. USM faces some challenges in engaging all faculty and staff to recognize when a student is in mental health distress and refer the student to other services.

Major Pressures affecting mental health services include current financial stress and a high number of suicides on campus in recent years. During the writing of this capstone, several positions were eliminated or not renewed that had an important role in recognizing students who are experiencing mental health distress.

Next steps: Future studies could be conducted to assess how faculty, staff, and students not directly involved with delivering services and implementing policies view the system of mental health services and policies at USM, including student's perceptions of ease of access to services and faculty and staff's perceptions of the referral process.

Major needs recognized by interviewees include a case manager to work with students who are at high risk or have behavioral concerns, increased staff training, increased outreach efforts to vulnerable populations, and additional clinical staff and hours of operation at the counseling center.

INTRODUCTION

The purpose of colleges and universities is to provide an environment for students to learn. While this purpose may seem black and white, the role of Institutions of Higher Education (IHEs) may become blurred when addressing the mental health needs of the students who are there to receive an education. Policies such as the Family Educational Rights and Privacy Act (FERPA), Americans with Disabilities Act (ADA), and the Health Insurance Portability and Accountability Act (HIPAA) have been put in place to protect students' confidentiality, protect disclosure of educational and medical information, and to ensure all students have equal access to an education. In some instances these policies have also resulted in unclear guidelines and procedures for schools about what they can and cannot do for students with mental health problems.

PURPOSE OF STUDY

The purpose of this capstone project is to conduct an environmental assessment of mental health policies and services available at the University of Southern Maine (USM). Specific goals are to:

- Gain a greater understanding of the roles of individual departments regarding students' mental health need.
- Review current USM services, policies, and procedures in place and evaluate how these align with national policies and recommendations.
- Assess the capacity of the University to meet the mental health needs of their students.
- Identify challenges and barriers to implementing mental health policies and services.

This assessment will provide the university with valuable information about the role the university plays in raising awareness and educating students about mental health,

identifying students who need support, ensuring students receive treatment, and in ensuring a safe learning environment for all students. USM will be able to use the information from this project to inform future policy creation and services implemented.

REVIEW OF THE LITERATURE

In 2006, thirty-nine percent of young people between the ages of 15-21 were reported to have some form of mental illness   (Cleary, Walter & Jackson, 2011). Mental illness is defined as chemical changes in the body that affect how a person experiences everyday life events and can affect a person's thinking, feelings, moods, and their ability to relate to others (PIER, 2009). Multiple studies have found increases over recent years in the prevalence of anxiety, stress, suicidality, fear and worries, substance abuse, and anger/hostility among college students (Cleary, Walter & Jackson, 2011; Suicide Prevention Center, 2004).   About 12-18% of students on campuses have a mental illness (Cleary, Walter & Jackson, 2011). The transition into college and lack of readiness is often cited as a factor for developing stress and mental illnesses (Cleary, Walter & Jackson, 2011). It is not just young college students that are affected, but also older, non-traditional students facing stressors including juggling work, school and family commitments; some studies suggest that mental health needs are higher in this population (Suicide Prevention Center, 2004). Suicide is the second leading cause of death in college students (Cleary, Walter & Jackson, 2011).

There is increasing evidence indicating that early detection and treatment of mental illness can have a significant impact on outcomes of individuals with a mental illness, including decreased treatment time and improved overall recovery and functioning (Yamaguchi, Mino & Uddin, 2011). Research also shows that young people in college may be less likely than their counterparts to seek treatment. Data from the 2001-2002 U.S. National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), found that only 18% of 18 to 24 year old college students with a psychological disorder sought treatment in a one year period (Egisdottir, O'Heron, Hartong, Haynes & Linville, 2011).

Colleges today face many challenges in responding to the mental health needs of students and effectively treating students. There has been a major shift over the years in the

role of college in protecting students and acting as a student's legal guardian. In the 19th Century, In Loco Parentis was the norm- where colleges acted as students' parents (White, 2007). Due to changes of the voting age, recognizing the legal age of students as 18 in the 1960's, and a movement in students wanting more rights, colleges in the 20th century moved toward sine loco- without parents, and students began acting as their own legal guardian, limiting a colleges' responsibility for ensuring students receive medical attention and mental health treatment (White, 2007). All campuses are held to standards of national policies and individual state policies that have led to colleges being in a place where they can be held accountable for not helping students enough, but could also be violating privacy and confidentiality acts for overstepping their boundaries when trying to ensure student safety. The Family Educational Rights and Privacy act and the Health Insurance Portability and Accountability Act protect students' rights to confidentiality. The Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 protects students from discriminations and ensures that students with disabilities are receiving reasonable accommodations. The ambiguity and frequent language change in these policies has led to colleges being in a confusing place of knowing what constitutes an emergency and how to appropriately help students. This has led to some colleges enacting policies that have led to students not receiving treatment altogether.

Over the past decade, multiple colleges have been sued for violating federal policies. The case of Elizabeth Shin, a Massachusetts Institute of Technology (MIT) student, led to schools nation-wide revisiting their policies regarding disclosure of student information and leave of absence (Lewin, 2007). Shin had sought counseling for mental health and had reportedly written several suicide notes before she committed suicide in 2000. She had asked that MIT not notify her parents about her mental health problems. Shin's parents sued MIT for $27.7 million dollars for not disclosing information that her parents believed may have prevented her death. The case was settled out of court for an undisclosed amount (Lewin, 2007). Since that incident many schools have adopted automatic exclusion policies that are now being reconsidered after several lawsuits arose accusing some schools of violating students' rights under the ADA and Section 504 of the Rehabilitation Act of 1973. Between 2005 and

2007, the Office of Civil Rights forced three schools to change their policies that had involved asking students to leave after learning of the development of a mental illness (Bathija, 2007).

Since 1991 the Bazelon Center for Mental Health Law has filed close to 20 cases with the US Department of Education, Office of Civil Rights (OCR) against Universities. The OCR enforces federal policies. The accusation, in most cases, was violation of a student's rights under Section 504 of the Rehabilitation Act of 1973. This act "protects qualified individuals from discrimination based on their ability" (US Department of Health and Human Services, 2006). The majority of the cases were settled out of court, while some are still under investigation. The incident in nearly all of the cases surrounds leave of absence.

In 2011, St. Josephs's College, Brooklyn, New York, was found to be in violation of Section 504 of the Rehabilitation Act for dismissing a student from school without allowing her representation during the decision, for not allowing her to challenge this decision, and for dismissal without sufficient evidence. (The Bazelon Center for Mental Health Law, 2012). The school had a Behavioral Intervention Team (BIT). BITs are used by many universities as a way for faculty and staff to identify high-risk students and work together to monitor and assess students. In this instance the school violated policies by using the BIT to determine the student's consequences instead of following traditional conduct methods that should be used by all students, regardless of whether the student is identified as having a disability (Lewis, Schuster, & Sokolow, 2012).

The issues present in the St. Josephs' case are recurring themes in university cases. Universities must have sufficient evidence when dismissing a student and must allow students the chance to challenge dismissals through medical assessments. A second medical assessment can only be requested under "extraordinary circumstances." Students must be assessed for risk on an individual basis. Universities must follow the same grievance and disciplinary procedures for all students. If the university believes that the student represents a "direct threat" a medical assessment is necessary.

Direct Threat falls under Section 504 of the Rehabilitation Act of 1973. The definition of Direct Threat was recently changed under Title II of the ADA in March 2011 by the OCR. Previously a direct threat was defined as a threat a student faces to themselves. The language

has now been changed to read: "Direct threat means a significant risk to the health or safety of others that cannot be eliminated by a modification of policies, practices or procedures, or by the provision of auxiliary aids or services as provided in §35.139" (Lewis, Schuster, & Sokolow, 2012). Recent court cases are being used to set a standard for how the OCR is now interpreting this new language.

A Spring Arbor University decision made in 2010 reflects the new language of Direct Threat Assessment. A student was identified as having a disability, despite never seeking the Disability Services Office. The student was in good academic standing. The school called a meeting with the student under false pretenses and told the student that because of complaints about his behavior he would be asked to sign a behavioral contract to remain in school. The student became upset, voluntarily left the campus, and was later denied re-admission despite his good academic standing. The OCR found that though the student left voluntarily, the University discriminated against the student upon attempting to return to campus by not following re-entry protocols in place for all students. The OCR determined that using a Direct Threat Assessment the student was not found to pose a significant risk to the health and safety of others (Lewis, Schuster, & Sokolow, 2012).

The cases discussed here can affect all universities nation-wide. Each state can adapt its own policies to further define disclosure of medical information in an emergency. In Maine, information can be disclosed to third parties if the individual gives written consent. Information can be disclosed to friends and family "if in the professional's judgment it is in the client's best interests to make the disclosure and the professional determines either that the client lacks the capacity to make health care decisions or an emergency precludes the client from participating in the disclosure" (Maine.gov, 2011).

Policy guidelines have been developed by several institutions to provide frameworks for universities to develop policies and procedures. The Bazelon Center for Mental Health Law offers policy documents and information about court cases. The JED Foundation produced the document "Student Mental health and the Law" after meeting with key informants in higher education and legal experts. The National Center for Higher Education Risk Management (NCHERM) releases annual white papers outlining pertinent protocol updates and best

practices. The Substance Abuse and Mental health Services Administration (SAMHSA) provides on-going guidance and white papers.

The Bazelon Center for Mental Health Law offers policy solutions focusing on six broad areas: Committing to the success of all students; providing reasonable accommodations; suicide prevention; confidentiality; recognizing the importance of students staying in school to recover; and allowing students to re-enroll following normal re-enrollment procedures (US Department of Health and Human Services, SAMHSA, 2012).

Recognizing that universities need to balance an individual's needs with what is best for the broader school community, the JED Foundation offers policy solutions and communication guidelines that schools can use to help them adhere to laws and do what is best for their students. The paper provides recommendations for following privacy and confidentiality laws, understanding and adhering to disability laws, delivering mental health services, and liabilities that universities should be aware of regarding student suicide and violence.

The 2012 white paper produced by NCHERM outlines protocols for suicidal students, BIT, and the Direct Threat standard (Lewis, Schuster, & Sokolow, 2012). This document offers best practices that Universities can employ when using a BIT. The white paper recognizes that due to changes of the Direct Threat definition universities now face challenges in addressing harm to self in individuals. The white paper cites some best practices for BITs to follow, including: being open with students about reasons for meetings, having clear guidelines and expectations for students voluntarily choosing to withdraw, and knowledgably conducting BIT and student conduct processes simultaneously (Lewis, Schuster, & Sokolow, 2012).
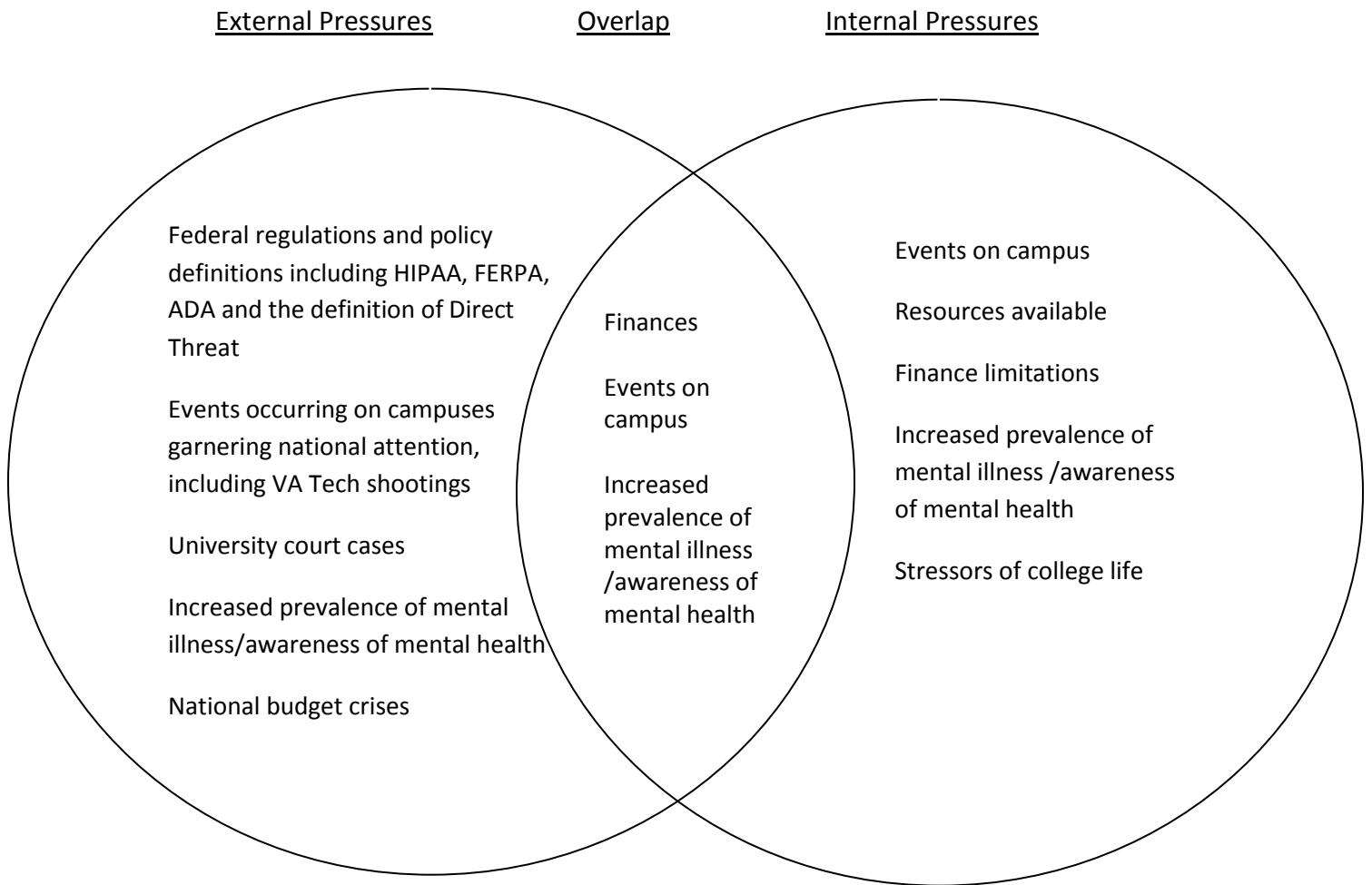
Recognizing the growing problem of mental health on college campuses, the Substance Abuse and Mental Health Services Administration (SAMHSA) met with campus leaders and organization members across the country to discuss problems and possible solutions. Their recommendations are comparable to recommendations made by the JED foundation and focus on: Improving the overall culture of mental health on campuses by reducing stigma and increasing cultural competency; improving access to information for both students and professionals on campus; and managing expectations of campus professionals and departments to improve the mental health systems on campus. (Building Bridges, 2007).

Virginia colleges put together a joint commission to evaluate their mental health services and crises response following the well-publicized shootings on the Virginia Tech campus (resulting in the killing of 32 people and the suicide of the shooter). This evaluation led to policy recommendations similar to those by The Bazelon Center for Mental Health and by the JED Foundation. Recommendations include ensuring that all Virginia campuses have the ability to screen and refer students, the development of planning teams on all Universities focused on suicide prevention, amending Virginia codes referring to mental health, privacy of information, and clarity of language, establishing MOUs with hospitals, establishing contact people to improve exchange of communication, and conducting training for University members on handling student mental health issues (Bonnie, Davis, & Flynn,2011).

In 2005, Erica Rafford conducted an exploratory study of how eight colleges and universities in Maine responded to student mental health crisis. The study was conducted for her capstone requirement in the Public Policy and Management Program at the Muskie School and sought to "examine the internal and external pressures, limitations and beliefs that create the organizational environment from which college and university policies are shaped" (Rafford, 2006). Rafford interviewed key informants at each college or university including the Dean of Students, the Director of Health Services, the Director of Residential Life, the Director of and Student Counseling, and the Director of Support Services for Students with Disabilities. Rafford found that many of the colleges and universities had a "proactive approach to student mental health crisis, with a focus on community wellness and safety" (Rafford, 2006). She also found that Maine colleges and universities differed somewhat in how they responded to specific crisis situations (as depicted in vignettes of students in potential crisis presented during the interviews). Her recommendation that the mental health "safety net" for students be maintained and expanded recognized that Maine colleges and universities will need to continue to balance and work within the external and internal pressures they face.

FRAMEWORK

This project examines the mental health policies and services in place at the University of Southern Maine through the lens of internal and external pressures affecting colleges and universities nationally. This framework was developed based on the literature review conducted.

External Pressures   Overlap   Internal Pressures

Federal regulations and policy definitions including HIPAA, FERPA, ADA and the definition of Direct Threat

Events occurring on campuses garnering national attention, including VA Tech shootings

University court cases

Increased prevalence of mental illness/awareness of mental health

National budget crises

Finances

Events on campus

Increased prevalence of mental illness /awareness of mental health

Events on campus

Resources available

Finance limitations

Increased prevalence of mental illness /awareness of mental health

Stressors of college life

METHODS

This project was conducted through semi-structured interviews with individuals at the university who a have a role in implementing mental health policies, delivering mental health services, or promoting mental health on campus. I met with Denise Nelson, Assistant to the Chief Student Affairs Officer, and Robert Small, Head of Counseling, to determine how this project could best serve USM. Ms. Nelson suggested that I narrow the focus of the interviews and provided me with background information about the school's BIT and names of potential interviewees. I then re-defined the questions to be more open-ended, focusing on:

- Delivering mental health policies and services
- Education / Awareness
- Challenges and Barriers

My meeting with Robert Small proved very fortuitous. Mr. Small provided me with a wealth of background about what the school is currently doing, along with additional names of potential interviewees.

I used guidance from key stakeholders at USM, the organizational context in Erika Rafford's capstone project, as well as guidelines developed by the JED Foundation, SAMHSA, and the Bazelon Center for Mental Health Law to determine the research and interview questions. The interview questions were designed to answer the following questions:

1. What policies, procedures, and services are in place at the University of Southern Maine affecting how the University responds to the mental health needs of their students?

2. What internal and external pressures affect how the University of Southern Maine responds to the mental health needs of their students?

3. What are the gaps in USM's policies, procedures, and services in place to meet the mental health needs of its students?

4. What steps can USM take to better meet their student's mental health needs?

I submitted a Request for Determination of Research Involving Human Subjects form to the USM Institutional Review Board (IRB). When it was determined that my project is not research involving human subjects I emailed a request for interview to individuals in the following departments: Health and Counseling, Residential Life, Public Safety, Office of Support for Students with Disabilities, Office of Community Standards, Student Affairs, Student Services, and Student Success. Follow up emails were sent to individuals who did not respond within one week. Recipients who did not respond to the emails received a follow up phone call. Additional interview requests were sent to individuals throughout the project based on interview discussions, including emails to coordinators of student services.

I conducted each interview in a location comfortable for the interviewee. Each interviewee was given the questions ahead of time along with a description of the project. Before the interview I asked each interviewee if they would consent to being recorded for the purpose of note taking. I also took some notes by hand during the interviews. The interviews were conducted in a casual manner, with the structure of questions modified as necessary to suit the role of each interviewee. After each interview I typed my written notes and listened to the recording of the interview, adding additional notes from the recording to my typed notes as necessary. I then organized the notes from each interview into a chart with the following categories:

- Interviewee Name
- Policies and Services
- Outreach/Awareness/Training (to staff and students)
- Pressures/Factors
- Gaps/Challenges
- Next steps/Needs
- Other Important information

I noted recurring information and ambiguities throughout the interviews and followed up with interviewees after the interview to clarify statements, if necessary. After all the

interviews were complete I reviewed the chart of notes and conducted further follow up with interviewees as needed.

Eleven out of thirteen individuals who received a request for interview email responded, agreed to be interviewed, and successfully completed the interview. Two individuals did not respond to requests. One of these individuals was determined not pertinent to meet with based on the individual's role at the university and was not pursued further.

LIMITATIONS

I reached out to all departments on campus who have a primary role of addressing mental health needs of students. The response rate of the interviewees was very high, but the interviewer was not able to speak with all departments. This assessment reflects the views of the interviewees expressed in the interviews and may not reflect the views of all faculty, staff, or students. Finally, the findings and recommendations of this capstone pertain to the University of Southern Maine. They should not be generalized to other schools or campuses.

MAJOR FINDINGS

AVAILABLE SERVICES/SUPPORTS FOR STUDENTS

Program / Department	Type	Description
Health and Counseling	Student Services / Support	Health and counseling services available in Gorham; counseling services available in Portland. Students taking 6+ credits are required to pay the health fee which covers 12 counseling sessions and unlimited office visits at the health center.
Residential Life	Student Services / Support	Residential Assistants (RAs) and Residential Directors (RDs) play a major role of gatekeeper on campus. RAs and RDs are trained to recognize students in distress and refer to appropriate services, to mediate conflict, and to respond in emergency situations.
Office of Support for Students with Disabilities	Student Services / Support	Works with students with disabilities to provide testing, classroom, and service accommodations.
Title IX	Student Services / Support	Handles cases of gender based discrimination, stalking, sexual harassment, and sexual discrimination.
Student Success	Student Services / Support	Provides academic and career planning services.
USM Cares	Education / Awareness	Two year suicide prevention grant that provides stress and depression screenings, trainings for faculty, staff, and students, and an initiative for students to become certified student advocates acting as gatekeepers for their peers.
The Well	Education / Awareness	Wellness Resource Center on campus that offers early intervention, education, and enforcement.
Campus Safety Project	Education / Awareness	Grant funded project which promotes positive relationships, prevention, and better response to interpersonal violence, domestic violence, stalking, sexual assault, and sexual harassment.
USM Public Safety	Safety Conduct	Provides police services on Portland and Gorham campuses at all times.

Behavioral Intervention Team (BIT)	Safety / Conduct	Includes faculty from various departments on campus. Meets weekly to identify and respond to needs of students. BIT focuses on students of behavioral concern and creates action plans for students.
The Office of Community Standards	Safety / Conduct	Oversees non-academic and academic integrity cases. All students who violate conduct go thought the conduct core process.
Threat Assessment Team	Safety / Conduct	Comprised of the Director of Community Standards, the Assistant to the Chief Student Affairs Officer, and the Director of Counseling. Team oversees cases of student to assess whether a student is a direct threat to others and determines action plan.

Health and Counseling:

The Gorham campus has a health and counseling center, while the Portland campus only has counseling services. The counseling centers are open 8-4:30 Monday through Friday. The health center has more limited hours. Students taking six or more credits are required to pay the health fee for $80 which procures them 12 free counseling sessions, other students can opt to pay the fee. If more sessions are needed the counselor may make exceptions. The counseling center has a counselor on duty during the day for walk-in visits for students experiencing mental health distress. There is also an on-call counselor available at night. The health center reported that they refer students to counseling as necessary and will conduct "warm transfers", which occur when an individual is brought directly to services to which they are referred.

The counseling department identified various community partnerships including local mental health hospitals/units and community counseling centers that are very important in meeting students full mental health needs. USM has memorandums of understanding (MOUs) with several hospitals to ensure that USM is made aware of issues affecting a student's return to campus. It was noted that students will often continue to seek community services when they are no longer a USM student.

In the fall of 2012, 384 students visited the counseling center-124 students were at the crisis level, 74 students had past suicidal ideations, and 9 students had current suicidal ideations.

USM Cares:

USM CARES is a two year suicide prevention grant through the Substance Abuse and Mental Health Services Administration that was implemented in the fall of 2011. The grant is overseen by Micheline Hagan who works in coordination with Health and Counseling, the Campus Safety Project, The Well, and Residential Life. The grant is based on a public health model and is comprised of three tiers:

- o Stress and Depression Screenings
- o Student Support Network
- o Trainings for faculty, staff, and students

Stress and Depression Screenings: The stress and depression screenings are an anonymous on-line tool targeted to students who the University knows are at risk or suspects may be at risk. The link to the screening is sent to a cohort of students at a time through individual e-mails. The responses are evaluated using the nationally known Patient Health Questionnaire 9 (PHQ9) screening tool (Spitzer, R., Williams, J. & Kroenke,K). Students receive recommendations based on the results of their screenings. Students have the option to send anonymous messages to a counselor. The counselors are committed to responding to messages within 24 hours and usually respond much faster. Students are sent reminder messages to take the screening. Cohorts whom the screening has been sent to include veterans, commuters, students identified as LGBTQ , athletes, and students who may be under financial stress noted by a financial hold on the student's account. The University has used the tool to assess groups of students who are recognized to be in immediate mental health distress. The response rate has been between three to five percent which is lower than the national response rate of seven percent. However, the University has a higher than average rate of student follow-up and referral, which respondents suggest is a result of students completing the PHQ9. Respondents noted that several students have received intervention that they may not have had they not

completed the PHQ9. One respondent noted that "one student in particular may have attempted suicide if he hadn't been connected."

Student Support Network:

The Student Support Network is based on a model developed by Worcester Polytechnic Institute and is considered a National Best Practice. The program identifies students who are natural leaders and trains students to recognize students experiencing mental health distress and what to do, including conducting warm transfers. Forty students are trained. The training is delivered as a 12 hour course broken up into two hour weekly sessions. Students taking the course advocated for the training to be longer than the original course because they felt they needed additional skills. Students become certified student advocates when they complete the course. Respondents reported that students have been very engaged with the trainings, but are less engaged during the follow-up meetings after the course. A shorter version of the course has been offered to the University's athletic teams; 16 out of 22 teams have completed the training. Some students who have completed the trainings are now acting as co-facilitators instructing the course. The University is currently trying to find more opportunities for students to be involved after the course, including internships which several students are currently completing.

The group Active Minds sprung out of the Student Support Network. This group's goal is to normalize mental health and to reduce the stigma surrounding mental health/mental illness. This past semester the group conducted a PostSecret project, based on Frank Warren's PostSecret, encouraging students to write a secret anonymously on a postcard, with plans to display all the secrets in a mural on campus.

Trainings for faculty, staff, and students: USM Cares offers trainings in partnership with Health and Counseling and The Well on suicide prevention awareness, gatekeeper trainings, train the trainer trainings, and trainings for future clinicians. The university reaches out to student groups, or student groups will reach out for trainings.

The Well:

The Well is a wellness resource center on campus that offers early intervention, education, and enforcement. One respondent described The Well as a place that "promotes

the experts." Students are often referred to The Well from faculty, staff, or students, or are mandated to receive education for misconduct. The Well works with the students to determine wellness needs, and often refers students to other services.

The Well works closely with other groups on campus including the Student Support Network, Campus Safety Project, Health and Counseling, and The Office of Community Standards.

The Well offers internships to students who have in interest in promoting wellness outreach and being peer educators. The Well promotes mental health awareness as a regular part of its outreach activities through the weekly News Flush-a poster hanging in bathroom stalls, through table tents found in the cafeteria on occasion, through "quick hit approaches" in the cafeteria and the resident halls offering quick mental health messages, through skits, and through the new magazine Student Health 101. This is a national magazine customized by USM to promote health and mental health issues on campus. The magazine reaches an average of 600 students per month.

Several student groups have developed through the Well including a new Student Recovery Group for students in recovery from anything. One goal of the group is to reduce stigma on campus. The group works with the Portland Recovery Center.

Campus Safety project:

The campus safety project promotes positive relationships, prevention, and better response to interpersonal violence, domestic violence, stalking, sexual assault, and sexual harassment. Students are assessed to determine the impact the situation has had on them and are referred to counseling services if necessary. The project reaches out to students through occasional table tent tools, cafeteria events such a relationship survey and "Got Consent" day. Counselors are available during activities if students need services.

Residential Life:

Residential Life plays a major role in recognizing students undergoing mental health distress through the Residential Assistants (RAs) on every floor and through the Residential Directors (RDs). Residential Life finds out a student is experiencing mental health distress

through an external department, often the housing department or the Office of Support for Students with disabilities, or through a crisis event that occurs on campus.

The role of the RA is to know all the students in their section and to recognize when a student is acting differently from their normal behavior. The RAs play a big role of gatekeeper on campus. One respondent said, "If the RA is doing their job they should notice if there is an issue with students." The RAs and RDs receive training when they start their position and throughout the year. The RAs spend a lot of time with the counseling staff where they learn how to recognize students in distress, how to mediate conflict, and how to have difficult conversations. The RAs do not treat students, but know to refer students to the RD or to services on campus where they can get help. There is always one RD on call on campus.

Residential life promotes mental health awareness throughout the year through Learning Objectives. Topics can be determined on an as needed basis. Residential Life noted challenges following up with students due to limited time and difficulties engaging students.

Office of Support for Students with Disabilities:

The purpose of this office is to work with students with a disability to provide testing, classroom, and other service accommodations. Students usually find the office through referrals from faculty and staff or through the student's previous k-12 plan. The office provides students a letter when they are registered to receive accommodations and works with the students if they need assistance sharing their letter with faculty and staff. FERPA protocols are followed. The office is currently working with faculty and staff through a Blackboard page to educate faculty about what to do when they receive a letter and how to work with students. The faculty in this position is new this year and is currently conducting an assessment to identify strengths and weaknesses of the office. Part of this assessment will include a student assessment.

Title IX:

The role of the Title IX office is to handle cases of gender based discrimination, stalking, sexual harassment, and sexual discrimination. Faculty and staff on campus are required to disclose situations of this kind to the Title IX coordinator. The coordinator provides judicial,

criminal, and resource information. The coordinator always assesses student's mental health and will refer students to counseling services and/or to community advocates.

Student Success:

This department is a result of a consolidation that occurred four years ago between Academic Resources and Advising Services. The office provides academic and career planning services. The office is mandated to see students who are at high risk through the Go program, are undeclared, or who are students in the Arts and Humanities Division with less than 54 credits. Other students are welcome to receive services. The respondent stated that all staff members are aware of mental health resources and are trained to conduct referrals. Staff are trained through orientation and on-going learning opportunities. The office in Portland is located across the hall from health and counseling, so staff often uses the warm hand off method of referral. Student Success noted a retention rate of 88% of first year students as of January 1, 2013.

OUTREACH AND PROMOTION EFFORTS

Respondents noted that the University does very well promoting services to students. One respondent said that "my sense is that we do very well due to the high number of students using services."

Students are first made aware of resources through Open House and Accepted Student days. During these times each service or group on campus has a table promoting their services. The first week students arrive on campus they receive an orientation throughout the week where they are exposed to information through table tents, cafeteria events, and Residential Life hall events. Orientation events are available for off-campus students as well.

Students receive a Student Success Booklet during orientation which outlines services and supports available. Services and resources are all listed on-line on the University's web-site. Information about support services for students, including the Office of Support for Students with Disabilities and Veteran Services are listed in the admission packet sent to students interested in applying to USM. One respondent noted that it is not common to see this information available to students in admission packets. Throughout the semester various

departments report to do outreach on an on-going and as needed basis. (See Available services/supports for students for more details).

Respondents noted that more faculty are aware of resources on campus and more faculty are referring students to services, but some respondents noted that not all faculty view it as their role to identify students experiencing mental health distress and to refer the student to appropriate services.

Most respondents thought that it should be everyone's role at USM to be a gatekeeper. The counseling department is currently working to better engage faculty and staff by conducting small meetings with staff who have been identified as possible staff who could benefit from trainings, by asking staff to help the counseling department, and by assessing what supports staff need. Faculty and staff receive an email at the start of each semester noting who to call for student or employee incidents or problems, including references to suicide, sexual assault and sexual harassment, dating/domestic violence and stalking, discrimination and bias incidents, disability accommodations, mental and physical health concerns, misconduct, notification of a death of a student, and miscellaneous student issues. This information can also be found on-line on the University's website.

SAFETY / CONDUCT

USM Public Safety is available at all times on both Portland and Gorham campuses and is fully staffed with police officers. Emergency call boxes are placed on campus for emergencies, and 911 calls are directed to the USM police. Faculty, staff and students are advised to call the campus police for any emergency situation, including a mental health crisis, as advised on USM's web-site under the section Division of Student University Life-Behavioral Intervention Team.

The Office of Community Standards oversees non-academic and academic integrity cases. All students who allegedly violate the University of Maine System Student Conduct Code go through the University of Southern Maine Conduct Core Process. During this process students receive a notice of hearing and are sanctioned to meet with the Conduct Officer. If the student disagrees with the sanction a review hearing is scheduled with the Student Conduct Committee to determine the outcome of the case. If the student is suspended or dismissed, the

case will then go to the President's Designee. The conduct code process is followed as often as possible when addressing mental health cases. If a student breaks conduct during a mental health crisis the conduct code will be applied to the student to determine the outcome of the case. A student will also be referred to appropriate mental health services during this time. The Office of Community Standards looks for underlying mental health issues in their cases on a regular basis.

In the case where the outcome of following the conduct code would not be the appropriate decision, the office noted that the student may go through the Direct Threat Assessment Team to determine the appropriate decision for the student. The Threat Assessment Team is comprised of the Director of Community Standards, the Assistant to the Chief Student Affairs Officer, and the Director of Counseling. Under a Direct Threat Assessment a student is assessed to determine if they are a direct threat to the health and safety of others, not themselves, and if the student should leave campus on an involuntary withdrawal. The Office of Community Standards noted that student's punishments are often adapted to the student's individual situation. One example given was that if a student has broken conduct, but the student is struggling academically, the sanction for the student may be to seek tutoring services. The purpose of the personal punishments is to identify why students broke conduct and to help students achieve academic success. As part of a student's sanction they may need to visit the Well to receive education or on-line training.

Behavioral Intervention Team (BIT):

The campus has a Behavioral Intervention Team (BIT) that includes staff from Health, Counseling, Residential Life, Campus Police, Office of Support for Students with Disabilities, Title VIIII, the Office of Community Standards, and Student and University Life. The purpose of the BIT is for the departments to come together to create an action plan for students of high behavioral concern-the student could be identified as high risk, could be suspected of becoming high risk or, the student may be experiencing on-going behavioral struggles. The BIT uses guidelines produced by the National Behavioral Intervention Team and follows laws of FERPA to protect students' education records. Health and Counseling recognize HIPAA throughout the BIT meetings, strictly protecting information about students' counseling sessions and medical

records. Residential Life discloses information to other committee members about students of concern on a need to know basis; the knowledge Residential Life has often aides the committee to better understand the student's background and situation better. This information has been deemed to be very helpful in determining next steps for the student. Residential Life noted that the timing of the meetings immediately follow the weekly meeting of RDs to discuss student concerns and campus incidents. This timing allows the BIT team to hear of student situations and concerns very quickly. One respondent noted that the BIT meetings used to be a reiteration of the previous meeting, but that now more information is filtered out on a need to know basis for the BIT. Other members of the BIT are contributing more knowledge of students than in previous years. Respondents noted that the University is much more aware of the BIT than they were a few years ago, due to BIT members reaching out to staff more, and that more staff and faculty are contacting the BIT. The team will be working this summer to put some of their unwritten protocols in place, including note taking policies, Direct Threat, and how the team assesses whether a student should be discussed by the BIT. In the fall of 2012 the BIT handled 122 cases: 78 on campus, 44 off campus. 17 of these cases were mental health issues, 8 cases were severe, and 14 cases were suicidal.

Other policies:

Respondents reported that only in rare circumstances would USM contact the parents of a student without the student's consent. This policy adheres to FERPA law. Respondents noted that situations where parents may be contacted include imminent harm, during which the situation would be assessed to determine the student's relationship with the parents and the timing of when the parents need to know. During all situations of a mental health crisis respondents reported working with students to determine the student's support system and the student's relationship with their parents. USM assesses the individual situation to determine if reaching out to supports would be helpful for the student, and if so, encourages the student to do so. Under Maine law USM keeps information about reproductive health, sexual health, and mental health confidential for minors.

There is a new policy in place this year to recognize all deaths on campus by sending out email messages to students, faculty, and staff. In the past, students did not always receive

notifications of a student death. The campus is working more on how to handle mental health crisis situations and developing messaging regarding mental health crisis situations on campus, including how the campus addresses a suicide on/off campus. One respondent noted that whether a suicide is addressed as a suicide is determined by the parent or guardian of the student.

PRESSURES AFFECTING MENTAL HEALTH POLICIES AND SERVICES

The following pressures were noted by respondents as having an impact in shaping the structure of mental health at the University of Southern Maine as it is today.

External pressures:

- In the 1960's, during the Civil Rights Movement, students began challenging the right of universities to act as their legal guardian. This movement and the change in the legal voting age led colleges from acting as a student's legal guardian *In Loco*, "with parents" to acting as *Sine Loco*, "without parents". This limited the ability of universities to protect students from harm or from harming others.
- A national increase in the prevalence of students experiencing mental health distress and a societal shift towards addressing mental health publicly.
- A societal shift about a decade ago of having a counselor being normalized and being perceived "as cool".
- College campus shootings such as the Virginia Tech shooting in 2007 and Columbine shootings were catalysts for USM to look more closely at their protocols.

Internal pressures

- Respondents noted that a high number of suicides in the fall of 2012 led to USM evaluating their prevention efforts and their protocols. Though USM Cares, the suicide prevention grant had already been procured, these events have affected where the grant has targeted its efforts and has made the campus as a whole more aware of mental health awareness and suicide prevention.

- Financial concerns were noted by many as having an effect on the current mental health system. Respondents noted that due to budget cuts the hours the counseling center is open have been limited. Many respondents are concerned that budget constraints may limit the prevention efforts from continuing after the two year USM CARES grant ends. Other respondents noted that USM has managed to do a good job of protecting mental health resources, despite financial challenges.

- Student retention rate concerns were mentioned as possibly affecting the standard of students accepted into USM, including students who have been dismissed from other universities for breaking conduct.

- New administration on campus was noted as producing positive results, including implementing the new policy of addressing student deaths on campus. Some respondents feel that new administration might have bigger impacts in the future on how USM addresses mental health on campus, but are not sure what this will look like.

DISCUSSION

The discussion is presented in terms of topic areas and is based on interviews with study respondents and on observations of the interviewer.

Raising awareness and educating students about mental health:

Respondents noted that students, staff and faculty are much more aware of mental health issues now than in the past. This can be attributed to what some respondents described as "normalcy" of having a counselor, general reduced stigma of receiving mental health services, and to initiatives on campus including USM Cares and the Campus Safety Project.

The university has adopted many efforts to provide students with resources about mental health and services on campus, but limited efforts were identified in the interviews to reach out to students who may be identified as "hard to reach." This includes non-traditional students and students living off campus, who are often the same population; the average age of USM students is 27. According to one respondent, about 88 % of students live off campus. Respondents noted that off campus students were invited to attend campus activities including orientation events. No respondents highlighted additional activities to target specifically those students who may be less likely to attend a campus event, particularly older students who may have a higher prevalence of mental health issues due to increased stress from daily life activities including work and family.

Reducing suicides is a major focus of the USM CARES grant. Several students who were at high risk of committing suicide became connected to treatment through the grant. However, respondents did not note increased efforts in raising awareness about mental health and support services for students at lower risk of suicide who may be experiencing heavy academic stressors and pressures affecting their mental health. Some outreach activities noted included on-campus activities in the residence halls around stress and balance including The Well on Gorham as   place for students to learn about resources and supports. However, these services are only available on the Gorham campus. This speaks to the challenge of reaching non-traditional students living off-campus, who may have few or no classes on the Gorham campus. The Well may be implemented on the Portland campus in the future, which could serve a significant role in increasing outreach of mental health to the hard to reach populations.

Identifying students who need support:

The University has increased efforts to identify students needing mental health supports. The Behavioral Health Information Team (BIT) has attempted to educate more faculty and staff about their presence and the services they offer. The health and counseling staff, in conjunction with USM CARES, has provided "gatekeeper" trainings to students, staff, and faculty. Students who are suspected to be of higher risk of developing mental health problems are often identified by USM CARES through screenings as well.

Many respondents were concerned about what will happen when the USM CARES grant ends in the fall of 2014. Respondents thought the prevention efforts conducted through this grant are needed. The University will be conducting a formal assessment to determine the need for continued suicide prevention efforts. However, some respondents felt that the students being used to identify students experiencing mental health distress through the Student Support Network are "over tapped" and thought a more formal support should be in place.

The majority of the respondents thought that it was the responsibility of everyone on campus to identify students who need to seek services, however, some respondents also noted that they don't believe that all faculty and staff perceive it as their role to identify students who need services and to refer students to other services. Many respondents expressed frustration that not all faculty and staff are acting as "gatekeepers". USM is currently exploring new initiatives to better engage faculty and staff.

Students who have less significant mental health problems may fall under the radar of the BIT and USM Cares, and may not be recognized by faculty and staff. The USM CARES grant depression screening has a low response rate compared to national numbers. There has been a high rate of follow through for treatment with students who have completed the screening. Utilization rates may be due to stigma around depression screening, outreach methods, or the lack of opportunity for all students to take the screening.

Students are also often recognized by the health department and referred to counseling, which poses a challenge on the Portland campus, which lacks a health department.

Ensuring students receive treatment:

Respondents noted an increase in the number of students receiving support services, which can be attributed to the national increase in mental illness as well as an increase in mental health promotion and outreach efforts on campus. However, respondents also noted challenges of limited number of clinical staff and long wait time for students. The long wait time may affect students' willingness to seek services.

The wait time to seek counseling has been reported to affect staff in other departments who have been sought after by students for counseling-like sessions in cases where the student already has a relationship with the staff and perceives it easier to talk to the staff they have a previous relationship with. This has posed challenges on non-counseling staff. Counseling services are no longer offered throughout the entire summer, which severely limits the support services available for students living on campus and/or attending classes throughout the summer time. Students who may have depended on these services may be challenged to find other affordable services.

The biggest need recognized by respondents was for a case manager to better manage students who have been identified as having serious mental health or behavioral concerns. Currently follow up is conducted by the most appropriate member of the BIT determined on a case to case basis and Denise Nelson informally oversees the follow up, but due to other obligations of all staff, follow up and managing cases of the BIT has been noted by many as a challenge. Follow up was also noted as a challenge for Residential Life staff who are often occupied with new incidents occurring on campus daily. This could potentially affect the number of students who receive on-going treatment.

Ensuring a safe learning environment:

The University follows a strict code of conduct for all students to ensure that all students are treated fairly on campus. USM appears to stay very up to date on current policies and laws affecting how mental health can be addressed on campus.

Not all staff were aware, however, of new policies affecting involuntary leave of absence of a student who is not determined to be a threat to others, but to themselves. Several respondents were unaware of this new definition of Direct Threat. Several respondents also

noted that this definition makes it challenging to dismiss a student if they are a threat to themselves. Respondents were not all aware of how the university is currently addressing this challenge and the standards that should be followed for dismissing a student under an involuntary withdrawal policy. The university is still determining steps of action to take in the example of a student needing to leave the campus for the health and safety of themselves. The university is currently seeking input from their legal counsel to determine how the conduct code process can be used in this case and is continuously looking at colleague letters from the Department of Education for guidance.

Some respondents also noted that USM has been facing significant retention challenges that have affected the caliber of student being accepted by the university. Respondents noted that this includes students who have been dismissed form other universities for breaking the code of conduct. This may pose an additional risk on the safety of students at the university.

Additional Observations:

While the majority of respondents were forthcoming and open throughout the interviews, some interviewees provided limited responses. This may be due to a tense environment recognized by some respondents or to financial restraints and liability concerns. Respondents also noted that due to events on campus some faculty and staff want to be more aware of what their liability is to help a student experiencing mental health distress. This environment is part of the reason for the initiative this year to send staff an email every semester notifying them of who to call in various emergency situations.

Most staff were very aware of what each other are doing and of how events are handled on campus. Staff's roles are recognized and boundaries do not appear to be crossed. The counseling staff appears to follow HIPAA and act as trained professionals, and this role is recognized by other staff.

During the writing of this capstone, USM announced that it would be cutting several positions due to financial challenges the university is facing. The position of Associate Director of Residential Life was eliminated and the coordinator of the Campus Safety Project will not be renewed. The vacant position of Administrative Support Specialist in University Health Services will not be filled. As this capstone highlights, available campus resources highly affect the ability

for the university to best respond to the needs of students with mental health concerns. These cuts may negatively affect the ability for USM to respond to student's mental health needs. Positions cut were noted by many respondents as being very important gatekeepers, having a role in engaging students about mental health and services available, and holding information about students that others might not be aware of. It is not yet known if the responsibilities of the Associate Director of Residential Life will fall upon other staff. The University has reapplied for the grant to continue the Campus Safety Project grant. In the interim various staff are absorbing different components of the grant. Respondents noted many challenges of long wait periods in Health and Counseling; by not filling an administrative position, it can be suspected that this may delay the appointment scheduling and follow-up process. In a note to faculty and staff, the president of the university outlined all of the recent cuts, stating that the university will "continue to review expenditures, and, where possible, cut and reallocate." The university cut $4.4 million in savings of their $5 million target. A total of $3.1 million is in salaries, wages, and benefits. Many respondents noted challenges and pressures of working in a financially stressed environment. These current cuts can be expected to add to a stressed work environment and may limit faculty and staff from being able to extend themselves to fully address student mental health needs.

Overall, the University of Southern Maine appears to hold itself to a high standard of being aware of the most up to date guidelines for protecting the health and safety of students with mental health concerns and the safety of all students on campus. The majority of respondents recognize many areas where improvements can be made, including better engaging all faculty and staff, reaching out to students living off-campus and other vulnerable populations, and increased training for staff and faculty. The future of mental health services on campus is uncertain due to the impending budget crisis. Many of the current initiatives in place are grant funded, which may pose challenges in continuation of services, limiting the campus' ability to meet students' mental health needs in the future.

Chronology of New Mental Health initiatives at The University of Southern Maine
2002- The Dean's Council began, which was later changed to BIT.
2009- Academic Resources and Advising Services consolidated to become Student Success to better serve students.
2009- The Campus Safety Project began.
Fall 2011- USM Cares, Suicide Prevention Grant began.
Fall 2013- Faculty, staff, and students are now identified about all deaths on campus.
Fall 2013-The counseling center now has a counselor on duty available during the day reserved for walk-in visits for students experiencing mental health distress.
Spring 2013-Staff will now receive an email each semester notifying them of whom to call in various emergency situations.

NEXT STEPS

The purpose of this capstone was to provide a clear picture of the policies and services in place to address the mental health needs of students attending the University of Southern Maine and to assess pressures and challenges the university faces to inform future creation of policies and services. Future studies could be conducted to assess how faculty, staff, and students not directly involved with delivering services and implementing policies view the system of mental health services and policies at USM, including student's perceptions of ease of access to services and faculty and staff's perceptions of the referral process.

The following are additional considerations for the University based on interview responses and/ or observations:

- The University could implement a case manager to follow through with cases referred to the BIT and other students of high concern, as noted by the majority of respondents.
- The university needs to determine the next steps for prevention and awareness efforts on campus. The majority of respondents remarked on the significance that USM Cares and the Campus Safety Project have made in preventing suicides, promoting mental

health awareness, and promoting healthy relationships on campus. The university needs to determine which components of these grant funded programs it will sustain after the grants end, and how these projects will be sustained.

- Many of the university's protocols are un-written. The university appears to have plans to put its protocols for the BIT in writing. The university should consider putting other protocols in writing, for example, protocols followed during a crisis situation. These should be shared with all staff.

- The university could consider utilizing the new administration to address the future of mental health at USM including capacity concerns, staff training concerns, and to better define the definition of success of students—several respondents suggested that the university needs to define its role in addressing student success beyond USM.

- The university should consider focusing more efforts on reaching out to non-traditional students and commuter students. Respondents noted that this population remains challenging to reach, and respondents were not always aware of efforts in place to target engagement with these populations.

- The university appears to be working to engage more faculty and staff to recognize students in mental health distress and to refer these students to the appropriate resources. The university should continue this important work and continue to seek advice from currently engaged faculty and staff.

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Policy Definitions

FERPA (Family Education and Rights and Privacy Act)

- o Protects the privacy of student education records: records include information created by the university about the student that is shared with others.
- o States that students 18 and older control records and that all students have access to their records if requested.
- o Allows communication about students when concern for their welfare.
- o Applies to all Institutions of Higher Education receiving federal funds.

HIPAA (Health Insurance Portability and Accountability Act)

- o Protects medical records and personal health information.
- o Prevents unnecessary communication about a student.
- o Treatment records created on campus fall under FERPA.

ADA (Americans with Disabilities Act) and Section 504 the Rehabilitation Act of 1973

- o Prohibits the University from indirectly or directly discriminating against students with a physical or mental impairment.
- o Schools must provide "reasonable accommodations" for students with disabilities.

Behavioral Intervention Team (BIT):

- o A team of campus personnel who meet regularly to identify high risk students and mental health issues on campus and who work together to determine the best case of action for each student.

Direct Threat Assessment:

- o The definition of Direct Threat was recently changed under Title II of the ADA in March 2011 by the US department of Education, Office of Civil Rights. Previously the threat applied to the student under determination, now recent court cases have determined the new definition to be applied to others. The new definition states: "Direct threat means a significant risk to the health or safety of others that cannot be eliminated by a modification of policies, practices or procedures, or by the provision of auxiliary aids or services as provided in §35.139. (Lewis, Schuster, & Sokolow, 2012)

Gatekeeper:

- o A gatekeeper is someone who plays the role of identifying a student who is experiencing mental health distress and referring that student to the appropriate services.

Questions for: Mental Health Policy, Procedures and Services Assessment
at the University of Southern Maine

1) Could you please give me an overview of the major policies, procedures and services used by the University of Southern Maine to meet the mental health needs of its students?
   - How are these organized?
   - Who does what?

2) Now I would like to ask you about the specific role that you / your department plays in helping to meet the mental health needs of students. Could you please describe your role and how you coordinate with other departments:

3) How does USM reach out to students and engage students about mental health issues when they first arrive on campus? During the course of the school year?
   - How are mental health services and mental health awareness promoted? What resources are students introduced to/materials received upon admissions/arrival/throughout the school year?
   - Are there different strategies or approaches for students living on campus? For students living off campus? For high risk students?

4) Gatekeepers are people who work at a university who have regular contact with students and are in a position to notice students experiencing mental health distress. Who plays this role at USM? What training / support do these people receive?

5) Does anyone else have the responsibility of identifying students with a mental health issue or problem? Does this differ by the type or level of severity of the problem?
   - For example, if a student is exhibiting general anxiety or stress? Exhibiting symptoms of depression? Appears "out of touch" with reality?

6) Under what conditions, and how, would USM involve the student's parents or family?

7) What internal and external factors have shaped the current mental health policies and procedures currently in place at USM?

8) How have mental health policies and services changed over the past five years?

9) How do you see mental health policies and services changing over the next five years at USM? What factors will influence that change?

10) How well do you feel USM is addressing student mental health issues? Are there any gaps in USM's policies and services? Are there any limitations to what USM can do?

11) What resources or policies would help USM better meet the mental health needs of its students?

12) Is there anything else I should have asked you that I have not? Is there anyone else who you think I should interview?