Student Mental Health Committee

Final Report

University of California
Office of the President

September 2006

UNIVERSITY OF CALIFORNIA

OFFICE OF THE PRESIDENT
1111 Franklin Street
Oakland, California 94607-5200

September 5, 2006

PROVOST and EXECUTIVE VICE PRESIDENT HUME

Re: **Report of the University of California Student Mental Health Committee**

On behalf of the Student Mental Health Committee it is our pleasure to provide the final report of our group. The Committee was appointed in December 2005, and was given a charge to assess 1) trends in student mental health, 2) how these trends are being managed nationally and at the University of California, 3) the appropriate level of services on the campuses to address student mental health needs, and 4) whether the campuses currently have the resources to provide those appropriate services. Finally, the Committee was asked to propose recommendations for identifying resources to support any increased needs in this area.

The attached report reflects a summary of our research, findings, and recommendations. The report is organized in the following sections:

- A *Background* to the current concerns regarding student mental health and the formation of the Student Mental Health Committee and the Committee's charge.
- Our *Findings* regarding the current trends in student mental health and how these trends are being managed nationally and at the University of California.
- Our *Recommendations* on how to implement new initiatives or reinforce and fortify current programs and services to address the student mental health needs at the University.
- The recommendations are framed in a three-tiered model of services and programs which puts into context the challenges and necessary interventions to address student mental health issues at all levels and which, when in place, will result in *Healthier Campus Learning Communities*.
- *Appendices* which include supporting data, reports, and related documents.

We have been honored to work with such dedicated and experienced Committee members and invited guests. All who participated in and contributed to the Committee's work demonstrated insight, concern, and dedication to students and their mental health needs as well as an understanding of the complexities and pervasive nature of this issue on our campuses.

Sincerely,

Joel E. Dimsdale, MD, Co-Chair
UC Student Mental Health Committee and
Professor of Psychiatry, UC San Diego

Michael D. Young, PhD, Co-Chair
UC Student Mental Health Committee and
Vice Chancellor for Student Affairs, UC Santa Barbara

Executive Summary
Student Mental Health Committee Final Report

In December 2005, President Dynes charged then Acting Provost Hume with creating a Committee to study student mental health issues within the University of California. The Committee reviewed relevant literature, surveyed practices at UC and comparison institutions, and through presentations to the Committee drew on the perspectives of a variety of stakeholders.

The Committee concluded that mental health trends visible nationally are negatively affecting all UC campuses. In particular, the Committee found that:

1. Following national trends, UC students are presenting mental health issues with greater frequency and complexity.

> As a result, the workload among mental health and other professionals on our campuses is increasing, not only because they have to address directly the increasingly complex needs of greater numbers of individual students but because they have to assist in the campus community's collective response to these needs.

2. Budget trends within the University (and in the surrounding local communities) limit the capacity of campuses to respond to mental health issues and are manifested in longer student wait-times, difficulty retaining staff, and decreased services and programs.

> Student fees devoted to relevant services have remained relatively flat while the demand for and cost of providing those services has increased. This applies to direct mental health services and to the indirect mental health services provided by allied programs in campus safety, disability services, student life, residential life, learning support, and academic units.

3. This increasing demand and declining capacity pose a threat to the learning environment because of their significant adverse impacts on faculty, staff, and students.

The Committee urges the University to take action to ensure that its campuses can create healthier learning environments. A comprehensive response to these concerns is summarized in a plan of action delineated by the Committee in its Report. This plan envisions action on the following three tiers:

1. Restoring critical mental health services to fully respond to students in distress and at risk.
2. Implementing and augmenting targeted interventions through education, support and prevention programs and restoring staffing levels in those units best poised to assist high-risk students.
3. Taking a comprehensive institutional approach to creating healthier learning environments by enhancing the full spectrum of student life services, and revising administrative policies as well as academic practices that influence communication and collaboration around these issues.

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APPENDICES

I. Background to the Report

In recent years issues concerning student mental health have seen heightened national attention, with colleges and universities reporting unprecedented numbers of students in psychological distress. The escalation of student mental health cases has seriously taxed the capacity of institutions to respond to the demand for psychological, psychiatric, and related services.

The University of California has not been immune to this trend. Campuses have found themselves straining to provide support to students as budgets have tightened and resources have dwindled. The University's ten campuses have worked creatively to develop a range of strategies, from crisis management teams and campus-wide collaborations to student wellness campaigns, in an effort to address the growing demand for student mental health services. At the same time, there has been mounting interest on the part of constituents, including parents, individual students, and student organizations, in the issue of student mental health and the capacity of campuses to respond appropriately.

These campus and other University efforts are well-documented, and over the last six years have led to a number of reports, systemwide meetings, and other initiatives, involving the Vice Chancellors for Student Affairs, the Academic Senate, individual Regents, students, and parents of students, among others. (A chronology of these reports, related events and other actions can be found in *Appendix A*).

Despite these collective efforts, there is growing awareness within the University that additional action must be taken to meet the expanding need for critically important services in this area. It is within this context that, at the September 2005 Regents' meeting, President Dynes charged the Provost to undertake a comprehensive, Universitywide review of student mental health issues and the challenges associated with providing appropriate services within the campus community.

As a result of this general charge from the President, in early December 2005 then Acting Provost Hume appointed the Student Mental Health Committee, and specifically charged it to report back to him with an assessment of:

- trends in student mental health;
- how these trends are being managed nationally and at the University of California;
- the appropriate level of services on the campuses to address student mental health needs; and
- whether the campuses currently have the resources to provide those appropriate services.

That Committee, which has now concluded its business, met five times between February and August 2006. It was co-chaired by Academic Senate Representative and UC San Diego Professor of Psychiatry Joel Dimsdale and UC Santa Barbara Vice Chancellor for Student Affairs Michael Young. The Committee also included administrators, faculty, and students broadly representative of the campuses and a variety of campus functions, as well as the 2005-06 Student Regent (see *Appendix B* for a full list of the Committee members).

During the course of its deliberations, the Committee included in its agenda a review of relevant literature, an examination of practices at UC and other institutions, and testimony from a wide variety of campus stakeholders

impacted by and responsible for student mental health at the University (see *Appendix C* for a full list of guest presenters to the Committee and the dates and topics of their presentations).

The Report that follows is the end result of the Committee's consideration of this complex set of issues. The Report sets forth both the Committee's findings and comprehensive recommendations structured as a single coherent plan of action for the University.

an increasing use of medications for anxiety, mood disorders, and depression.

Student mental health issues affect academic communities—including their education abroad and other off-campus programs—in a variety of ways, from disruptive and hostile behavior or even violence in classrooms and labs to suicidal threats or gestures in the residence halls. Faculty, staff, and students have feared for their own safety when interacting with students in crisis, and instances of stalking or other bizarre behavior are not unusual. In addition to these more aberrant behaviors, campuses are responding to victims of sexual assault and other crimes, students struggling with eating disorders, grieving students who have experienced the death of a friend or loved one, and students with seriously ill family members. These issues are being reported in increasing numbers and severity at our UC campuses as well as across the nation.

II. Introduction and Committee Findings

Defining the Issues: the National Context

Student mental health issues have traditionally been defined within the context of adjustment and developmental challenges with which young people have always grappled. Issues of homesickness, achievement anxieties, adjustments to new independence, and finding one's way have always presented challenges for college students. However, in addition to these developmentally predictable concerns, more and more students of all ages and backgrounds are experiencing mental health problems that are qualitatively different and significantly more complex.

Nationally, nearly half of all college students report feeling so depressed at some point in time that they have trouble functioning (R. Kadison , T. DiGeronimo, 2004). Psychosis is frequently first manifest in late adolescence, the same age when severe eating disorders and substance abuse take a heavy toll. Crises, tragedies, and darker issues now involve university students with a regularity that is deeply troubling. It is not surprising that counseling centers nationwide report increasing numbers of students seeking services, with Columbia University reporting a forty percent increase since 1995; MIT a fifty percent increase between 1995 and 2000; and the University of Cincinnati a fifty-five percent increase from 1996 to 2002 (M. Kitzrow, 2003). Diagnoses of these students indicate a heightened severity of problems and

The UC Context

Increasing Number of UC Students are Taking Psychotropic Medications

Roughly one in four students seeking counseling services within UC are already receiving psychotropic medication at the time they seek such counseling. Consistent with national trends, this increased number of students on medication represents a stark increase over the past twenty years (J. Young, 2003).

Prescribed psychotropic medications, in combination with psychological counseling, are allowing more and more young people to function normally and compete academically. While these students may not have been able to attend college in the past, they are now graduating from high school and going on to pursue higher education. However, these students arrive on campus with different needs and expectations for services and also with different risk factors. Sometimes, because they are in a new unstructured environment or simply because they want to experiment, they choose to discontinue their medications. The

resulting behavior—including threats, assault, and self-destructive actions—can have lasting and widely reverberating impacts on the entire learning community.

The Residential Campus Environment
In any consideration of student mental health and the institution's associated responsibilities, it is important to understand the context of the on-campus student residential environments in which our campuses are now operating, and the consequences for many student services—including student mental health services. Psychological crises are not limited to students with a prior history of these issues. The University of California has growing residential populations, with more than fifty thousand students living on our campuses and tens of thousands more living in adjacent or nearby communities. Residential communities provide added support and convenience to students, contributing to their overall academic success and satisfaction with their campus experience. On the other hand, community living can also serve to magnify mental health issues and require staffing, services, and community response twenty-four hours a day.

Incidents that occur in student housing and on the broader campus require the collaboration of student judicial affairs staff, the campus police, and a variety of other departments. Judicial affairs offices have increasingly had to divert resources to respond to behavioral issues that have resulted from student mental health problems. Discipline cases and crimes related to mental health are increasing in frequency, and campuses are finding that responding collaboratively can be frustrating not only because of the intricacy of the cases, but because of complex and sometimes poorly understood laws and policies, including laws and policies related to student privacy. The complex legal, policy, and strategic issues that surface with many of these emotionally charged incidents require the involvement of staff from a broad range of campus services and can consume enormous amounts of time, sometimes stretching over weeks and months.

The increase in student mental health problems has had a pervasive impact across each campus, and our off-campus programs and effective intervention must emphasize prevention, education, and outreach in addition to crisis response, remediation, and treatment.

Higher Risk Student Populations
Graduate students as a group have been identified as a population at higher risk for mental health concerns. The level of stress for graduate students is magnified by their relative isolation from the broader components of campus life, the intense academic pressures of their advanced studies, and the increased presence of family and financial obligations.

International students enrolled at UC were also identified by the Committee as particularly vulnerable to student mental health problems. This cohort of students often experiences cultural adjustment issues, carries significant financial burdens, and struggles with increasingly complicated and uncertain visa processes, resulting in increased stress.

Lesbian, gay, bisexual, transgender (LGBT) and racially and ethnically underrepresented students, who can feel alienated from general campus populations, are other examples of at-risk groups.

Mental Health Trends on UC Campuses

The Committee reviewed national trends in student mental health and examined a variety of associated markers for measuring whether an adequate level of service has been attained within the UC system. The Committee's work in this area was somewhat hampered by the fact that data collection and reporting are handled differently by each UC campus. The Committee therefore drew from a variety of different sources to illustrate the nature and magnitude of the mental health issues confronting our campuses. In some instances, data were available for the entire UC system; in others, the Committee used representative

data from specific campuses to document trends in evidence at all campuses. Instituting consistent data collection and reporting requirements across the entire UC system will assist substantially in future efforts at measuring student mental health and the associated delivery of appropriate campus services.

Representative Data for One Campus: Student Psychiatric Admissions and Suicidal Behaviors at UC San Diego
In *figure 1* the number of psychiatric hospital admissions at UC San Diego is plotted over the past five years. These admissions have doubled over this time period, and only reflect admissions that were reported to or required the involvement of UC officials. It is important to note that neither changes in treatment standards nor enrollment growth at UC San Diego (approximately fourteen percent over the same period) can account for this increase.

**UC San Diego
Psychiatric Admissions**
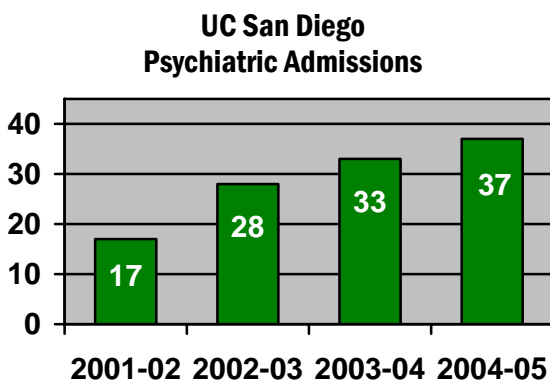
Figure 1

Figure 2 captures data on suicidal behaviors. There have been suicides across the UC system (see *Appendix D*), and these suicides are deeply troubling in that they take away from us some of the brightest young people in the State of California, people who can never be replaced to their friends and family. However, the suicide issue is even more pronounced when one considers the totality of suicidal behaviors for which we have data, i.e.,

completed suicide as well as suicide attempts that have necessitated trips to the emergency room or psychiatric hospitalization. In this context, suicidal behaviors at UC San Diego have doubled in the last four years. A survey of sixteen thousand college students in 2000 found that nine and a half percent had seriously considered attempting suicide and yet only twenty percent of students with suicidal ideation were in treatment (J. Kisch, V. Leino, M. Silverman, 2005).

**UC San Diego
Suicidal Behaviors**
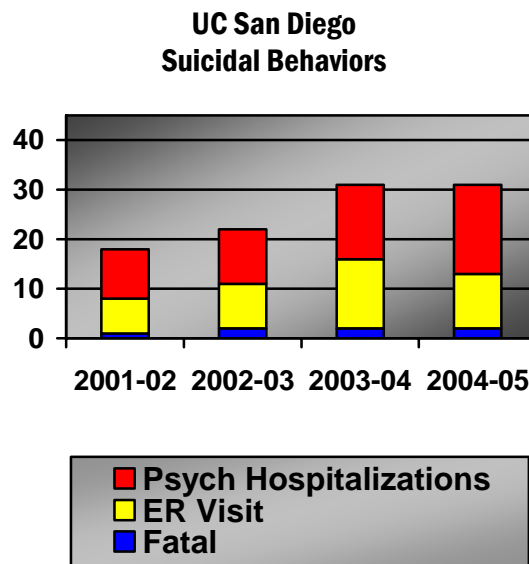
Figure 2

The Berkeley Study
To further highlight the challenges students face, data from a recent UC Berkeley study of 3,100 graduate students (*Berkeley Graduate Student Mental Health Survey Report—see Appendix E*) reveals that almost fifty percent of respondents had experienced an emotional or stress-related problem that significantly affected their well-being and/or academic performance. Almost ten percent of respondents further reported they had considered suicide in the last twelve months. This same study indicated that graduate students confront more pervasive mental health problems than undergraduates. UC has a significant population of graduate and professional students who by the nature of their independent study and research are at more risk of becoming isolated from the support structures of the broader campus. At

the same time, these students are experiencing substantial academic, financial, and family obligation pressures.

Mental Health Visits and Individual Counseling Sessions at UCSB
Figures 3 and *4* summarize data from UC Santa Barbara. In *Figure 3*, the top line shows that in the past ten years visits to the Student Health Center for mental health care have more than doubled. Because of the limited levels of specialized mental health staffing, primary care physicians are increasingly being called upon to provide this specialized care. The bottom line shows that over this time period primary care physicians have tripled their provision of mental health services to students seeking care in the medical clinics. The middle line reflects the increase in visits to psychiatrists—an increase of nearly one hundred percent. Students are consulting with psychiatrists and primary care physicians because of the severity of their mental health issues. Notably, the number one prescribed drug for college students is Prozac. In second place are all anti-anxiety agents, and in third place are all other anti-depressant medications combined (R. Kadison, T. DiGeronimo, 2004).

Figure 4 reflects broad changes over the last fifteen years to UCSB's approach to providing counseling services to students. In 1991, nearly five hundred students received counseling in group settings. That year had sixty-two crisis appointments (defined as students presenting issues that require immediate attention to mitigate or minimize harmful consequences). In contrast, in 2004-05 the number of students receiving group counseling had decreased by more than two thirds and students coming to the Counseling Center in crisis rose to 462. This fifteen-year trend represents a significant change for the Counseling Center. More students began coming to the Counseling Center in crisis and crisis appointments by their nature are not appropriate for group counseling. Thus, as crisis appointments have increased over the last fifteen years, more counselors have been needed to respond. Simultaneous with this seven-fold increase in crisis appointments at UCSB, student services sustained several budget cuts. In order to absorb the increase in crisis appointments and the decrease in funding, the Center eliminated or reduced the proactive and preventative measures that in past years had been provided to the campus community.

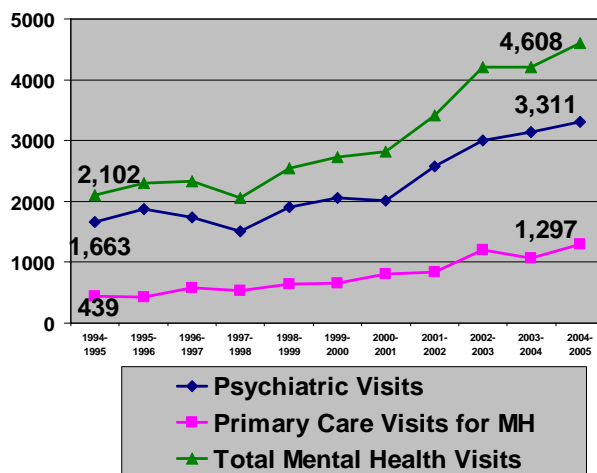### UC Santa Barbara Mental Health Visits to Health Center

Figure 3

UCSB Counseling Services 1991-2005: Students in Groups versus Crisis Appointments
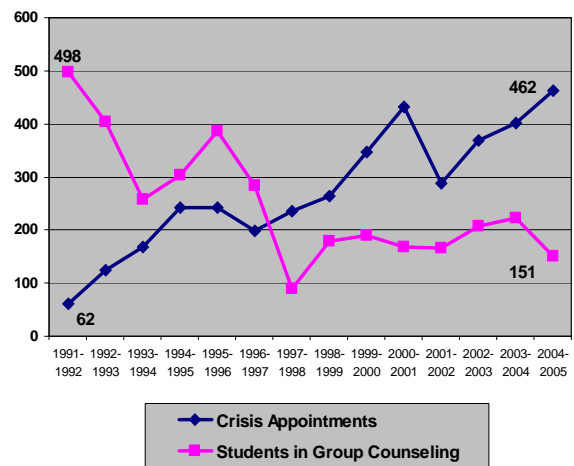
Figure 4

Trends in Counseling Center Use across the UC System

Moving into a systemwide context, the Committee pooled corresponding data from eight campuses (Berkeley, Davis, Irvine, Los Angeles, Riverside, San Diego, Santa Barbara, and Santa Cruz), and found that the number of students utilizing campus counseling centers has increased twenty-three percent in the last five years (see *Figure 5*). This increase is significantly higher than the enrollment growth at UC over the same period (fifteen and a half percent). Furthermore, this growth in demand may actually be an underestimate of needs because students may choose not to seek counseling at our centers because of limited staffing and increasingly lengthy non-crisis wait lists (that is, the counseling centers may have reached their maximum service capacity as reflected by the "ceiling" effect or the leveling off of student visits).

Individual Students Seeking Mental Health Services at Eight UC Counseling Centers
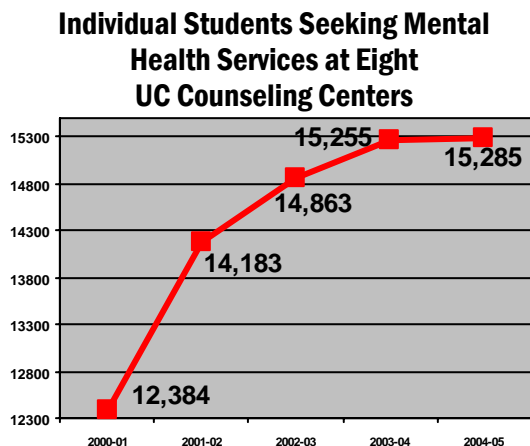
Figure 5

Psychiatric Disability Trends

In addition to needing services from counseling or student health centers, increasing numbers of students with mental health problems are also requiring disability services. While *Figure 6* charts data for three campuses (Santa Barbara, Los Angeles, and Berkeley), all UC campuses have seen a dramatic increase in the number of students

seeking disability services on the basis of psychological/psychiatric issues.

Students Requesting Services for Psychiatric Disabilities
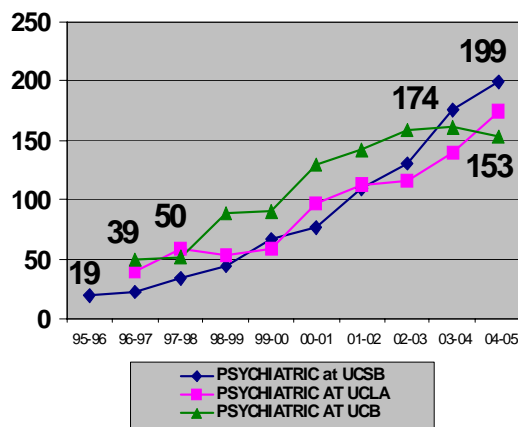
Figure 6

Markers

The Committee identified three markers by which to gauge the ability of the University's student mental health services to fully serve the University's students:

- ratio of mental health specialists to numbers of students;
- length of wait time for first and subsequent appointments;
- access to psychologists and psychiatrists.

The Committee found that, while individual campuses have differing circumstances, strengths, and challenges, the UC system overall has had difficulty measuring up relative to the above indicators of a mental health care delivery system fully able to serve the University's students. In addition, all campuses report difficulty in managing and supporting after-hours care.

The Impacts of Limited Student Mental Health Staffing

The capacity of campuses to address aggressively and affirmatively

student/specialist ratios, wait times, and specialist access—the three markers identified above—depends heavily on a single underlying factor: *whether or not campus mental health staffing levels are able to meet the full student need and demand.* In its examination of this issue, the Committee found that the University falls below the student/staff ratios recommended by the International Association of Counseling Services, the accrediting body of college and university counseling services (see ***Appendix F***)*. With respect to wait times, for example, students who do not identify themselves as in imminent crisis must often wait three to six weeks to see a counselor or psychiatrist.

Non-competitive Salaries

The Committee also found that, consistent with the findings of the June 2005 Report of the Academic Senate's University Committee on Planning and Budget, *Budget Cuts Affecting Campus Mental Health Services* (see ***Appendix G***), the entire UC system lags behind the private sector in compensation levels for mental health care providers. As a result UC is losing experienced psychologists and psychiatrists. For example, in one six-month period alone in 2004-2005, UC San Diego lost fifty percent of its counseling psychologist staff largely because of salary concerns (see ***Appendix H***, *Salaries for Licensed Doctoral Level Psychologists in the San Diego Area, August 1, 2006*).

Referrals Outside the University

The increasing numbers of student mental health-related crises on the University's campuses have clearly stretched their capacity to respond. More extensive referral outside of the University is problematic in many cases, given the limits on coverage provided by health insurance and the financial limitations of many students. In addition, private referrals may not be close to campus and thus not readily accessible. Public community mental health agencies already carry enormous caseloads and can only care for extraordinarily severe mental illness. At the same time it increases the capacity of campuses to respond to mental health needs on campus, the

University would be well-served to further explore ways to overcome the often-present barriers to off-campus referrals.

Managing the Legal Risk

In addition to the challenges of responding to individual student needs, there has been a recent increase in both the amount and complexity of case law involving student mental health and institutions of higher education. Universities across the nation are now examining their protocols, service models, and communication procedures. Administrators and governing boards are increasingly cognizant of the need to take reasonable and prudent measures to protect students, staff, and faculty who are experiencing or are affected by mental health crises within the academic learning community, as well as to position themselves to minimize their exposure to legal risk in this increasingly complex area of changing case law.

Diminished Capacity to Serve All Students

The increased need for mental health services has also affected the larger network of support services and programs constituting the campus life fabric of the University. The need to direct limited resources to students in crisis has undermined the ability of campuses to provide assistance to other students who are not so acute but who are dealing with more "traditional" adjustment and developmental issues such as homesickness, questions of identity, relationship issues, and concerns over career choice. Those students may fall through the cracks. This is of increased significance in light of the Berkeley study previously cited (see ***Appendix E***) which showed that eighty percent of student respondents who have considered suicide have never sought help at the campus counseling center.

The Impact on Academic Success

The impact on the academic success of students suffering from mental health issues is profound. A study of productivity costs of depression at Western Michigan University (A. Hysenbegasi, S. Hass, C. Rowland, 2005)

showed that depressed students were more likely to miss classes, assignments, and exams as well as drop courses. Depressed students also experienced a decline in grade point average of 0.49 on a 4.0 scale. Kansas State University reported in the *Journal of the American Medical Association* (R. Voelker, 2003) that the proportion of students who came to counseling centers with depression increased from twenty-one percent in 1990 to forty-one percent in 1999. Data from the Big 10 schools, also reported by *JAMA*, show a forty percent increase in the number of students seen at counseling centers from 1992 to 2002.

Conclusion: Learning Communities in Crisis

As any number of campus staff and faculty will attest, a psychological emergency for one student can reverberate across an entire campus community. Such scenarios are playing out on every campus, day after day, term after term. Campuses are losing capacity to attend to the general well being and developmental needs of the student population as student services staff attend to the more immediate issues raised by the scenarios described here. A vignette illustrating the widespread impact of just one student in crisis can be found in *Appendix I.* This lost capacity has an impact on the ability of faculty and staff to effectively promote teaching and learning and is causing increased interruption to the larger learning community. The mental health landscape among college students

represents a stark new reality in higher education in this country and at the University of California.

In its consideration of the above findings, the Committee has reached the following overall conclusion, about which it feels there is substantial degree of urgency:

The increased need by students for campus mental health services has resulted in an overtaxed delivery system at UC that falls significantly short of meeting the actual student demand and expectation for services.

The cumulative toll of this shortfall in service capacity has had and continues to have a significant negative impact on all campus populations, including other students, faculty and staff; on the affected individual student's academic performance; and on that student's overall mental and physical well-being.

Further, it is the Committee's considered view that this situation will not improve over time, and indeed given general societal trends can only further deteriorate, without aggressive intervention on the part of the institution. This intervention must include a systematic review of policy, enhanced communication mechanisms, and a renewed commitment to campus-wide collaboration along with an infusion of new resources commensurate with both the nature and magnitude of the challenge now facing the University.

III. Committee Recommendations

As the findings of the Committee have confirmed, campuses across the nation and at the University of California are experiencing a dramatic rise in the number of students with serious mental health problems. UC campuses simply do not have adequate funding and resources to fully meet the changing mental health needs of students. While at first glance this funding shortfall might seem to result from a simple rise in demand for mental health services, it actually has deeper roots. In order to properly understand the need, as well as other challenges to providing for and maintaining healthy campuses, the Committee examined the funding context for student services at UC over the past two decades.

Understanding the Broader Funding Context

Understanding the funding context requires an awareness of the recent history of the University Registration Fee, which has been established under Regents' policy as the primary funding source for campus programs and services that support student life and campus health (e.g., counseling centers, student health services, disabled student services, deans of students, career services, student activities, international student services, academic support programs, etc.). The policy states:

A Student Fee Policy affecting the Educational Fee and the University Registration Fee is established with the following provisions...

The University Registration Fee is a Universitywide mandatory charge assessed against each registered resident and nonresident student.

Income generated by the University Registration Fee may be used to support services which benefit the student and which are complementary to, but not a part of, the instructional program. These programs include, but are not limited to, operating and capital expenses for services related to the physical and psychological health and well-being of students; social and cultural activities and programs; services related to campus life and campus community; and educational and career support. These programs create a supportive learning environment and provide general student enrichment.... (The University of California Student Fee Policy, as approved January 21, 1994 and amended May 20, 2004 and September 22, 2005)

Registration Fee Stagnation, Inflationary Erosion, and Budgetary Downsizing

Over the last seventeen years, the University Registration Fee has essentially stagnated, increasing only $171 since 1987, from $564 to $735 (see *Appendix J* and *Figure 7* below). However, because of inflation, this increase actually amounts to a thirty-four percent *loss* in buying power since 1987-1988. Additionally, the "University of California 2006-07 Budget for Current Operations" (November 2005) states, "Student services programs were adversely affected by severe budget cuts during the early 1990s when the University was forced to make reductions due to the State's fiscal crisis; those cuts have not been restored. In 2002-03, student services programs were again reduced by a mid-year reduction of $6.3 million, which grew to $25.3 million in 2003-04—equivalent to a 20% reduction in Registration Fee-funded programs."

Indeed, looking back over the last seventeen years the Student Mental Health Committee calculated that just to have kept pace with cost-of-living adjustments instituted at UC since 1990 would have required a $48 million increase on a permanent basis over the total amount of University Registration Fees now

annually collected, and a corresponding $73 million increase on a permanent basis in order to have kept pace with both cost-of-living adjustments and mandated budget cuts.

Historical Comparison of Registration and Educational Fees
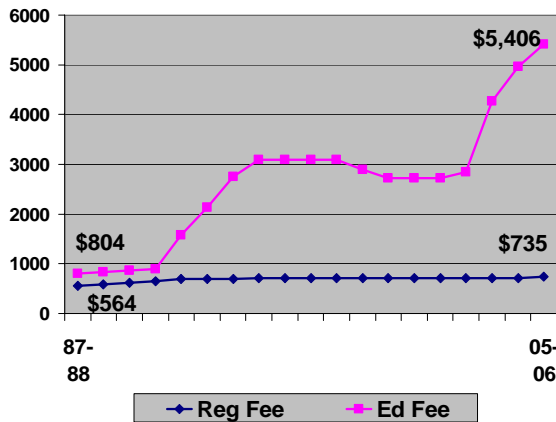
Figure 7

Triage, Stopgaps, and Other Mechanisms

To mitigate this shortage in funds, campus student services departments and programs across the UC system have developed a variety of strategies, for example: 1) income-producing measures such as user fees or fees-for-service; 2) student referenda (student self-imposed taxes) in support of facilities and services; 3) reallocation of dollars from some student services to others; and 4) the reduction, rationing and elimination of important student services. Despite these strategies, with the needs of college students changing so dramatically, staffing remains limited with little depth and a continuing need to increase services across the full array of departments designed to foster a safe and healthy campus. In order to achieve the specific programmatic recommendations outlined further below consistent with the overarching institutional goal of ensuring a safe and healthy learning environment, campuses need a significant influx of new permanent dollars, an effective funding mechanism to keep pace with inflation and

rising student demand, and a campuswide commitment to communication, collaboration, and information-sharing on mental health issues.

A Plan of Action for Creating Healthier Campus Learning Communities

Three-Tiered Model: Overview

What follows is a set of recommendations organized within a three-tiered model designed by the Committee to provide a comprehensive framework for meeting the fundamental mental health needs of our students and providing for safe and healthy campus environments across the system. While Tier 1 represents the most immediate needs, all of the tiers include recommendations that should be addressed in the campus and systemwide response to the mental health crisis.

Creating Healthier Learning Communities: A Tiered Model for Improving Student Mental Health
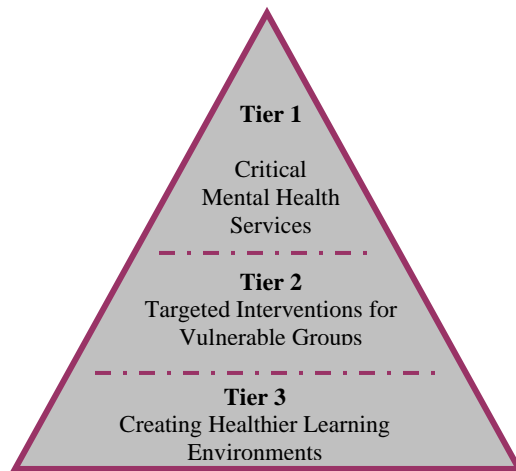
Figure 8

Tier 1 represents the **critical mental health services** that need to be restored for UC campuses to fully respond to basic student mental health needs on our campuses. It identifies the staff resources necessary to respond to students in distress and at risk while also beginning to address the other student care needs in this area. As a system, we currently fall below the student/staff ratios recommended by the International Association of Counseling Services, the accrediting body for college and university counseling services. The three- to six-week wait to see a counselor for a non-crisis issue is exacerbated by the relatively short academic terms on a college campus; with quarters lasting only ten weeks, a wait time of three weeks can have severe consequences on academic progress. In addition, a limited number of psychiatrists have caused many health centers to delay care or turn to general practitioners and nurse practitioners to provide mental health care.

Proactive administrative steps can be taken systemwide and at the campus level to create increased synergy across campus service areas, gain efficiencies and cost savings, share information and best practices, monitor the effectiveness of programs, and take advantage of the latest research and advances in the field of mental health.

Tier 2 outlines **targeted interventions for vulnerable groups** through education, support, and prevention programs, restores key services to help students manage stress, and increases staffing levels in those campus life areas most impacted by student mental health issues, such as disability services, student judicial affairs, and student life. Programs would thus be better able to focus on students who experience high levels of stress and some of the highest suicide rates (e.g., graduate students, international students, LGBT students, and racially and ethnically underrepresented students). Targeted training would prepare staff and faculty to recognize individuals in distress and make appropriate referrals early on as opposed to after a crisis has emerged. Web-based prevention programs

would provide students with basic information about mental health as well as the services available to them on their campuses and in the surrounding communities. In addition to enhancing education and outreach, campuses need to restore staffing levels in student life and student support departments so they can respond to student mental health issues without compromising or sacrificing the other important services they provide students, staff, and faculty. Because campuses have used different strategies to absorb both budget cuts and the impact of the mental health crisis, each campus would begin the work of Tier 2 from a unique starting point. Each campus, however, must replenish basic levels of service before it has the capacity to engage in assertive mental health outreach, education, and prevention.

Tier 3 is where UC moves beyond basic prevention efforts and triage and engages in **a comprehensive approach to creating healthier learning communities on our campuses**. This goal can be realized by enhancing the full spectrum of student life services, actively engaging the faculty and academic staff, while also facilitating proactive communication and collaboration.

Prevention can be improved by enhancing services and programs that raise awareness about early intervention and treatment, reduce stress, and teach students how to create and maintain healthy, balanced lifestyles. Such prevention programs can minimize a student's susceptibility to mental health problems by providing positive outlets for stress and alternatives to drug and alcohol use, by promoting healthy relationships, by providing positive role models, by building leadership skills, and by encouraging civic engagement. Additionally, civility in discourse, mutual respect, and a true understanding for the value and strength of differences are fundamental elements of a healthy and vibrant learning community. These messages should be woven into the fabric of campus life, both inside and outside the classroom. While essential for all students, these programs and activities are

particularly crucial for those who are at risk
for mental health problems.

Faculty are essential contributors in creating
healthier learning communities. Strategies to
involve faculty would include increased and
improved faculty mentoring, strategic
discussions regarding methods to improve the
classroom and lab environment for students,
and focused attention on how to improve
student morale and satisfaction.   Key
academic support services (e.g., math, science,
foreign language, and writing clinics) also
need to be enhanced.

The Recommendations in Depth

Tier 1: Critical Mental Health and Crisis Response Services

1) Increase the number of career psychologists and psychiatrists to approach the national standard for student/staff ratio (1000-1500:1). Psychologists and psychiatrists offer different areas of expertise for students in need of mental health care, and campuses are understaffed in both areas. Increased staff will:
   - Decrease wait times for psychiatry and counseling appointments;
   - Make counseling services more accessible via satellite centers and/or extended hours of service.

2) Bring the salaries of mental health professionals to competitive levels in order to recruit and retain high-quality, experienced staff for the counseling centers.

3) Increase staffing levels for disability services to meet the increasing numbers of students with psychological/psychiatric disabilities.

4) Ensure that student judicial affairs operations have adequate authority, flexibility, training, support and staffing to deal with mental health-related discipline cases.

5) Form or enhance campus crisis response teams and review day-time and after-hours procedures. Create or expand after-hours crisis response for students, particularly those in the residence halls.

6) Implement "case management" strategies for students in crisis that will allow for quick and effective inter-departmental collaboration and/or off-campus referral and follow-up especially when students are admitted for mental health evaluations and throughout their care cycle.

In addition, administrative frameworks should be examined with the goal of further strengthening the programs and services on each campus. For example:

7) On campuses with academic medical centers, examine relationships between medical centers and campus counseling centers to maximize opportunities for coordinating care, networking and collaboration.

8) Re-evaluate the current business model for counseling centers. Explore for example, the cost effectiveness of billing insurance companies for service and a combination of salary and fees-for-service for psychologist/psychiatric visits.

9) Develop UC Office of the President "Best Practice" recommendations and model policies that can be adapted to the unique organization and needs of each campus.

10) Develop a standard systemwide reporting mechanism for student mental health data and coordinate systemwide collaboration for the purpose of shared protocols.

Tier 2: Targeted Interventions for Vulnerable Groups

1) Enact a comprehensive, integrated prevention program, including targeted training programs for those who work closely with students (e.g., undergraduate and graduate advisors, student affairs staff, faculty, graduate student instructors, residential life staff, etc.). Students and faculty should be involved in the program design and an evaluation component should be included for each campus.

2) Develop a targeted intervention program for students who demonstrate evidence of a possible mental health decline (e.g., a significant drop in grade-point average and multiple alcohol citations). Evaluate what the possible identifiers might be, and how to best implement such a program.

3) Restore staffing levels in offices particularly impacted by student mental health interventions and who service more vulnerable populations (e.g., Office of Student Life; Student Judicial Affairs; Educational Opportunity Program; Ombuds; International Students; Lesbian, Gay, Bisexual and Transgender Center; Retention/Learning Center; and Cross-Cultural Centers).

4) Implement targeted outreach to parents regarding mental health, specifically focusing on services and resources available and the risks associated with students who chose to stop taking needed medications.

5) Enhance partnerships between counseling personnel and residential life to provide mental health outreach and education in the residence halls, regular consultation and coordinated crisis response.

6) Develop web-based mental health services and/or hotlines. Utilize national organizations such as ***Jed Foundation*** (a nonprofit public charity committed to reducing the young adult suicide rate and improving mental health support provided to college students) and models such as ***ULifeline***, which provides students with a link to their respective college's mental health center.

7) Develop or continue student-to-student mental health awareness programs such as mental health peer advisors.

8) Develop post-vention procedures that include interviews with students affected by suicide and return visits to residence halls or other student residences, and outreach to affected students, after a student death occurs.

Tier 3: Creating Healthier Learning Environments

1) Expand key academic support and learning services (e.g., in math, science, foreign language, writing clinics, course-specific tutoring, staffed study groups, and assistance in courses known to be difficult) to enhance students' ability to manage academically related stress.

2) Promote student well-being, reduce stress, and improve the quality of student life by (a) enhancing key student services (e.g., recreation, student activities, leadership development and service/volunteer/civic engagement, alternative social programming) and (b) partnering with faculty in actively promoting and encouraging civility, mutual respect, and an understanding of the enriching value of differences within a learning community.

3) Institute campuswide awareness programs (e.g., mental health awareness days, public service announcements and mass emails on mental health-related topics, expanded mental health components in new student orientation, updated websites related to mental health services, etc.).

4) Augment support for and faculty involvement in student groups which provide peer support and informal mentoring of students.

5) Initiate a partnership with the Academic Senate to focus on the impact of the learning environment and achievement pressure on student mental health issues. Institute programs within academic departments to encourage faculty mentoring, training on mental health issues for faculty, and promote a balanced lifestyle for students. Include in department or organized research unit reviews an assessment of the effect of the learning environment on the learners in terms of mental health issues.

6) Provide mentoring training to graduate student advisors and faculty with the goal of providing more support and connection for graduate students. Evaluate faculty mentoring practices, recognize mentors at all career levels, and make mentoring count towards tenure/promotion.

7) Examine University policies that may have an unintended negative impact on international students.

8) Establish a systemwide biennial conference on student mental health to track emerging issues and solutions as well as to review best practices as these have evolved across UC and at other comparable institutions.

9) Conduct an annual campus review of student mental health issues. Such reviews should involve students, faculty, and as well as the Vice Chancellors for Student Affairs and Vice Chancellors for Academic Affairs.

10) Develop, in conjunction with the Academic Senate, strategies for communicating effectively and sensitively with students experiencing academic difficulty to assist them in clarifying their educational interests, talents, and capacities (e.g., strengths and weaknesses); to encourage them to take better advantage of available resources to support academic success; and to advise them in adjusting their goals and plans to consider alternative majors and career paths.

Summary

Like colleges across the nation, the University of California has witnessed a dramatic rise in both the numbers and severity of student mental health problems. Service levels are inadequate for fully meeting student mental health needs, regardless of organizational structure, which varies from campus to campus. The Committee's findings have given heightened visibility to the fact that the University currently does not have sufficient psychologists and psychiatrists, as well as other student life staff, to fully meet the mental health needs of our students in crisis and at risk. Wait times for appointments with psychologists and psychiatrists are excessive, and off-campus referral for treatment is complicated by factors such as a shortage of providers and insurance coverage limitations. Moreover, campuses do not have adequate resources to respond appropriately to students in crisis and identify those at risk, while also providing a safe, supportive, and healthy campus environment that addresses the normal developmental needs of college-aged adults.

As it developed its recommendations, the Committee also struggled with certain inescapable budgetary realities: over time, State funding for UC has been reduced and non-State funding which supports many of the campus services and programs in place to address student mental health has also been significantly cut.

It is the Committee's conclusion that concerns regarding the current trends in student mental health are well-substantiated. It further believes that the University is dedicated to addressing these issues while acknowledging the effective but simply insufficient existing services and programs on every campus. The bottom-line message is that the resources available to attend to this mounting crisis are too limited. Even with improved collaboration across campus departments, additional staff, programs, and related resources are necessary to respond adequately to the growing impact of student mental health issues on the daily lives and productivity of our students, staff, and faculty. In the face of increasing demand, these resources, if carefully targeted and widely distributed, will improve the academic productivity of our students, decrease mental health crises, and contribute toward safer and healthier campuses for our students, faculty, and staff. Effective evaluation components can assist in confirming that the targeted efforts have the intended effect.

Implementation

The process of identifying the needed resources may be best accomplished via a follow-up systemwide implementation workgroup, to be established as soon as possible after the issuance of this Report and—as the Committee hopes—the adoption of the Report's recommendations. The workgroup would be tasked with exploring potential funding sources, the implications and uses of each, and the procedures and timelines related to their possible allocation.

However the University proceeds, the Committee strongly recommends that the University identify funds to address the immediate and critical mental health services levels described in Tier 1 of this Report.

Bringing staffing in all campus student mental health service areas to their needed levels is the first step, but this will be insufficient without the resources to augment and make permanent comprehensive outreach and education programs for vulnerable groups. With the foundational components of Tier 1 and 2 in place, the University can then turn to the broader issue of creating healthier campus communities—Tier 3—through varied and coordinated programs and services for students that revitalize the life of our campuses through their focus on health, wellness and balance for all students.

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Appendices

Appendix A

**2000-2006: A Brief Chronology
of UC Reports and Related Events
Prior to the Student Mental Health Committee's Formation**

2000-2006: A Brief Chronology

2000-present   The Vice Chancellors for Student Affairs at each of the University's ten campuses work within the context of mandated budget constraints to develop a range of campus-specific strategies for addressing the critical issue of increased student mental health needs, including the development of crisis management teams and campuswide collaborative approaches to student wellness. Over this same period, there is increased interest by campus constituents, including parents, in raising awareness about student mental health issues throughout the UC system. Individual students and student organizations also increasingly acknowledge that student mental health is a priority concern.

May 2001   The Presidential Report, "Future Vision: Student Services at UC," is issued and presented to The Regents at their May meeting. The Report identifies the need for attention to quality in student services as the student population grows, and specifically recognizes that the challenge of providing this quality is "exacerbated by [the University's] inadequate investment in administration and student services over the past decade." The Report highlights that "strengthening student health and psychological counseling services" is one of the University's most urgent student services needs. The full Report may be found at
http://www.ucop.edu/sas/publish/FutureVision2001.pdf

July 2002   The UC Campus Health and Counseling Services Workgroup issues its Final Report. The Report confirms and expands on the findings of the "Future Vision: Student Services at UC" Report of the previous year. (See *Appendix K* for relevant excerpts from the Workgroup's Final Report. The full Report may be found at
http://www.ucop.edu/sas/publish/CHCSWorkgroup2002.pdf

May 2004   Representatives from the UC Counseling Center Directors group meet with the UC Council of Vice Chancellors for Student Affairs to discuss the impact of student mental health issues on UC campuses. As a result of that discussion, the Council initiates designation of a UC Office of the President campus life representative to serve as a liaison with the Counseling Center Directors to facilitate Universitywide communication on these issues.

December 2004   UC Student Regent Designate Adam Rosenthal writes President Dynes regarding his concerns about student mental health. Regent Designate Rosenthal asks President Dynes to review the area of student mental health at UC and suggests forming a task force to accomplish that goal.

                The UC Berkeley Graduate and Professional Schools Mental Health Task Force release their report which reports data collected in an April 2004 campus survey on graduate students' mental health needs.

February 2005	The UC Council of Vice Chancellors for Student Affairs sponsors a Universitywide Campus Life Retreat on the topic *"Serving the Millennial Generation."* The retreat included numerous panels and forums focused specifically on best practices throughout the system for addressing student mental health needs.
May 2005	The UC Council of Vice Chancellors for Student Affairs meets jointly with the CSU Council of Vice Presidents for Student Affairs to identify priorities and share best practices. Student mental health is identified as among the highest priorities for both systems. The two Councils share best practices for addressing what they agree is a greatly increasing need for student mental health services to ensure healthy and productive learning environments on their campuses.
June 2005	The University Committee on Planning and Budget of the Universitywide Academic Council releases its Report, "*Budget Cuts Affecting Campus Mental Health Services*." This Report concludes that these cuts have had a profound negative impact on such services at a time when "the scope and complexity of the patient caseload has continued to spiral upward." (*Appendix G* includes the full Report).
September 2005	Victor and Mary Ojakian address The Regents at their September meeting. Adam Ojakian, their son and a UC Davis student, committed suicide on December 17, 2004. The Ojakians present a series of questions regarding student suicide prevention measures and incidents on UC campuses, and report data they have collected from other universities nationwide. They also share a chronological review of Adam's experience at UC Davis in the months prior to his death. The Ojakians ask the University to examine its practices and policies related to student mental health.

President Dynes charges the Provost to undertake a comprehensive Universitywide review of student mental health issues and the challenges associated with providing appropriate services within the campus community. |
| December 2005 | Then Acting Provost Hume appoints the Student Mental Health Committee. |

Appendix B

University of California
Student Mental Health Committee
Roster

Student Mental Health
Committee Roster

Joel E. Dimsdale (Co-Chair)
Professor of Psychiatry
UC San Diego

Michael Young (Co-Chair)
Vice Chancellor
Student Affairs
UC Santa Barbara

Gail J. Heit
Associate Vice Chancellor
Student Affairs
UC Santa Cruz

Anu Joshi
2005-06 President
UC Student Association

Bill Ladusaw
Vice Provost and Dean of Undergraduate
Education
UC Santa Cruz

Steve Lustig
Associate Vice Chancellor
Health and Human Services
UC Berkeley

Janina Montero
Vice Chancellor
Student Affairs
UC Los Angeles

Gale Morrison
Acting Dean of Graduate Division
UC Santa Barbara

Thomas Parham
Assistant Vice Chancellor
Counseling & Health Services
UC Irvine

Patty Robertson
Professor of Clinical OB/GYN
UC San Francisco

Adam Rosenthal
2005-06 Student Regent
Regents of the University of California

Judy Sakaki
Vice Chancellor
Student Affairs
UC Davis

Staff

Angela Andrade
Special Assistant to the Committee
UC Santa Barbara

Annik Hirshen
Policy and Legislative Coordinator
Campus Life
UC Office of the President

Valery Oehler
Associate Director
Campus Life
UC Office of the President

Appendix C

Student Mental Health Committee
Guest Presenters

Student Mental Health Committee
Guest Presenters

Yonie Harris, Ph.D.
Dean of Students, UC Santa Barbara
How does Student Mental Health Impact Student Life at UC? (**2.03.06**)

Barbara Stratton
Principal Budget Analyst, Budget Office, UCOP
Budget Information for UC Campuses (**2.3.06**)

Jeffrey P. Prince, Ph.D.
Director, Counseling and Psychological Services, UC Berkeley
UC Student Mental Health Needs and Services (**3.21.06**)

Emil Rodolfa, Ph.D.
Director, Counseling and Psychological Services, UC Davis
UC Student Mental Health Needs and Services (**3.21.06**)

Aaron Cohen, Ph.D.
Licensed Psychologist and Disability Specialist, Disabled Students Program
UC Berkeley
UC Guidelines for Diagnosis of Disabilities and Trends in Campus Disabled Services (**3.21.06**)

Angela Andrade
Disabilities Specialist, UC Santa Barbara
UC Guidelines for Diagnosis of Disabilities and Trends in Campus Disabled Services (**3.21.06**)

Jerlena Griffin-Desta
Executive Director of the Office of Student Development, UC Berkeley
The Increase in Student Mental Health Incidents in Residence Halls (**3.21.06**)

Jeanne Wilson, J.D.
Director, Student Judicial Affairs, UC Davis
The Impact of Student Mental Health on Campus Judicial Affairs Offices and the UC Police Department (**3.21.06**)

Henry Kahn, M.D.
Director, Student Health Center, UCSF Medical School
.A Report on Primary Care Cases Affected by Mental Health Issues (**4.3.06**)

Jenni Buckley
Ph.D. candidate, Mechanical Engineering, UC Berkeley
Mentoring: How a Relationship with an Advisor Affects Self Esteem (**4.3.06**)

Michael Lane
Undergraduate Student majoring in Sociology, UC Berkeley

Counselor for a community crisis hotline
Creating a Supportive Community Environment for the Undergraduate Student **(4.3.06)**

Maria Shanle, J.D.
University Counsel, Office of the General Counsel, UCOP
The Family Educational Rights and Privacy Act (FERPA) **(4.3.06)**

Victor and Mary Ojakian
Parents of UC Davis student and advocates for student mental health
The "Five-Star Formula" for a Student Mental Health Program **(4.24.06)**

Duncan Lindsay, Ph.D.
Chair, Coordinating Committee on Graduate Affairs, UCLA
Recommendations for UC Student Mental Health Programs **(5.31.06)**

Richard Weiss, Ph.D.
Chair, Undergraduate Council and Vice Chair, Committee on Educational Policy, UCLA
UC Academic Policies and Programs and Student Mental Health **(5.31.06)**

Thomas Bourdon
Graduate student and Assistant Director, UCLA LGBT Resource Center
Mental Health Challenges Facing LGBT Students at UCLA **(5.31.06)**

Sharletta Thorbs
Undergraduate Student, UCLA
Mental Health Challenges Facing Undergraduate Students **(5.31.06)**

Appendix D

Student Suicides at UC
Historical Data

NUMBER OF KNOWN STUDENT SUICIDES (AS DETERMINED BY THE CORONER) THAT OCCURRED WHILE STUDENT WAS ENROLLED AT UC

NOTE: These data represent suicides as determined by the coroner and reported to UC officials. They do not reflect attempted suicides, deaths not specifically confirmed as suicide by the coroner, or suicides of individuals who were not registered at UC at the time of their death.

	2000-01	2001-02	2002-03	2003-04	2004-05
Berkeley	0	1	0	0	0
Davis	4	1	0	1	3
Irvine	0	0	0	1	1
Los Angeles	1	2	0	4	0
Merced	--	--	--	--	--
Riverside	0	0	0	0	0
San Diego	0	1	2	2	2
San Francisco	0	0	0	0	0
Santa Barbara	1	0	0	0	0
Santa Cruz	0	0	1	0	1
TOTAL	**6**	**5**	**3**	**8**	**7**

Appendix E

Berkeley Graduate Student Mental Health Survey
**Report by the Berkeley Graduate and Professional Schools Mental Health
Task Force
December 9, 2004**

BERKELEY GRADUATE STUDENT MENTAL HEALTH SURVEY

Report by the Berkeley Graduate and Professional Schools Mental Health Task Force
http://www.ocf.berkeley.edu/~gmhealth
Released: 9 December 2004

EXECUTIVE SUMMARY

The Mental Health Task Force at UC Berkeley conducted a survey in April 2004, to collect data on graduate students' mental health needs, their knowledge of health resources available on campus, and their satisfaction with department climate. This is the first survey of its kind at UC Berkeley, and it is one of very few in the nation to focus on graduate student well-being. The results of preliminary data analysis are summarized in this report. While some findings from the survey fit expectations (based on published reports of college mental health), other results were surprising. Highlighted findings include the following:

- In the last 12 months, 45.3% of respondents had experienced an emotional or stress-related problem that *significantly* affected their well being and/or academic performance.
- 9.9 % of respondents seriously considered suicide in the past 12 months.
- Less than 2% said they would first contact a mental health provider or a member of the faculty to discuss an emotional or stress-related problem.
- 52% of survey participants reported that they considered using psychological or counseling services provided by the university; less than a third actually reported using these services.
- Over 75% of students who have used campus counseling and psychological services reported feeling somewhat satisfied, satisfied, or very satisfied with their treatment.
- Almost 25% of graduate students in the survey were unaware of on-campus mental health services.
- International students were less aware of mental health services and less likely to use them.
- Female respondents met with their primary advisors less frequently than males, and they were less satisfied with their interactions with department faculty members.
- Female respondents were more likely to report feeling hopeless, exhausted, sad, or depressed in the last 12 months.

Further analysis of the data obtained from this survey will be released over the next year. Recommendations developed from research results will be shared with University Health Services, the Berkeley Division of the Academic Senate, campus administrators, and students and staff at other universities.

It is anticipated that this survey will provide relevant information to the campus; we hope that it additionally motivates action. Graduate students contribute significantly to the academic mission of UC Berkeley, by performing cutting-edge research, teaching undergraduate students, and publishing in scholarly journals. Maintenance of strong academic performance within the university requires social support and emotional well being; therefore it is in the university's best interests to prioritize graduate student mental health.

INTRODUCTION

Recent reports in the media, medical and public health literature, and elsewhere have highlighted the increasing incidence and identification of clinical depression and other complex mental disorders in college-aged populations over the last three decades [1]. However, most studies of student mental health have focused on undergraduate students; relatively few examinations of graduate student welfare and emotional well-being have been undertaken.

Graduate students are a distinct population from undergraduate students. They are older and often have family responsibilities; they have complex relationships with faculty members; and unlike undergraduate students, they tend to work in isolation and are disconnected from campus support services and staff.

To remedy the lack of data about graduate student mental health at UC Berkeley, the Berkeley Graduate Assembly established a Mental Health Task Force (MHTF) at the start of the Fall 2003 semester. The MHTF was charged with the following tasks:

- Conducting a survey and needs assessment of graduate students
- Providing graduate student feedback to University Health Services
- Creating greater awareness of graduate student mental health needs amongst the faculty and university administration

A subgroup of the MHTF partnered with Steve Lustig (Executive Director, University Health Services) to conduct a survey of graduate students on the Berkeley campus. The study examines three areas of interest: graduate students' perceived mental health and need for mental health services; awareness of and satisfaction with on-campus psychology and counseling services; and academic environment and work relationships. The resulting data are described here.

METHODS

The research protocol for this study was reviewed and exempted by the UC Berkeley Committee for the Protection of Human Subjects in March 2004. An email invitation to participate in a survey was sent to approximately 9000 graduate students at UC Berkeley. All registered students in graduate or professional programs with email addresses on file with the University Registrar were invited to participate. The survey was distributed and data were collected during the month of April 2004.

Demographic information was collected to assess whether the responding population represented the total population of graduate students at UC Berkeley. Our response rate was 34.5 percent (3121 respondents from a pool of 9023 subjects). Data were broken down by sex, nationality, and department.

We used an anonymous, online survey instrument and recruited subjects into the study by email contact only. We had little control over a recruited subject's completion of the study. *This sampling technique creates bias in the response set. However, we did not correct or weight any of the data reported in this document.*

RESULTS

Sample Statistics
The response population is fairly representative of the total graduate student population, using variables such as department, year in school, sex, and nationality to determine representation. Differences between the total student population and the sample were not significant for school or college (Figure 1, excluding the professional schools which were undersampled; Kolmogorov-Smirnov two-sample test, $p <= 0.03$), ethnic identity (Figure 2; K-S test, $p <= 0.0001$), or citizenship. However, 51.5% of respondents were female, which represents a slight over-sampling of women. The median age was 27 years, with an average of 28.4 ± 5.4 years. Age distribution of the sample is given in Figure 3.

Appendix E

Survey Sample Distributed by School or College
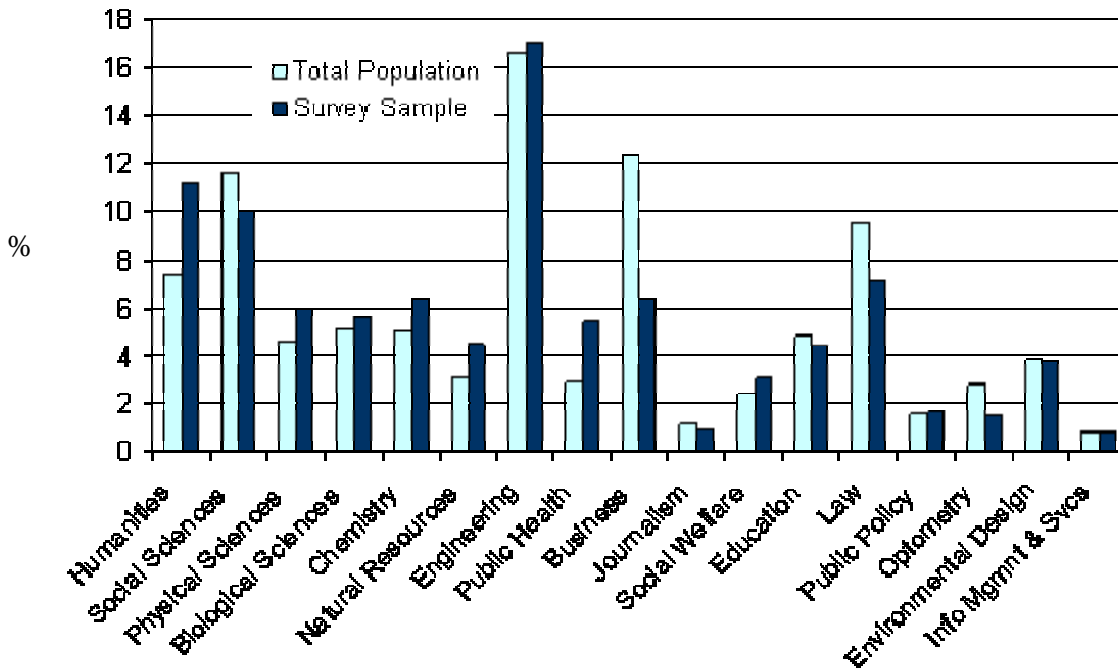
Figure 1: Composition of sample by academic school or college, compared with total graduate student population data reported by the Graduate Division for Fall 2003 [2]. X-axis shows school or college by name; y-axis shows percentage of graduate students in the total population or in the survey sample.

Survey Sample Distributed by Self-Reported Ethnicity
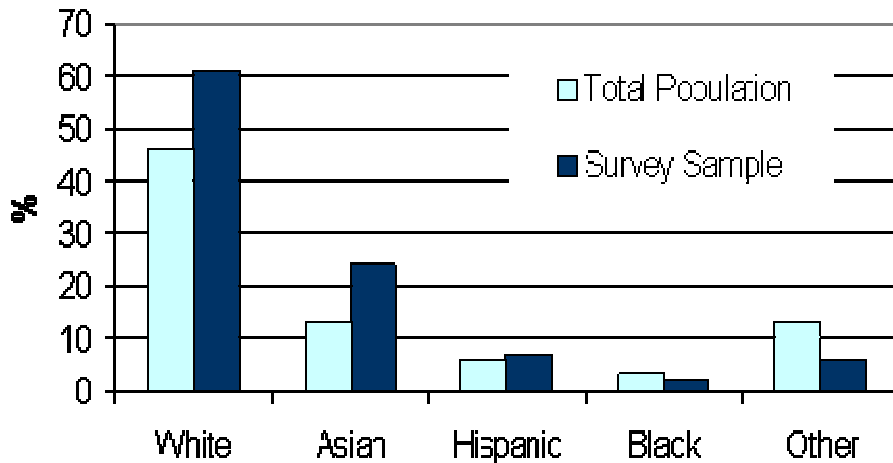
Figure 2: Composition of sample by ethnicity, compared with total graduate student population data reported by the Office of Student Research for Fall 2003 [3]. X-axis shows ethnic identity category selected by students; y-axis show percentage of graduate students in the total population or in the survey sample.

Appendix E

Survey Sample Distributed by Age
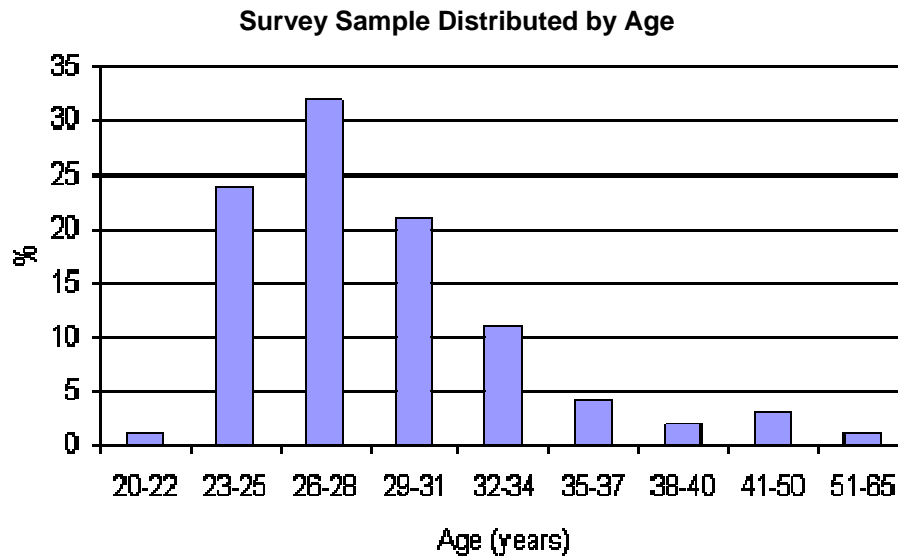
Figure 3: Composition of graduate student survey sample, by age. X-axis shows categories from which respondents could select; y-axis gives percentage of respondents in the survey sample who selected each age group.

It is notable that the ethnic identification "other" is remarkably under-represented in our sample, whereas "asian" and "white" are over-represented. These discrepancies may result from inconsistencies in self-reporting: students who identified as "other" in the administrative Office of Student Research survey may have felt more comfortable identifying as "white" or "asian" in this survey, which was conducted by fellow graduate students.

Mental Health Need
Perceived need for mental health services or emotional support was assessed using students' reported experience with the following emotions: feeling things are hopeless; feeling overwhelmed by workload and responsibilities; feeling exhausted (not from physical activity); feeling very sad; and feeling so depressed that it is difficult to function. No diagnostic tests or depression screening tools were used; therefore, reported mental health reflects perceived rather than diagnosed health.

59.2 percent of all respondents reported having experienced at least one of the surveyed emotions "frequently" or "all of the time". Figure 4 displays the percent of graduate student respondents who experienced each of the surveyed emotions.

Frequency with which Berkeley graduate students felt overwhelmed or exhausted is much greater than that reported by first-year college students in the 2003 study by the UCLA Higher Education Research Institute (HERI) [4]. The authors of the HERI study found that 26.8 percent of undergraduates frequently felt overwhelmed by all they had to do. In contrast, 39 percent of surveyed UC Berkeley graduate students report feeling frequently overwhelmed.

A 2003 study by the American College Health Association [5] reported that 61 percent of college students felt hopeless at least one or more times in the last twelve months. 45 percent said they had felt so depressed they could barely function, and 9.4 percent felt suicidal. In our sample, 67 percent of graduate student respondents felt hopeless at least once in the last twelve months, 54 percent reported feeling so depressed that it was difficult to function, and 9.9 percent reported that they had considered suicide. These results are summarized in Table 1.

Appendix E

Perceived (Self-Reported) Mental Health
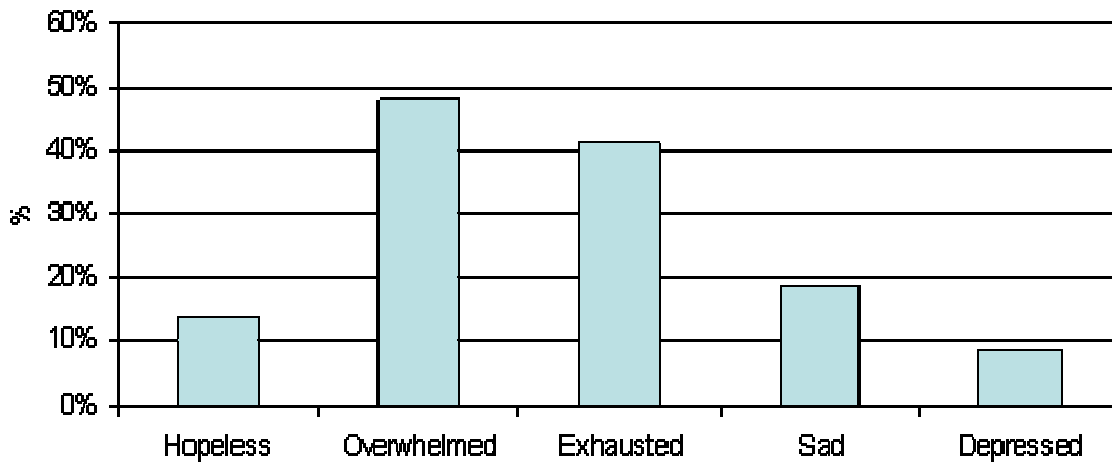
Figure 4: Respondents' experience with queried emotional states. Percentages indicate the proportion of respondents reporting experience with a particular emotion either "frequently" or "all of the time".

Reported Concern	Undergraduates	Survey Respondents
Felt overwhelmed	**61 %**	**67 %**
Felt depressed	**45 %**	**54 %**
Considered suicide	**9.4 %**	**9.9 %**

Table 1: Perceived undergraduate mental health [5], compared with graduate students participating in 2004 Berkeley survey.

In addition to the finding that 9.9 percent of respondents reported seriously considering suicide, 18 of 3121 Berkeley graduate students reported at least one suicide attempt in the last 12 months. From the number of suicide attempts reported in our study, we can estimate the expected number of completed suicides in our survey population. Published values for the number of suicide attempts per completed suicide vary by study and authorship, but the National Institute of Mental Health has estimated that there are 8 to 25 attempts for every death from suicide [6].

Using this range, we would expect a suicide rate of 2.3-7.2 per 10,000 survey respondents, suggesting that the survey population is at high risk for suicide.

Our estimated suicide rate compares with suicide completion rates of 1.48 per 10,000 in the general population, as reported by Kuo et al in 2000; 1.07 per 10,000 for students over the age of 25; and 2.41 per 10,000 for male students aged 30-39 (both reported by Silverman et al in 1997). In comparison, the rate of suicide completion in college students (i.e. for undergraduates) is estimated at 0.75 per 10,000 by Silverman et al [7].

When asked about particular problems faced in the last twelve months, 45.3 percent of graduate students in our sample reported that they had experienced emotional or stress-related problems that *significantly* affected their well being or academic performance. Interestingly, 57.7 percent of students reported knowing a fellow Berkeley graduate student who had experienced such a problem in the last twelve months.

We asked who a student would first contact to discuss an emotional or stress-related problem. The contact preferred by the majority of students was a spouse or partner (51.2%), followed by a friend (29.5%) or family member (14.6%). Very few students (less than 2%) would first contact a mental

health provider or member of the faculty. Just 8 percent of students identified a mental health provider as the second person they would contact to discuss an emotional or stress-related concern.

Use of and Satisfaction with Services
Nearly 25 percent of graduate students in our sample (24%) were unaware of the mental health services available on campus through Counseling and Psychological Services (CPS), a unit of the University Health Services. Of the graduate students who were aware of these services, most had located information via the University Health Services (UHS) website, orientation information, or UHS flyers.

Even though 51.7 percent of respondents reported that they had considered using on-campus psychological or counseling services in the previous twelve months, less than a third (27%) of respondents actually reported using these services. Reported reasons for not accessing services are given in Figure 5. Surprisingly, the most commonly cited reasons were a perceived lack of need for services or lack of time, suggesting that respondents may have difficulty assessing the seriousness of their mental health concerns.

Reasons for Not Using Mental Health Services
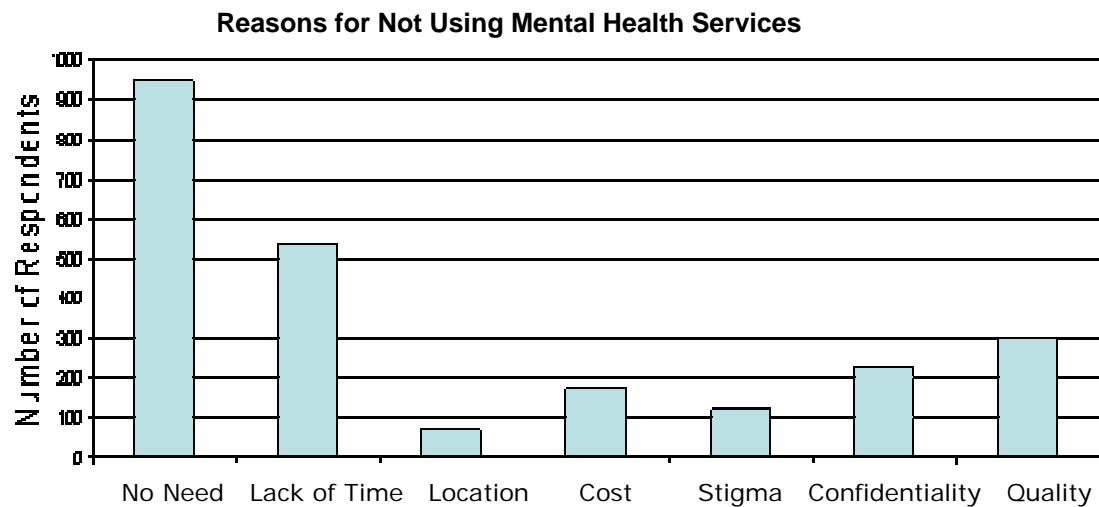
Figure 5: Reasons cited by respondents for not accessing on-campus Counseling and Psychological Services, even when they know that these services are offered. X-axis shows reasons listed in the survey; y-axis shows the number of respondents who selected these reasons. Respondents could select multiple responses.

Overall, the graduate students who had experience with on-campus mental health services reported satisfaction (Figure 6). When students cannot be effectively or efficiently treated by staff at CPS, they are referred to a mental health professional in the community. Over 25 percent of graduate students referred to off-campus providers did not follow-up with referrals. Lack of time and cost constraints were the major reported barriers to accessing off-campus providers for graduate students who did not follow-up with referrals.

Client Satisfaction with Mental Health Services
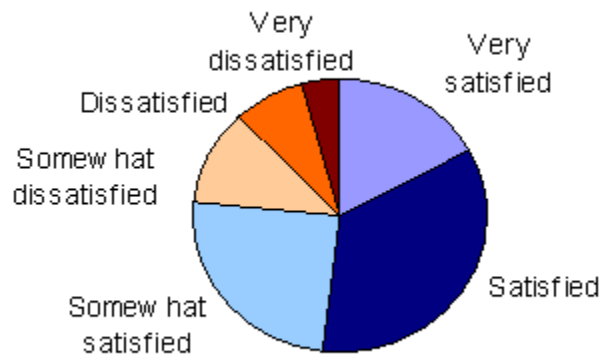
Figure 6: Respondents' satisfaction with the health services they received from CPS, the on-campus mental health services provider at UHS. 844 of 3121 respondents (27%) chose to answer this question.

Interestingly, the percent of surveyed students reporting that they are "very satisfied" with off-campus psychologists and psychiatrists is greater than the percent of students who are "very satisfied" with on-campus mental health services provided by CPS (Figure 7). Students also report greater satisfaction overall with mental health care provided by medical (clinical) staff at the UHS, compared with psychological care and counseling provided by CPS.

Client Satisfaction with Mental Health Services
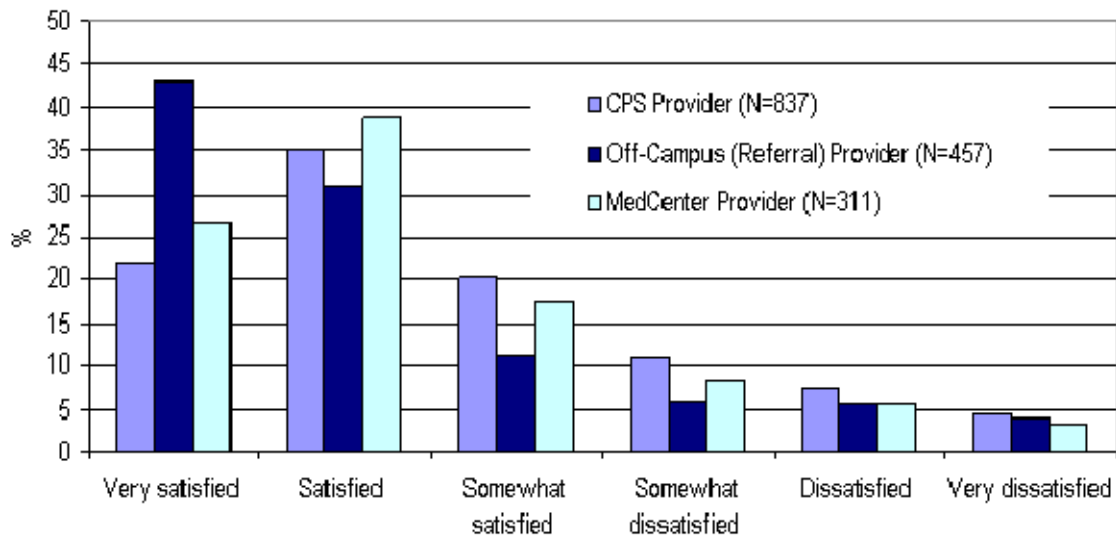
Figure 7: Graduate student satisfaction with on-campus mental health services, off-campus mental health providers, and mental health care offered by on-campus medical providers at the Tang Center. Respondents were more satisfied with off-campus mental health providers.

We find that surveyed international students are less likely to have used on-campus counseling services than students who are US citizens and permanent residents. Likewise, international students are less aware of psychological and counseling services available on campus (see Figure 8). This is of particular concern given that international students have unique stressors and pressures in graduate school, as reported in a 2004 Graduate Division study at UC Berkeley [8].

Awareness and Use of CPS Services by Nationality
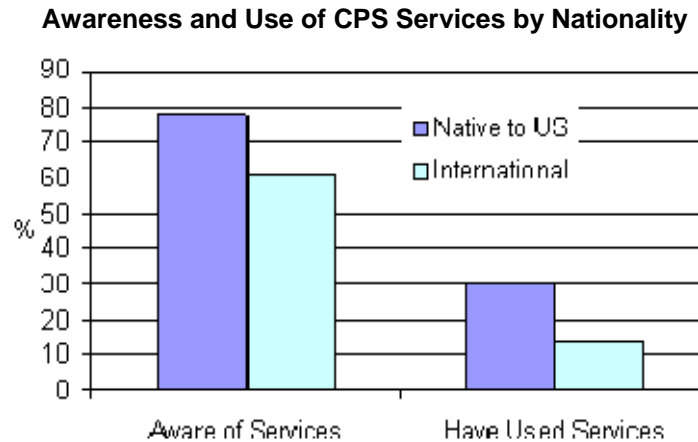
Figure 8: International students are much less likely to have used on-campus mental health services and less likely to be aware that these services are available. Bars at left plot the percent of respondents aware of mental health services available through CPS. Bars at right show the percent that have used CPS at least once.

Gender Difference

We also observed a difference between men and women, in the reporting of depression and sadness. Figure 9 displays students' perceived mental health, broken down by sex. As in Figure 4, the graph displays the percent of respondents reporting experience with surveyed emotions either "frequently" or "all the time".

Gender differences in self-reported mental health concerns and help-seeking behavior have been documented elsewhere and may result from biological or social differences between the sexes. For example, a 2004 National College Health Assessment survey found that 50% of female students reported feeling overwhelmed at least once in the last year, compared with 40% of male students [9].

However, we observe an even greater disparity between female and male graduate students in Figure 9. It is possible that this disparity results from an academic climate which is selectively hostile to female graduate students, as has been reported in studies of women in academia [10].

Perceived Mental Health by Sex
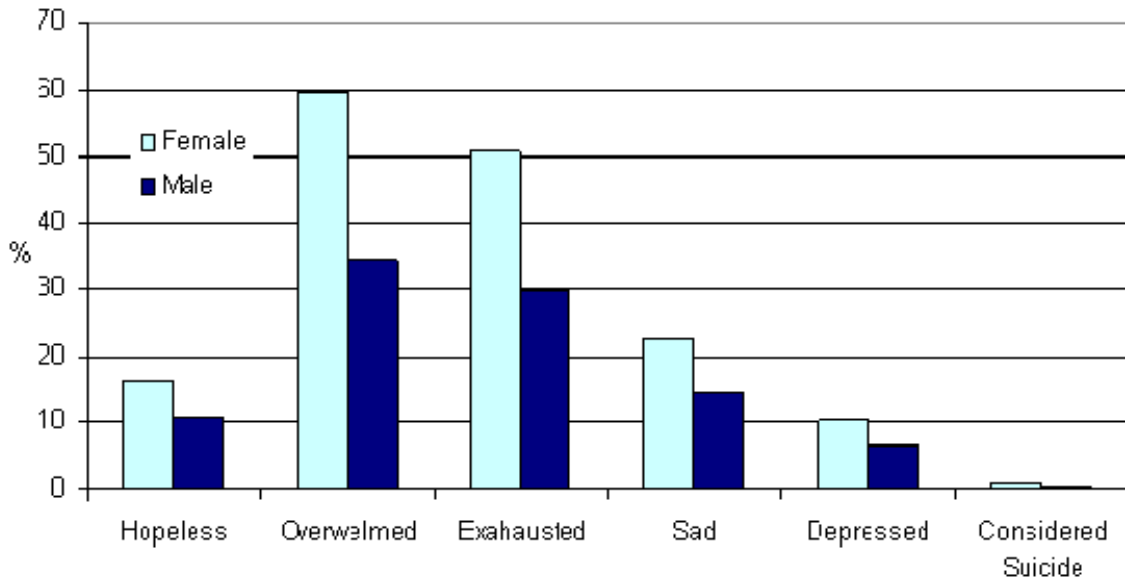
Figure 9: Measures of perceived mental health, charted by sex. Female graduate students are more likely than males to report feeling hopeless, overwhelmed, exhausted, sad, and depressed "frequently" or "all the time". Y-axis indicates percentages of women and men, respectively, reporting each of the surveyed emotions.

Faculty and Department Factors

In all schools and colleges, masters and doctoral students show consistent levels of satisfaction with their primary advisors and their interactions with other faculty members. However, professional students (particularly in the Schools of Law and Business) report lower overall satisfaction with primary advisors, possibly as a result of under-sampling. Also, professional students are less likely to work directly with members of the faculty on coursework or research projects; as a result, they may receive less time, attention, and career advice from professors in their programs.

Figure 10 (dark bars) plots the percent of surveyed students in each school or college who are "very satisfied", "satisfied", or "somewhat satisfied" with their primary faculty advisor. The academic advisor is defined in the survey as the single member of the faculty with whom a student has most contact.

Also displayed in Figure 10 (light bars) is the percent of students in each school or college who are "very satisfied", "satisfied", or "somewhat satisfied" with their interactions with other departmental faculty (excluding the primary advisor). Interestingly, surveyed students from academic (i.e. non-professional degree granting) schools and colleges report greater satisfaction with other faculty members, compared with the primary advisor.

Satisfaction with Faculty by School or College
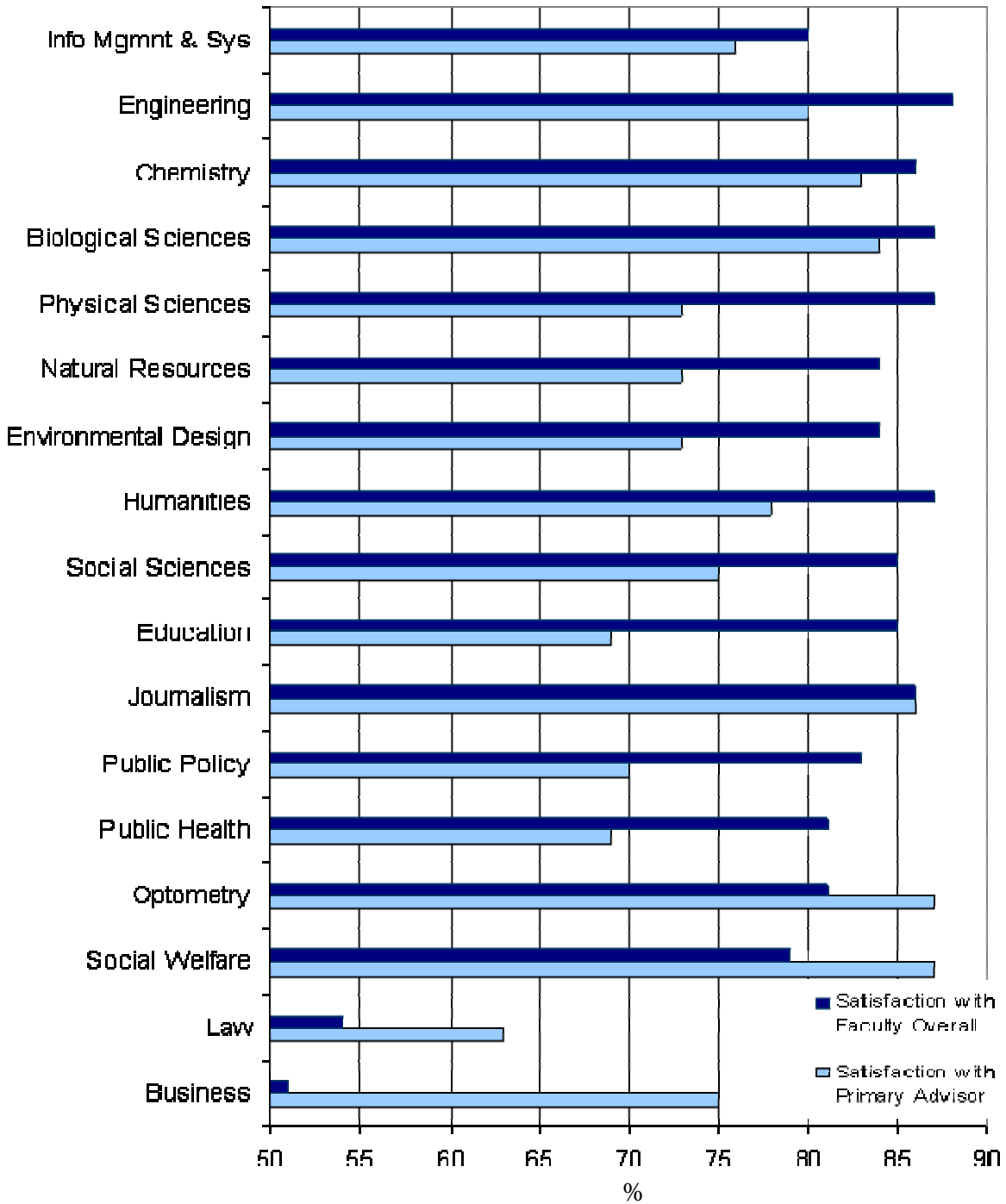
Figure 10: Respondents' overall satisfaction with their interaction with other members of the faculty (i.e. excluding the primary advisor) is charted with dark bars. Satisfaction with primary faculty advisor, by school or college, is displayed using light bars. Note that the professional schools were under-sampled in this study, and their low level of satisfaction with the faculty overall may reflect bias.

Appendix E

Female students reported less satisfaction with their relationships (or interactions) with faculty members other than the primary advisor (Figure 11). However, no large differences between female and male students were observed for satisfaction with the single faculty member with whom they have most contact.

Satisfaction with Faculty Interactions by Sex
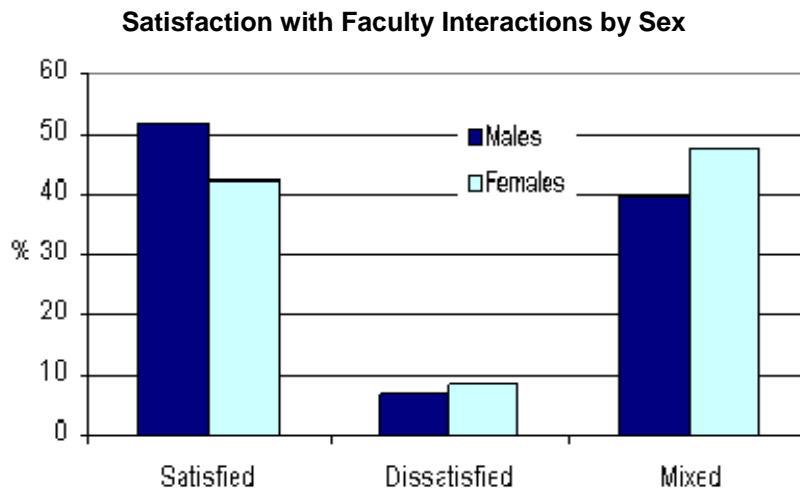
Figure 11 Satisfaction with interactions with the department's faculty members, by sex. Female graduate student respondents are less satisfied overall.

Female respondents also appear to meet less frequently with their primary advisors, compared with male survey respondents (Figure 12). This may be an artifact of the greater numbers of female graduate students enrolled in masters and humanities degree granting programs, which (compared with engineering and science research fields) generally require less contact between students and their faculty advisors.

Frequency of Meetings with Primary Advisor by Sex
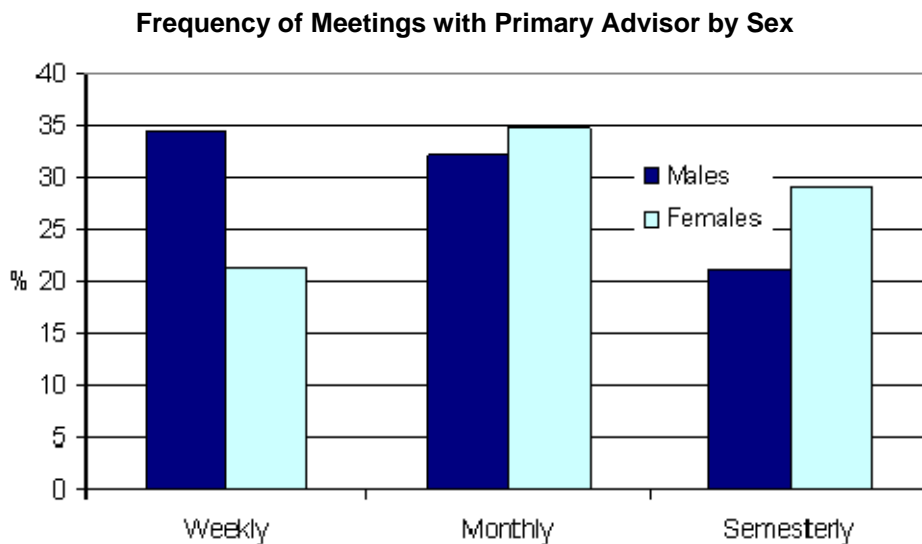
Figure 12 Frequency of meetings with the primary academic advisor, by sex. Female respondents are more likely than males to meet with their professors monthly or once per semester; male respondents are more likely to meet once per week.

Appendix E

C O N C L U S I O N S

Perceived Mental Health of Graduate Students

Almost half of all graduate students participating in this survey reported an emotional or stress-related problem that significantly affected their well-being and/or academic performance in the last twelve months. Graduate students who responded to our survey also reported higher levels of stress and perceived mental distress than undergraduate student populations surveyed previously.

In spite of these high levels of reported mental distress, respondents commonly perceived no need and no time to use mental health services. This suggests that education for graduate students about the common symptoms of and treatment options for mental health problems should be a high priority. Students should be able to assess the seriousness of their problems and seek appropriate help. It also suggests that outreach to graduate students is essential for maintenance of academic success, productivity, and quality of life.

The high self-reported rate of suicide attempts in our sample population indicates that surveyed graduate students may face an extremely high risk of suicide. Accurate measures of suicides and suicide attempts, as well as an interdisciplinary approach to suicide prevention, should be implemented on the Berkeley campus. Likewise, the campus should increase awareness of common symptoms of mental distress and the health services available to students. A suicide prevention campaign conducted through departments, with participation of faculty members and graduate students peers, could be particularly effective.

Academic and Departmental Factors

Although students are unlikely to contact a faculty member with a mental health concern, the faculty should be educated on graduate student mental health concerns, to foster an academic environment that is more satisfactory to the graduate population, particularly female students. Surveyed graduate students report lower satisfaction with primary faculty advisors; this may reflect the frequency or intensity of dysfunctional relationships between graduate students and their faculty mentors.

Faculty members and departments can also be instrumental in reducing the stigma attached to depression, bipolar disorder, and other mental health concerns common on college campuses. Departmental policies should be reviewed with attention focused on how policy outcomes impact student mental health. Departments can appoint a liaison with the campus health services, so that preventive health information is shared freely between graduate students, faculty members, and departmental administrative staff.

Campus Mental Health Services

Greater advertisement of student health services would improve graduate student awareness of available health care and preventive education. It would also correct misperceptions about the quality of healthcare available on campus: while nearly 10 percent of students cited perceived quality of on-campus health services as a reason for not visiting CPS, over 75 percent of respondents who had used services at CPS reported that they were somewhat satisfied, satisfied, or very satisfied with their appointments.

Graduate students are more likely to access information via impersonal means (e.g. web, flyers) and they are most likely to contact a spouse, partner, or friend with a mental health concern. As such, *peer* health education and outreach by email or the internet are essential. Greater integration of health services with academic departments would improve student exposure to health education.

Respondents reported higher satisfaction with off-campus (community) mental health providers. Those who did not follow up with the off-campus mental health professionals to whom they were referred cite lack of time and cost constraints as major barriers. We recommend that UHS review its referral system and expand the pool of affordable, local community mental health providers to whom graduate students may be referred. Alternately, mental health providers with particular expertise in handling the mental health concerns of graduate student populations should be hired into the on-campus health services staff.

<u>Future Work</u>
This report represents the initial, first-pass analysis and summary of data collected from the Spring 2004 survey of UC Berkeley graduate students. Ongoing analysis, statistical modeling, and qualitative analysis of survey comment data are currently under way. These results will be released as they become available.

Recommendations based on our initial survey results have been shared with directors and staff of University Health Services. Last month, in response to the efforts of the graduate student Mental Health Task Force, members of the Academic Senate approved the formation of a campus-wide committee on mental health. Committees similar to this have been established at several other universities. We recommend that the Berkeley committee identify and implement improvements in campus climate, support of mental health services, and preventive health education. We anticipate that survey research such as this will be a useful contribution to future committee work.

R E F E R E N C E S

[1] *JAMA*, "Mounting Student Depression Taxing Campus Mental Health Services", April 23/30 2003; New York *Times*, "In College and in Despair", October 26, 2003.

[2] UC Berkeley *Graduate Division* graduate and professional student enrollment data, Fall 2003.

[3] UC Berkeley *Office of Student Research* student enrollment data, Fall 2003

[4] L.J. Sax, J. A. Lindholm, A.W. Astin, W.S. Korn and K.M. Mahoney (2001) "The American Freshman: National Norms for Fall 2001". *Higher Education Research Institute*, UCLA Graduate School of Education & Information Studies.

[5] Reference Group Executive Summary (2003) *National College Health Assessment*, American College Health Association.

[6] Moscicki EK. (2001) Epidemiology of completed and attempted suicide: toward a framework for prevention. *Clinical Neuroscience Research* 1: 310-23.

[7] Kuo WH, Gallo JJ, Tien AY. (2001) Incidence of suicide ideation and attempts in adults: the 13-year follow-up of a community sample in Baltimore, Maryland. *Psychol Med* 31(7):1181-91; Silverman MM, Meyer PM, Sloane F, Raffel M, Pratt DM. (1997) The Big Ten Student Suicide Study: a 10-year study of suicides on midwestern university campuses.*Suicide Life Threat Behav.* 27(3):285-303.

[8] UC Berkeley *Graduate Division* International Students Survey, Spring 2004.

[9] Reference Group Report (2004) *National College Health Assessment*, American College Health Association.

[10] Women in the Chemical Workforce: A Workshop Report to the Chemical Sciences Roundtable (2000) Commission on Physical Sciences, Mathematics, and Applications, *National Academies of Science*; Nelson DJ and Rogers DC (2000) National Analysis of Diversity in Science and Engineering Faculties at Research Universities, *National Organization for Women*.

Appendix F

**Ratio of Mental Health
Providers to Students**

UC Systemwide Breakdown of Psychologists and Psychiatrists FTE

As of January 9, 2006

FTE Psychologists by Campus

	UCB	UCD	UCI	UCLA	UCM	UCR	UCSD	UCSF	UCSB	UCSC
Total Staff Psychologist FTE (Annualized)	**13.14**	**10.73**	**10.65**	**14.05**	**1**	**8.81**	**11.76**	**0.77**	**8.5**	**8.32**
Student Population	33,075	30,000	23,200	35,625	1,000	16,622	26,000	2,800	20,500	15,000
Ratio Students/ Staff	**2,517**	**2,796**	**2,178**	**2,536**	**1,000**	**1,887**	**2,211**	**3,636**	**2,412**	**1,803**

The International Association of Counseling Services recommends 1 professional: 1,000-1,500 students

FTE Psychiatrists by Campus

	UCB	UCD	UCI	UCLA	UCM	UCR	UCSD	UCSF	UCSB	UCSC
Total Staff Psychiatrists FTE (Annualized)	**1.6**	**3.8**	**1.3**	**3.15**	**0**	**0.25**	**0.5**	**1.1**	**1.82**	**1.8**
Student Population	33,075	30,000	23,200	35,625	1,000	16,622	26,000	2,800	20,500	15,000
Ratio Students/ Staff	**20,672**	**7,895**	**17,846**	**11,310**	**1,000**	**66,488**	**52,000**	**2,545**	**11,264**	**8,333**

Appendix G

Budget Cuts Affecting Campus Mental Health Services
**Report from the University Committee on
Planning and Budget
of the Universitywide Academic Council
June 2005**

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Assembly of the Academic Senate, Academic Council
University of California
1111 Franklin Street, 12th Floor
Oakland, California 94607-5200

July 19, 2005

LEONARD S. ZEGANS, CHAIR
SAN FRANCISCO DIVISION

Re: Student Mental Health Services

Dear Len:

In follow up to the issue you raised at the December 15, 2004 Academic Council meeting concerning the adequacy of student mental health services on UC campuses, I asked the University Committee on Planning and Budget (UCPB) to investigate and prepare a report on directed cuts to student services and their effect on campus mental health services. UCPB's completed report, which was distributed to members of the Academic Council as part of the June meeting materials, is enclosed for your review.

A troubling finding in the UCPB report is that all budget cuts have resulted in increased caseloads for mental health professionals, reduced morale, and higher staff turnover rates due to pressures from increasingly severe and complex mental health cases, non-competitive salaries, and the high cost of living at most University campuses. One solution to this problem is to increase salaries, which would aid in the recruitment of qualified psychologists to fill vacant positions. The report notes that UC Counseling Center Directors are currently advocating for a UC systemwide salary equity review to increase the salaries of all counseling psychologist classifications. The success of this initiative is critical if UC is to address the increase and complexity of the patient caseload.

Please let me know what further action you would recommend that the Academic Council take on this issue.

Best regards,

George Blumenthal, Chair
Academic Council

Encl.:   UCPB Report on Budget Cuts Affecting Campus Mental Health Services
Copy: Michael Parrish, UCPB Chair

GB/bm

Appendix G

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UNIVERSITY COMMITTEE ON PLANNING AND BUDGET (UCPB)
Michael Parrish, Chair
mparrish@ucsd.edu

The Academic Council
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Oakland, CA 94607-5200
Phone: (510) 987-9467
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June 9, 2005

GEORGE BLUMENTHAL
Chair, Academic Council

RE: Budget Cuts Affecting Campus Mental Health Services

Dear George,

In response to your February 7, 2005 request, the University Committee on Planning and Budget (UCPB) has inquired into the following: (1) the origin of and justification for directed cuts to student services; (2) how they were implemented on the campuses; and (3) how they affect mental health services in particular. UCPB members have surveyed their respective campus Counseling and Psychological Services office, or related campus administrator, and reported the findings contained in the following report. Also attached is a matrix detailing the campus responses to UCPB's inquiry, as well as a spreadsheet containing a systemwide breakdown of Counseling Center Professional FTE and comparison figures of counseling staff to student ratios both at the University and at our comparison institutions.

Background
At the December 15, 2004 meeting of the Academic Council, UCSF Senate Chair Zegans raised the issue of adequate campus mental health services on University campuses. Council discussed the growing recognition on the national level of mental health problems among students, staff and faculty in higher education, problems that are also evident on University campuses. Concern was raised that because of budget cuts in the recent years, campus health services cannot treat these complex mental health problems with the proper level of care. A December 12, 2004 letter from Student Regent-designate Rosenthal to President Dynes was also brought to the attention of Council, heightening awareness of chronic depression and suicide rates among students at University campuses amidst recent discussion in the national press regarding the high suicide rate among college students.

In response, Council Chair Blumenthal requested that UCPB report to Council on the following: (1) the origin of and justification for directed cuts to student services; (2) how they were implemented on the campuses; and (3) how they affect mental health services in particular.

Current State of Systemwide Campus Mental Health Services
On a systemwide basis, the University is facing an alarming trend where drastic budget cuts have been deeply felt across all University campus mental health service offices, while at the same time the scope and complexity of the patient caseload has continued to spiral upward. As expressed in the UC Davis campus report,

> [O]ver the preceding five years, the sheer number of students seeking assistance through CAPS [Counseling and Psychological Services] has increased by over fifty percent, and the psychological complexity and severity of cases has dramatically risen. Many more students come to campus on behavioral medication and many more exhibit signs of clinical depression than in previous eras. These trends appear to be UC-wide (if not national trends). Additionally, the level of compensation of licensed psychologists is not keeping pace with the private sector (also a UC-wide concern), making it harder, over time, to maintain the size and expertise of the staff. Indeed, the "double whammy" of budgetary reductions with the increasing caseload, scope and complexity produce a significant concern for the quality and capacity of service provision.[1]

Origin and Implementation of Budget Cuts – Overview
A brief sampling of campus responses to the origin of and implementation of directed cuts to student services are contained below. Most campuses reported budget cuts as resulting from State budget cuts beginning in the 2002-03 academic year.

UCLA: Budget cuts to student services units were determined by the State when the 2003-04 budget was cut by the amount of funding the State had provided for fee buy-outs. Their original action had resulted in the Registration Fee budgets having a State funding component. At UCLA that component was $4.522 million, which equaled approximately 20 percent of the budget. The Student Fee Advisory Committee spent a year examining the budgets of all student service units and provided the Chancellor with a detailed and thoroughly supported set of recommendations providing differential cuts to the units. The Student Psychological Services (SPS) budget was cut by 15 percent, which equaled approximately $308,000. The reductions to SPS's budget were mitigated by adding $5 per year to the Student Health Insurance Premium, charging students who were not covered by the university student health policy a $10 co-pay, charging a $20 penalty fee to those students who missed an appointment, and reducing administrative costs.[2]

UCI: It is the Office of the President's policy to treat Registration Fees similar to General Fund revenue. When the University suffered significant State budget cuts beginning in mid 2002-03, cuts to academic and institutional support, student services, libraries, instructional technology, and instructional equipment replacement were distributed to the campuses along with undesignated cuts. The student services portion of the cut was distributed to each of the campuses on the basis of student enrollment. The student services cut to the University began as a permanent cut of $6.3 million in mid 2002-03, and then became a $25.3 million cut in 2003-04.

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[1] Janet C. Gong, Associate Vice Chancellor, Student Affairs, University of California, Davis, e-mail message to Professor Pat Conrad (UCPB-UCD), March 7, 2005.

[2] Glyn Davies, Assistant Vice Chancellor, Academic Planning and Budget, University of California, Los Angeles, e-mail message to Professor John Edmond (UCPB-UCLA), February 18, 2005.

The campuses have a choice in how to distribute the cuts that are handed down by the Office of the President. At Irvine, the Budget Work Group chose to combine all cuts and distribute a percentage cut to all units across campus. This is where we cut academic units slightly less than non-academic units. Other campuses chose specific cuts to be handled by specific areas on campus.[3]

How Budget Cuts Were Addressed

Most campuses implemented temporary cuts to their respective Counseling and Psychological Services offices beginning in 2002-03, of which most cuts became permanent by 2004-05. Campuses faced layoffs of licensed mental health providers (Berkeley, Santa Cruz), and professional counseling staff and interns (Berkeley, Davis, San Diego, Santa Cruz), most are unable to hire replacements for retiring staff, and overall the campuses were forced to reduce the number of hours of service available for students. The Counseling offices at Berkeley and Los Angeles implemented increased fees for students seeking counseling and psychiatry sessions, and increased no-show fees.

San Francisco reported no specific cuts in mental health services, however UCSF students face unique health insurance premium costs due to its small pool of eligible students, which are reportedly the most expensive in the University system. In addition, UCSF is the only campus that does not allow a health insurance waiver for students.

Merced, on a brighter note, plans to hire a full time Counseling Psychologist to start July 2005.

Impact of Budget Cuts

At Berkeley, 35 to 40 percent of students seeking individual counseling are referred off-campus, of which 60 to 65 percent do not follow-up on these referrals and receive no care. A similar situation exists at Riverside as well. Overall, most patients in need of mental health care receive care from graduate and post-graduate trainees rather than from licensed providers (Berkeley, Davis, Riverside), are increasingly referred to group counseling (Berkeley, Davis), and are forced to endure longer wait times and wait lists (Berkeley, San Diego), sometimes up to three weeks (Irvine). The general student population at Berkeley, Davis and Riverside receive few, if any, counseling workshops (e.g., stress management and eating disorder prevention workshops), and students at Berkeley and Santa Barbara now face increased student fees for on-campus health care totaling $43 more per student/semester and $5.85 more per student/quarter, respectively, due to fee referendums passed by the students in spring 2005.

All budget cuts have resulted in increased caseloads for mental health professionals, reduced morale, and higher staff turnover rates due to pressure from increasingly severe and complex mental health cases, non-competitive salaries, and the high cost of living at most University campuses.

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[3] Sandra K. Campbell, Associate Vice Chancellor, Budget, University of California, Irvine, e-mail message to Michelle Ruskofsky, Academic Senate, March 17, 2005.

Finally, as reported in the attached *UC Systemwide Breakdown of Counseling Center Professional FTE*, all campuses, with the close exception of Santa Cruz, are currently in violation of the Association of University and College Counseling Center Directors (AUCCCD)-, and International Association of Counseling Services (IACS)- recommended ratio of one FTE professional per 1000-1500 students. Campus ratios vary from 1 FTE to 1429 students (Santa Cruz), to 1 FTE to 2320 students (Irvine). Ratios from the University's comparison institutions are also included in the spreadsheet.

Current Developments

There is an initiative from the UC Counseling Center Directors advocating for a UC systemwide salary equity review to increase the current salaries of all the counseling psychologist classifications (CPI, II and III). The Counseling Center Directors view this as a necessary measure to retain experienced staff that have shown their dedication and competence. An increase in salaries will also allow for recruitment of the most qualified psychologists to fill vacant positions. Given that the current escalating trends in campus mental health problems will very likely continue, there is a need for proficient psychologists who can provide effective and efficient services to the students in these highly demanding times.[4]

Respectfully submitted,

Michael E. Parrish
Chair, UCPB

Enclosures

cc: UCPB
        Executive Director Bertero-Barcelo

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[4] Reina Juarez, Ph.D., Director, Psychological and Counseling Services, University of California, San Diego, to Professor Stanley Mendoza (UCPB-UCSD), March 21, 2005.

	Budget Cuts to Counseling/ Mental Health Services 2002-03	Budget Cuts to Counseling/ Mental Health Services 2003-04	Budget Cuts to Counseling/ Mental Health Services 2004-05	How Budget Cuts Were Addressed	Impact of Budget Cuts on Students, Faculty and Staff (Including Counseling Staff to Student Ratio[5])

Berkeley
 	
Counseling and Psychological Services (C&PS); Student Health Insurance Plan (SHIP)
 	
Enrollments[6]
Undergraduate:
   22,880
Graduate:
   9,180
 	
Total: 32,060
	$189,024
	(total of salary and benefits amount cut to C&PS in past few years, which have not been replaced.)
				Loss of one Assistant Director (MSP II) position, and one staff Psychologist position at C&PS.
				
				More referrals of students seeking help to off-campus, private psychotherapists.
				
				Curtailed campus mental health prevention, psycho-educational activities and population-specific support groups.
				
				Move towards more cost-effective but less expert modes of treatment, e.g., fewer services provided by licensed mental health providers.
				
				Reduced research, data gathering and evaluation
					Counseling staff to student ratio (2004-05):
					1 FTE to 2098 students at 15.25 total staff FTE.
					
					Staff not replaced even after increases in income through student fees, etc.
					
					35-40% of students seeking individual counseling are referred off-campus, of which 60-65% do not follow-up on these referrals and receive no care.
					
					Virtual elimination of stress management and eating disorder prevention workshops, few specialized presentations and programs, and greatly reduced presence at orientation.
					
					Over 50% of individual counseling, psychotherapy and consultation to faculty delivered by graduate and post-graduate trainees rather than licensed providers; more students referred to group counseling, and more referrals of psychiatric patients to primary care physicians.
					
					Reduced ability to analyze client profiles or non-client student needs to report to departments and

[5] The Association of University and College Counseling Center Directors (AUCCCD), and the International Association of Counseling Services (IACS) recommend a counseling staff to student ratio of 1 FTE professional to 1000-1500 students. Campus data courtesy of Dennis L. Nord, Ph.D., Director, Counseling and Career Services, University of California, Santa Barbara.

[6] University of California, Statistical Summary of Students and Staff, Fall 2004, used for all campus enrollment data, available at:
http://www.ucop.edu/ucophome/uwnews/stat/statsum/fall2004/statsumm2004.pdf

	Budget Cuts to Counseling/ Mental Health Services 2002-03	Budget Cuts to Counseling/ Mental Health Services 2003-04	Budget Cuts to Counseling/ Mental Health Services 2004-05	How Budget Cuts Were Addressed	Impact of Budget Cuts on Students, Faculty and Staff (Including Counseling Staff to Student Ratio[5])
				activities.	administration the trends in counseling and student health needs. Increased caseloads, longer wait times.
				Increased fees for students, including $20 fee per session after 3 sessions; $20 no-show fee; and $65 psychiatry fee.	Fees pose barrier to those students not enrolled in SHIP. In March 2005, UCB students passed a fee referendum for on-campus health care, totaling $43 more/student/semester to improve staffing and services.
				Increased financial reliance on individual campus departments and units that are able to fund part-time counseling positions.	Increased financial burden on departments and units serving specific student populations, such as international students, and the Incentive Awards Program, resulting in uneven attention to the needs of some student populations over others. Impact of budget climate to counseling and psychiatry staff: reduced morale, with increased staff illness rates and higher staff turnover rates.

Appendix G

	Budget Cuts to Counseling/ Mental Health Services 2002-03	Budget Cuts to Counseling/ Mental Health Services 2003-04	Budget Cuts to Counseling/ Mental Health Services 2004-05	How Budget Cuts Were Addressed	Impact of Budget Cuts on Students, Faculty and Staff (Including Counseling Staff to Student Ratio[5])
Davis Counseling and Psychological Services (CAPS); Student Health Services (SHS) **Enrollments** Undergraduate: 23,171 Graduate: 4,689 Total: 27,860		$83,000 permanent cut (equal to 5% of CAPS budget)	$32,000 permanent cut (additional 2% of CAPS budget)	CAPS reduced the capacity of its professional counseling staff, and reduced the number of interns and peer advising advisors (2003-04). Further elimination of a postdoctoral fellow position (2004-05). Final impact not yet known. Cuts are being phased in, becoming fully permanent by 2006-07.	Counseling staff to student ratio (2004-05): 1 FTE to 1716 students, at 16.9 total staff FTE. Current reduced ability to provide optimum level of first-contact accessibility, follow-up individual counseling, group counseling, psycho-educational programming and campus community-based activity. Annual reduction of 250 hours of first-contact accessibility and further reductions in timely follow-up care, faculty-staff consultations, group counseling, etc.
Irvine Counseling Center **Enrollments** Undergraduate: 19,994 Graduate: 3,816 Total: 23,810	$29,640 temporary cut	$866 permanent cut	$58,788 permanent cut	Not hiring replacements for retiring staff, and implementation of income-generating initiatives (including contracting with the Medical School and Residential Life for services, and by teaching several courses each year) approaching $100,000.	Counseling staff to student ratio (2004-05): 1 FTE to 2320 students, at 10 total staff FTE. Impact: longer patient wait times, imposition of further session limits, waitlists of up to 3 weeks to see a clinician for follow-up treatment. Note: for every hour a clinician's services are used for income-generating purposes, one less hour is devoted to clinical/counseling services.

	Budget Cuts to Counseling/ Mental Health Services 2002-03	Budget Cuts to Counseling/ Mental Health Services 2003-04	Budget Cuts to Counseling/ Mental Health Services 2004-05	How Budget Cuts Were Addressed	Impact of Budget Cuts on Students, Faculty and Staff (Including Counseling Staff to Student Ratio[5])

Los Angeles
 	
Student Psychological Services (SPS); Staff and Faculty Counseling Center (SFCC)
 	
Enrollments
Undergraduate:
    24,914
Graduate:
    8,656
Total: 33,570
		$308,000 permanent cut (totaling 15% of SPS budget)		SHIP premium raised $5/year; $10 co-pay charged to student not covered by SHIP; $20 penalty fee charged for missed appointments; and reduced administrative costs.	Counseling staff to student ratio (2004-05): 1 FTE to 1837 students, at 19.05 total staff FTE.
					
					Impact to faculty and staff mental health services: Blue Cross PLUS and PPO plans now limit mental health outpatient benefits to 20 visits with out-of-network providers. The full cost of treatment beyond 20 visits is the responsibility of the plan member.
					
					Note: Faculty and staff are eligible for SFCC services, including access to licensed professionals, three free psychological counseling sessions, and referral services.

Merced
 	
Expected Enrollments[7]
Undergraduate:
    900 (600 freshman, 300 transfer)
Graduate:
    100
Total: 1000
	Planned hiring of full time Counseling Psychologist, to start July 2005.				

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[7] University of California, Merced, Expected Enrollments Fall 2005, available at:
http://admissions.ucmerced.edu/3.asp?uc=1&lvl2=2&lvl3=2&lvl4=30&contentid=24#adm2

	Budget Cuts to Counseling/ Mental Health Services 2002-03	Budget Cuts to Counseling/ Mental Health Services 2003-04	Budget Cuts to Counseling/ Mental Health Services 2004-05	How Budget Cuts Were Addressed	Impact of Budget Cuts on Students, Faculty and Staff (Including Counseling Staff to Student Ratio[5])

Riverside
 	
Campus Health Center (CHC); Campus Counseling Center (CCC)
 	
Enrollments
Undergraduate:
   15,174
Graduate:
   1,879
Total: 17,053
	$198,000 total temporary funds	$148,000 cut, leaving CHC with $50,000 in total temporary funds
		
		CCC budget reduced by 10%
			$22,000 cut, leaving CHC with $28,000 in total temporary funds	Service cuts to CHC, and no pursuit of new initiatives.
				
				3 senior psychologists from CCC voluntarily went on the START program two years ago, reducing hours of service available to students. Reductions are permanent as of 2005, and positions still not reinstated
				
				CCC requests for additional psychiatrist hours, from 5 hours/week to 8, repeatedly denied.
				
				CCC requests for permanent funding to hire third predoctoral intern, a cost effective means of increasing clinical hours, repeatedly denied.
					No mental health services at CHC at this time, despite the dramatic increase in UCR's student population, the accompanying increase in student demands for direct clinical services, and increasing severity of cases.
					   Update: CHC has been given $20,000 for a per diem psychiatrist, effective 2005-06.
					
					Counseling staff to student ratio (2004-05): 1 FTE to 1990 students, at 8.69 total staff FTE.
					
					Mental health services at CCC: The number of clinical hours allowed for students to see a therapist reduced from 12 to 8 hours per academic year, resulting in more student referrals to community mental health services.
					
					CCC preventative programming and proactive outreach to students, faculty and staff cut back. CCC this year has developed much needed outreach programming on suicide awareness/prevention and depression, despite budget cuts.
					
					CCC initiated a waitlist for services when demand outpaced availability of providers.

	Budget Cuts to Counseling/ Mental Health Services 2002-03	Budget Cuts to Counseling/ Mental Health Services 2003-04	Budget Cuts to Counseling/ Mental Health Services 2004-05	How Budget Cuts Were Addressed	Impact of Budget Cuts on Students, Faculty and Staff (Including Counseling Staff to Student Ratio[5])

San Diego
 	
Psychological and Counseling Services (P&CS)
 	
Enrollments
Undergraduate
   20,339
Graduate:
   3,404
 	
Total: 23,743
		$112,140
		(total of two permanent budget cuts over past two years, for a total reduction of 15% of P&CS budget)
				Loss of three vacant positions and no salary raises for counseling staff at P&CS.
				
				Note: Student Affairs assisted P&CS in funding a permanent, part-time psychiatrist, supported a salary equity review resulting in increased salaries for professional psychologist staff, & funded a counseling psychologist & office assistant for Sixth College.
					Counseling staff to student ratio (2004-05): 1 FTE to 1704 students, at 13.5 total staff FTE.
					
					Loss of talented psychologists due to non-competitive salaries and high cost of living in San Diego. Since summer 2004, turnover of half of P&CS professional staff.
					
					High quality of care, comprehensive services and maintaining small waiting lists possible due to extreme professionalism and commitment of P&CS staff (including working longer hours and developing innovative group intervention workshops).

San Francisco
 	
Student Health Insurance Plan (SHIP)
 	
Enrollments
Graduate:
   2,746
	No specific cuts in mental health services reported.
	
	However, UCSF's mandatory student health insurance is reportedly the most expensive in the UC system: since 1997-98, health insurance fees for students have increased from $542/yr to $1704/yr. Compare:
	   UCB: $600/yr (approx.)
	   UCLA: $800/yr (approx.)
	   UCSF: $1704/yr., albeit a more comprehensive plan.
					2004-05 Behavioral Health Benefits: new limit of 20 outpatient visits for Blue Cross Plus and PPO (out-of-network); frequently the most effective therapists are not on the insurance panels, so patients pay out of pocket.
					
					Additional notes: UCSF is only UC that does not allow a health insurance waiver for students, and UCSF's small pool of eligible students and higher average age of graduate student population means higher premiums.

	Budget Cuts to Counseling/ Mental Health Services 2002-03	Budget Cuts to Counseling/ Mental Health Services 2003-04	Budget Cuts to Counseling/ Mental Health Services 2004-05	How Budget Cuts Were Addressed	Impact of Budget Cuts on Students, Faculty and Staff (Including Counseling Staff to Student Ratio[5])
Santa Barbara Student Health Services (SHS); Counseling and Career Services (C&CS) **Enrollments** Undergraduate: 18,132 Graduate: 2,894 Total: 21,026		13.5% permanent budget cut for SHS and C&CS Permanent cuts totaling 24% of core funding to SHS and C&CS to be made permanent over the next three years. C&CS: $391,364 total permanent cut over past two years (however Student Affairs reallocated back $28,000 permanent funding in 2004-05 because of the mental health crisis, bringing the net permanent cut to counseling at C&CS to approximately $195,000.) SHS: $619,425 total permanent cut over past two years.	10.25% temporary cut, and 4.59% permanent cut to SHS and C&CS	C&CS no longer able to attend to "normal" developmental problems in college-age students; has become a crisis center. Student mental health care has shifted to SHS, with the sharpest increase in number of mental health visits between 2002-04. C&CS has now split into a career center and a counseling center, allowing the Director of Counseling to direct all of her attention to problems associated with the increase in students in serious mental distress.	Counseling staff to student ratio (2004-05): 1 FTE to 2273 students, at 9 total staff FTE. SHS is forced to expend funds to retain primary care clinicians for the increased mental health caseload, displacing less serious physical health cases and ultimately compromising general health care for UCSB SHS implemented budget strategies in the past allowing it to cover for C&CS's "spillover" patients, including increased lock-in fees, visit fees, and access fees for insured students. April 2005 campus C&CS fee referendum for $5.85/student/quarter. If successful, the lock-in will prevent a fee-for-service at C&CS, and will allow for replacement of some staff and services.

	Budget Cuts to Counseling/ Mental Health Services 2002-03	Budget Cuts to Counseling/ Mental Health Services 2003-04	Budget Cuts to Counseling/ Mental Health Services 2004-05	How Budget Cuts Were Addressed	Impact of Budget Cuts on Students, Faculty and Staff (Including Counseling Staff to Student Ratio[5])

Santa Cruz
 	
Student Health Services (SHS)
 	
Counseling & Psychological Services (C&PS)
 	
Enrollments
Undergraduate:
  13,694
Graduate:
  1,342
Total: 15,036
	No dollar amounts reported			SHS loss of a 1.0 FTE nursing management position, and the indefinite postponement of plans to add additional psychiatry appointment time.
				
				C&PS loss of a .80 FTE Counseling Psychologist II position.
					Counseling staff to student ratio (2004-05): 1 FTE to 1429 students, at 10.5 total staff FTE.
					
					No specific impact data reported.

University Total Enrollments Fall 2004

Undergraduate: 158,298
Graduate: 35,869

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Total: 194,167

UC Systemwide Breakdown of Counseling Center Professional FTE[8]

UC/Comparison Ratios								
9/16/2004								
UC Campus	**UCSC**	**Riverside**	**UCSB**	**UCSD**	**Irvine**	**UCD**	**UCB**	**UCLA**
Student Population	15000	17,296	20454	23000	23,200	29000	32000	35000
TOTAL STAFF FTE 9mo/aca	10.5	8.69	9	13.5	10	16.9	15.25	19.05
ACTUAL INDIVIDUALS	11	10	11	14	11	19	16	23
Ratio Students to total staff	1364	1730	1859	1643	2109	1526	2000	1522
Ratio Students to staff FTE*	**1429**	**1990**	**2273**	**1704**	**2320**	**1716**	**2098**	**1837**
Comparison Campuses	**MIT**	**Stanford**	**SUNY Buf**	**U VA**	**U Mich**	**U Ill**	**Yale**	**Harvard****
Student Population	10500	16000	22240	19600	38972	39000	10500	20000
TOTAL STAFF FTE	12.1	8.5	8	10.87	20	20	13	26.5
ACTUAL INDIVIDUALS	15	16	8	12	19.3	20	13	43
Ratio Students to total staff	700	1000	2780	1633	2019	1950	808	1019
Ratio Students to staff FTE*	**868**	**1882**	**2780**	**1803**	**1949**	**1950**	**808**	**628**
*International Association of Counseling Services (IACS) recommends 1 FTE professional / 1000-1500 students								
**At Harvard the staff also serve 7000 staff and faculty. The ratio is therefore adjusted to reflect that additional load.								

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[8] Table courtesy of Dennis L. Nord, Ph.D., Director, Counseling and Career Services, University of California, Santa Barbara.

Appendix H

Salaries for Licensed Doctoral Level Psychologists
August 2006

Salaries for Licensed Doctoral Level Psychologists
in the San Diego Area
August 1, 2006

Institution	UCSD Psychological & Counseling Services	Kaiser-Permanente, San Diego	Veterans Administration(VA) San Diego	San Diego State University	County of San Diego Mental Health Services
Starting Annual Salary for newly licensed Doctoral Level Psychologist	60,000	70,138	69,869	59,628	65,437
Current Annual Salary for a psychologist who started their post licensure career at the institution and stayed for five years.	64,000	85,252	79,186	69,760 minimum plus any merit raises	72,134 (after three years)

Provided by UCSD Psychological and Counseling Service

Appendix I

A Student in Crisis

A Student in Crisis: A Vignette

Carolyn (not the student's real name) arrives for her Counseling Center appointment and complains to her counselor about academic difficulties and challenges with her residence hall suitemates who she believes are conspiring against her. She shows evidence of bizarre and disorganized thinking and reports a history of bipolar disorder and that she has been less than compliant with her medication regimen.

Over the course of the next several days, Carolyn's mood and behavior continue to deteriorate. She becomes more delusional and begins hallucinating. She acts in increasingly bizarre ways, carrying a blunt pair of scissors, intimidating other students, not attending classes or midterms, and yelling at imaginary people in the campus quad.

Roommates complain to the student Resident Assistants, who in turn, inform the professional residence hall staff about the student and the need for something to be done. By now, Carolyn's roommate is rumored to be sleeping with a baseball bat as a way of defending herself if the Carolyn's behavior becomes more threatening or volatile. Because complex policies, due process rights, and student safety are all at stake, the Director of Residence Life involves the campus Judicial Affairs Officer and the Dean of Students.

Subsequently, Carolyn speaks with her parents and decides to go home for several days. At home she sees her psychiatrist, who recommends that she be admitted to a hospital for psychiatric evaluation. Carolyn complies but, against her physician's orders and advice, she signs herself out of the hospital the next day and returns to campus, creating significant anxiety among students and staff in her residence hall.

Two days later, shortly after 8:00 a.m., Counseling Center personnel are called by residence hall staff and asked to respond to their location and assist with a student who has reportedly been up all night screaming loudly, wandering the halls and outside premises, acting inappropriately. A psychologist comes to the residence hall and joins University police who have been on site for some time in response to an earlier call from the residence life staff. The client's behavior is so bizarre that she is placed on a psychiatric (5150) hold and hospitalized involuntarily. The Vice Chancellor of Student Affairs is notified along with the campus student crisis response group who subsequently gather to evaluate the potential return of the student to campus, and the additional offices, personnel and faculty that may need to be informed or involved in managing her return and responding to the disruption she has already caused.

Formal and informal meetings among the suite mates and residence hall staff yield feelings of empathy, mixed with those of anxiety, anger, and frustration at the situation. Roommates are transferred to different residence hall buildings and are upset at having to move their place of residence (along with phone lines and mailing addresses), particularly during mid-term exams. Residential Life staff don't believe Carolyn is an appropriate fit for group living, but are mindful of her right to due process if she is not willing to voluntarily forfeit her housing contract.

Some Resident Assistant staff, students themselves, are frightened and threaten to quit if Carolyn is allowed to return. Two parents of other student residents have called the Director of

Residence Life and the Vice Chancellor for Student Affairs to express their dismay at the negative impact this situation is having on their children. At day's end, the local newspaper places a call to the Campus Communications office asking for information based upon the generic entry in the University police log from the early morning hours.

The Communications office confers with the Vice Chancellor for Student Affairs, the Police Chief, the Dean of Students and the Director of Residence Life to confirm the facts of the case, clarify the privacy laws and policies that apply, and determine, in conjunction with campus legal counsel, the most appropriate response to the local reporter.

Appendix J

University Registration Fee
Historical Data

Resident Undergraduate Mandatory UC Fees
1985 to 2005

Annual Fees	Registration Fee	Education Fee
1985-86*	$510	$723
1986-87*	$510	$723
1987-88*	$564	$804
1988-89*	$591	$840
1989-90*	$612	$864
1990-91*	$642	$903
1991-92*	$693	$1,581
1992-93*	$693	$2,130
1993-94*	$693	$2,760
1994-95*	$711	$3,086
1995-96*	$713	$3,086
1996-97	$713	$3,086
1997-98	$713	$3,086
1998-99	$713	$2,896
1999-00	$713	$2,716
2000-01	$713	$2,716
2001-02	$713	$2,716
2002-03	$713	$2,851
2003-04	$713	$4,271
2004-05	$713	$4,971
2005-06	$735	$5,406

*Annual fees estimated based on Winter Quarter charges.

Appendix K

Excerpt from
Campus Health and Counseling Services Workgroup
Final Report (Appendix C)
July 2002

Counseling and Psychological Services

Introduction

University of California students deserve outstanding psychological and mental health services. Students' abilities to avail themselves of the tremendous academic and co-curricular resources of the University are impacted significantly by their psychological well-being. This section represents agreement among the directors of counseling and psychological services at the University of California, Berkeley, Davis, Santa Cruz, Irvine, Los Angeles, Riverside, San Diego, and Santa Barbara. The directors have identified the **essential** psychological services that should be provided by student funds on each campus as well as those services that are strongly **recommended**.

Mission

University psychological and counseling services exist as part of the academic mission of the institution. Counseling centers contribute to the academic mission of the University by providing life skills learning experiences, managing disruptive and crisis situations on campus, and enhancing and maintaining the emotional and social functioning of students.

Students' lives are affected by the stresses of normal developmental tasks, academic rigors, relationship dynamics, family issues and other previous or current life events. In addition, though academically qualified, a growing number of students are hindered in their academic work by pre-existing mental health conditions, issues and past traumas. For these individuals, counseling services are an essential and integral element of coping, survival, and self-management strategies.

The mission of campus counseling services also extends beyond the psychological health of individual students to include the challenges of the broader campus community and the promotion of social justice issues. Counseling centers share with other campus departments the responsibility for monitoring, maintaining, and improving the overall campus emotional and social climate.

Context of Service Delivery

Students of the University of California represent an enormous range of diversity. They enter a university environment that is increasingly global, creating new challenges to understanding and operating in the contemporary world. Accordingly, campus counseling and psychological services must address the manner in which various dimensions of diversity intersect and create adjustment challenges for students and for the university community at large.

> *"The student's mental health and the student's academic experience and performance exert a profound reciprocal influence, such that efficacy in one area facilitates efficacy in the other. . .the primary reason for support of a university mental health delivery service is to reduce impediments to the student's academic performance. A closely related reason is to maintain the student in school and help reduce student attrition. . . still another reason for a mental health support system is the fact that an emotionally disturbed student's problems often affect others in the University community. . ." (Report of the Ad Hoc Committee for the Delivery of Mental Health Services to the UCLA Campus. March 1980).*

While the UCLA report addressed the concerns of a previous generation, the notion that mental health and academic performance have a reciprocal relationship remains as profound and even more relevant today than it was over twenty years ago. University counseling services are anchored in a professional philosophy that values a proactive developmental/preventative approach as the most effective service delivery model. In serving the needs of the university community, campus counseling and psychological services should be organized to include four significant functions/roles:

1. Psychological services to students, including assessment, individual and group counseling and psychotherapy, case management, and crisis intervention.
2. Psycho-educational services, including life skills development programs, lectures, academically sponsored classes, workshops, outreach programming, and consultation.
3. Community-building services that gauge social and psychological health, including: a) consulting with university staff to identify concerns; b) consolidating those concerns into social themes; c) developing intervention programs that strengthen the university community and d) assessing and enhancing the campus culture to support the academic enterprise.
4. Risk management activities including: crisis consultation to administrators, faculty and staff in times of threat or death; consultation regarding campus policy formation; and development of procedures related to disruptive student behavior and inter-departmental crisis management and safety.

These four critical functions/roles can be divided further into either essential or recommended services.

Essential Services

Essential services include those that are necessary for the effective functioning of UC students in their academic and social environment. Some students enter the academic environment with a myriad of psychological concerns and issues that require psychological intervention. Such issues inhibit or impede their academic progress, and sometimes cause disruption in the academic community. By virtue of their behavior, each student's needs for psychological support will differ both in scope and range.

Counseling services, delivered by professionally trained staff, include treatment of emotional issues, psychological disorders, consultation and education. Assistance in adjusting to the academic demands of the University must be provided across a continuum of care, from services addressing developmental issues and campus adjustment to those addressing severe psychological impairment. Psychological services also must assist faculty and staff to manage student behavior that interferes with the academic mission and a safe, welcoming, and inclusive campus environment.

Each UC campus should provide the essential psychological and counseling services as listed below and outlined in the attached Table A.

1. ***Initial Contact: Access to Timely Service***
   a. <u>Assessment</u>
      - Individual clinical interview to assess mental health and determine treatment alternatives
      - Psychological testing when necessary
   b. <u>Triage/referral</u>
      - Disposition: establishment and implementation of a plan of action

- Referrals: to on-campus/off- campus organizations, departments, and service providers

2. ***Counseling Services***
   a. <u>Individual, short-term counseling & psychotherapy</u>
      - Problem-focused, time-limited sessions
   b. <u>Group counseling and psychotherapy</u>:
      - Therapy and support groups specific to college student needs (i.e. depression, anxiety, eating disorders, dissertation support)
      - Targeted to identified high-risk populations
   c. <u>Emergency services</u>
      - Crisis assessment and response
      - Links to after-hours services
   d. <u>Case management</u>
      - Manage care of students with chronic psychological/psychiatric conditions (approximately 5-15% of student body), including initial stabilization, psychiatric hospitalization, and referral to longer-term resources, as warranted.
      - Consultation to staff and faculty responding to distressed students
   e. <u>Psychiatric services</u>
      - Assessment
      - Medication management
      - Consultation
   f. <u>Referral to community resources for specialized care</u>
      - Assess need and provide student insurance authorization for extended care
      - Refer severely impaired students with chronic psychological problems to long-term care
      - Establish referral system to community mental health providers
      - Maintain referral list of provider's credentials, specialties, fees
      - Establish a system of follow-up for referrals to access provider availability and student satisfaction

3. ***Consultation, Outreach, Prevention, and Education (COPE)***
   a. <u>Consultation with faculty and staff</u>
      - Consult about psycho-educational issues, psychological disorders, and disruptive student behavior
      - Educate and train Student Affairs staff to identify and respond to students' psychological needs
      - Provide a psychological perspective on campus community issues
      - Collaborate with other units to address campus disasters
      - Contribute to efforts to assess and manage conflict; participate on the campus crisis response team
      - Develop liaison networks and participate on campus committees
   b. <u>Outreach</u>
      - Develop and provide programs for underserved student populations

      c.   <u>Prevention</u>
- Develop and provide programs to prevent the development or practice of unhealthy behaviors, conditions, or situations

      d.   <u>Education</u>
- Teach academic courses for credit (some academically funded, others co-sponsored through academic departments)
- Offer lectures within established classes on related topics
- Teach psycho-educational workshops
- Develop and obtain self-help resources (websites and other educational materials).

Recommended Services

While each campus must provide essential psychological services, it is also important for each campus to work toward providing the four recommended services described below and outlined on Table B. At this time, most of the UC campuses are providing most if not all of these services, albeit in a limited manner. The four recommended services include: 1. *Extended psychotherapy* for students who need be managed for logistical and safety reasons. (Note that extended counseling and psychotherapy also is recommended for a small number of students to provide trainees with necessary supervised training.) 2. *Consultation* for organizational development related to interpersonal skills to assist campus units in meeting institutional demands and goals. 3. *Peer programs* for specific student issues such as GLBT concerns, eating disorders, substance abuse prevention, etc. 4. *Research* for quality improvement, for assessment of students' developmental and psychological needs, and for identifying new directions of service delivery. Below, each of these recommended services is described more fully.

1. **Extended Psychotherapy for High-risk Students**

   There are growing numbers of high-risk students who need extended coordination of their medical and psychological care through campus counseling services. This trend has been evident for the past ten years not only in California but nationwide. Some are the result of community providers unwilling to take on low-income students whose insurance benefits are limited. Others are the result of community agencies unable to take on students due to impacted caseloads or a lack of specialists with the expertise many of these students require (e.g. eating disorders, multicultural conflicts and sexual orientation issues). As a result, there are increasing numbers of students on campus who pose behavioral risk, (e.g. students with chronic psychological/psychiatric disorders who do not follow through with off-campus referrals or with medication compliance). These students do benefit from focused professional attention on-campus. In fact, to remain in school and participate in the University environment in a healthy way, these students need to receive treatment for longer periods of time than limited essential services allow. Without appropriate campus services, such students typically create significant problems for the university community and place a drain on campus-wide resources, only to eventually drop out or be suspended.

2. **Consultation, Community Building, and Organizational Development**

   Mental health consultation is an essential service, but expanded consultation and organizational development are important additions to the range of center services. With current demands on counseling and psychological services, scant resources are available to promote these campus programs; yet, they are vital to the development of a safe, healthy campus community. Organizational development has a long history of effectiveness in helping systems become more efficient, consumer friendly and employee friendly.

Counseling centers are staffed with doctoral-level experts in organizational behavior and interpersonal skills. For example, counseling center staff can assist campus units in meeting institutional demands and goals through sharing expertise in diversity training, coaching, process consultation, conflict management, career development, program evaluation and research. At a time when campus departments are under pressure to improve resource management and efficiency, counseling centers with consultation and organizational behavior skills are often of great assistance to the University.

3. **Peer Education Programs**

Well-organized peer-based programs staffed by students who are well trained and supervised are strongly recommended. Peer programs can: 1) reach students who might not otherwise consider professional counseling for their concerns; 2) lend credibility to professional services; and 3) foster goodwill among students. Also, student peers can bring valuable insights to the counseling program. Training of peer educators and peer counselors in leadership skills, consultation, and outreach for the promotion of healthy individual and community development are important elements of a comprehensive counseling service.

4. **Research**

Analysis of student issues informs our practice, helps tailor services to meet client demand, contributes to college retention efforts, and allows us to inform staff and faculty of critical issues students encounter during their academic career. Data regarding trends in the incidence and prevalence of psychological concerns among student populations can be shared across campuses. Such research findings can be instrumental to improving the campus' learning environment and to developing needed programs and services for students. Furthermore, collaborations on research projects, through sharing our student data with faculty members in mental health disciplines, strengthens the campus community. Some research efforts may be funded or supplemented though grants. In addition, publication of results in refereed journals and in national conference proceedings furthers the University's mission to the community at large.

Required Program Resources

The University's counseling services should be supported by the following administrative structure**:**

1. <u>**Staff**</u>
    a. *Qualifications*

    The composition of the counseling services staff of the University of California should reflect as closely as possible the diverse composition of the student body, particularly with respect to gender and ethnicity. Staff are hired for a range of competencies, not for narrow, specific clinical tasks, and must be competent to address the broad range of developmental and psychological needs specific to university students, and attentive to the culturally specific needs of diverse populations. A multi-disciplinary professional staff that can address the full range of student's needs is required. This may include clinical social workers, marriage and family therapists, counseling psychologists, clinical psychologists and psychiatrists. Psychologists in particular are critical to providing core counseling services and delivering the full range of services based on college students' developmental needs (e.g. psycho-educational programs, psychological/vocational assessments, and campus consultation services). Psychiatrists are an integral part of the campus mental health system and must be part of either the campus psychological or medical staff. Maintenance of expert professional credentials in each discipline is essential.

b. *Trainees*

Trainees in organized training programs comprise a critical segment of the staff at UC counseling services. They contribute to staff diversity with respect to ethnicity, age, gender, sexual orientation and other characteristics. Training programs enhance the core staff's connection to the latest academic research and insure relevant in-service training. Professional and state statutes mandate that licensed staff members supervise trainees, thereby assuring quality service to students and risk management for the counseling center. Training program staff must adhere to state law and regulations, and the standards of the American Psychological Association and related professional organizations.

c. *Staff Size*

Staff size should be consistent with nationally accepted professional standards, approximately 1 FTE for 1,000-1,500 students, with adequate support staff to meet the unit's needs. Staff workload for direct service should not exceed 65% of the duties on a continuing basis to allow for other duties, such as completion of professional requirements of clinical documentation, the development and delivery of psycho-educational programs, the delivery of campus consultation services, and the training of trainees.

2   Program Evaluation and Quality Assurance

UC counseling services set high goals and objectives for the effective delivery of services. The hallmark of excellent counseling and clinical practice proceeds from on-going program evaluation and quality assurance efforts. Program evaluation provides a method to evaluate the effectiveness of treatment strategies and a basis for understanding and recommending the usefulness of particular treatment modalities. Evaluation of program goals require collecting two types of data, at a minimum:

a. *Accountability Data*

Continuous collection of demographic data to document the number of students treated, treatment concerns and service utilization.

b. *Program Evaluation Data*

Periodic collection of client satisfaction surveys, outcome data, and documentation of progress toward strategic planning goals.

3.   Professional Standards

UC counseling and psychological services value professional standards of care and expect to hold accreditation from a recognized professional body, such as the International Association of Counseling Services which accredits university and college counseling centers and/or the American Psychological Association which accredits training programs. The APA Ethics Code and other professional standards should be adhered to by individual staff members. These professional standards set the framework for counseling services to provide high quality, ethical care to students.

4.   Budget

In order to reduce barriers to students seeking care, counseling services need to be able to rely on registration fee funding to support essential services. The degree to which each UC campus is currently funded through registration fees varies considerably, which impacts both the organization and stability of some UC counseling services. Although counseling services have the capacity to generate some funds, dependence on income generation for the provision of *essential* services leaves the unit vulnerable to instability and could leave students at risk when those funds are reduced. With increasing enrollments and growing

student demand for psychological and counseling services, units not secure in their funding will have no choice other than to shift essential services to fees-for-service or to less accessible off-campus venues.

Conclusion

Psychological and counseling services play an integral role in the university's effort to educate students. Along with their academic mastery, students need to develop the emotional maturity and social and leadership skills expected of them by employers seeking the best-qualified workers. Provision of the essential services discussed above contributes greatly to the development of the individual and positively contributes to the campus community. Centers with the additional capacity to offer the recommended services are able to impact the campus significantly through, 1) extended services to students requiring additional support, 2) expanded consultation to staff and faculty, and 3) research programs useful to the development of new methods to serve students and promote a cohesive campus community respectful of individual differences.

References

Accreditation Standards for University and College Counseling Centers, International Association of Counseling Services, Inc., April, 2000.

Counseling and Mental Health Services on Campus, James Archer, Stewart Cooper, Jossey-Bass, 1998.

Ethical Principles of Psychologists and Code of Conduct, 1992, the American Psychological Association. APA, Washington D.C.

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Appendix K

Table A
Essential Services

UC Campus	Treatment				Education				
	Initial Contact	Individual	Group	Crisis Intervention	Outreach	Workshops	Consultation	Academic Instruction	Supervision/Training
Berkeley	X	X	X	X	X	X	X	X	X
Davis	X	X	X	X	X	X	X	X	X
Irvine	X	X	X	X	X	X	X	X	X
Los Angeles	X	X	X	X	X	X	X	X	X
Riverside	X	X	X	X	X	X	X	X	X
Santa Barbara	X	X	X	X	X	X	X	X	X
Santa Cruz	X	X	X	X	X	X	X	X	X
San Diego	X	X	X	X	X	X	X	no	X

Table B
Recommended Services

UC Campus	Psychotherapy	Campus Consultation	Peer Programs	Research
Berkeley	X	X	No	X
Davis	X	X	X	X
Irvine	X	X	X	X
Los Angeles	X	X	X	X
Riverside	X	X	X	X
Santa Barbara	X	X	X	X
Santa Cruz	No	X	No	No
San Diego	X	X	X	X

Psychiatry Services

Introduction

It is generally agreed that Universities across the country are faced with a need to serve a growing population of students with serious mental disorders. Psychiatrists play a vital role in the treatment of these students. There are strong arguments against referring all or even a majority of students needing psychiatric care off campus. It is an advantage for psychiatrists treating students to understand the campus setting, and it is optimal for them to have the ability to work directly with other mental health providers in the University. In addition, campus counseling psychologists and primary care physicians need to be able to consult with psychiatrists and students appreciate the convenience of being seen on campus. Under managed care plans in many communities, it is hard to find a psychiatrist who can take a new patient, and there is no guarantee that a particular insurance will be accepted.

Some students who need psychiatric medications can be seen by primary care physicians, but there are many who are more difficult to treat, and who need to see a psychiatrist. Psychiatrists are relied on to provide a diagnosis and develop and oversee the implementation of a treatment plan in cases of any complexity. While many psychiatric disorders are lifetime illnesses, the first presentation is often in the college years. There is commonly an interval of several months when there is an ongoing crisis and great uncertainty as to the nature of the condition, the best approach, and the prognosis. During this time, the student is likely to be seeing a campus counseling psychologist, and may come to the attention of the University in other ways. He or she may be hospitalized. It is especially important for a campus psychiatrist to be involved in these cases. Such students currently take up a high proportion of University psychiatrists' time. At some point, usually after some stabilization has been achieved, there may be a decision on whether to continue to care for the student on-campus. Students who need intensive psychotherapy, by a psychiatrist, in addition to medications, are likely to be referred out. This leaves a broad range of cases that can be treated within the parameters of what is possible in an on-campus psychiatry service.

Important History

- Psychiatrists have provided services at University Student Health Centers since the 1920s.

- The last several decades have seen dramatic developments in the types of services provided and the systems for delivery of care. The reasons for this include changes in the student population and the incidence and prevalence of different mental disorders on campus, changes in the knowledge base and usual mode of practice of psychiatrists, changes in the methods of financing health care that have particularly impacted mental health, changes in allied professions including clinical psychology and counseling and primary care medicine, and changes in the administration of Universities.

- The present emphases in the provision of psychiatric services are:
    - Responding to psychiatric emergencies, including hospitalization
    - Non-emergency psychiatric evaluations
    - Monitoring of psychiatric medications
    - Limited brief psychotherapy
    - Consultation, e.g. to campus counselors and health center clinicians
    - Education, e.g. of health center primary care providers

- Community outreach and involvement.

Variation Between Campuses

No two campuses in the UC system (or anywhere else in the country) are alike in the provision of psychiatric services. There are:

- Differences in the intensity of services, with great variation in the number of psychiatrists per student and the percentage of students seen by a psychiatrist.

- Differences in organization, with psychiatrists employed directly in the health center on some campuses, and in a counseling department that is either in the health center or outside the health center, on others. Some campuses have only outside contract psychiatrists.

- Differences in population served, with some campuses restricting which students are seen, with limits that may be related to insurance, and others offering limited access to non-students such as those on filing fee status, recent graduates, and staff.

- Differences in availability, with some campuses having year round services and twenty-four-hour emergency coverage, and others having services only during regular working hours during the regular term.

- Differences in funding, with some campus psychiatric services free to the student and paid for only out of registration fees, and others paid for by a combination of registration fees, limited out of pocket charges and insurance.

Trends in Delivery of Psychiatric Services

- The percentage of students seen by on-campus psychiatrists (on campuses that have them) varies from 1% to more than 3 % of all students. The average number of visits per student is about 4 per year. On all campuses, waiting times for appointments are growing, and can be as long as 3 months for a first non-emergency appointment.

- The most common diagnoses are mood disorders, particularly major depression and dysthymic disorder, but including an increasing number of cases of bipolar disorder; anxiety disorders, including panic disorder, obsessive compulsive disorder and post-traumatic stress disorder; eating disorders; attention deficit disorder; and complications of substance abuse.

- Many students present with psychotic symptoms, which may be due to a number of causes, including substance abuse and the first onset of a serious lifetime condition such as a bipolar disorder or schizophrenia.

- A growing number of students have severe long term mental disorders and may have been in treatment for some years before arriving at the university.

- In the last decade there has been a marked increase in the number of students taking psychotropic medications, particularly antidepressants and psychostimulants. This reflects changes in behavior with regards to medication in the wider society.

Some Pressing Issues

- Increasing demand for psychiatric services on campus, without a corresponding increase in psychiatrist hours, has led to a longer waiting time for first appointments, various methods of

triage, a shift towards off campus referrals where possible, and an increase in the prescription of psychotropic medications by primary care providers.

- There is continued debate as to when it is best to refer a student for psychiatric care off campus. Factors in making this decision include:
    - The required intensity of treatment, e.g. needs weekly visits
    - The safety of treatment on campus, e.g. lack of ability to contact a psychiatrist at night or over the weekend
    - Affordability, or limitations of access due to insurance
    - Transport, particularly when the campus is a long way from town
    - The need for multidisciplinary treatment
    - The connection that is made to a particular psychiatrist
    - Community capacity. In some areas, most off-campus psychiatrists cannot take new patients

- There is a question as to whether campus psychiatrists should bill a student's insurance, particularly the campus insurance plan, and whether there should be some kind of out of pocket charge.

At this point we do not know the full effect of the so-called parity legislation passed in 2000, on either on-campus services or off-campus referrals.

Essential Services

The following are the types of psychiatric service that should be offered by each University. These services are for the most part best provided on campus.

- Psychiatric Evaluation

    It is essential that campuses make provision for at least initial psychiatric evaluations of mentally ill students. Such evaluations are an integral part of an overall mental health system, and need to occur on campus.

    The availability of a timely evaluation by a psychiatrist is a key component of any system of mental health care. Even if there is no decision to continue prescribing medication, a good psychiatric assessment gives information to the student and provides feedback to a campus counseling psychologist and/or a campus primary care physician. In cases in which there is a recommendation for ongoing psychiatric treatment, it will depend on multiple factors whether a referral is made off campus, or the student is seen by a campus psychiatrist.

- Psychiatric Treatment

    Psychiatrists on campus should be able to provide some ongoing treatment of at least a subset of mentally ill students. Such treatment is likely to be cost effective, a good fit with other mental health services, and of great value to students who would otherwise not be able to continue their studies.

    Psychiatrists in the wider community provide a broad spectrum of treatment services, including psychotherapy and prescription of medications for a range of types of patient. In general, Campus Psychiatrists do not attempt to provide this full range of services. It is usually not feasible for a Campus Psychiatrist to see a student for intensive individual therapy, with 45-50 minute sessions, one or more times a week, for more than a few weeks during a crisis. It is much

more common for Campus Psychiatrists to see students for relatively brief (15-30 minutes) follow-up sessions every few weeks for what is often called "medication management." It is important to recognize that this distinction is not absolute; some therapy is included while medicines are monitored. In addition, crises are common, and during a crisis, students may be seen more frequently, and for longer times. However, it is generally assumed that students who need more intensive services, such as therapy by a psychiatrist one or more times a week, with or without medications, will be referred off campus. Some campuses also attempt to refer out when the level of acuity is very high, as the student is assumed to be better off working with a psychiatrist who can be contacted easily at night and on weekends and during breaks. Regardless of the campus' policy on referring patients off campus, much of a Campus Psychiatrist's time is spent dealing with severe cases, in the early stages before it is possible to transfer care, or while waiting (often a long time) for a psychiatrist in the community to have an opening.

- Consultation and Education

It is efficient to use psychiatrists as consultants to other campus providers, and to other campus personnel. To act as consultants, and to provide education about psychiatric illnesses, psychiatrists should be part of the overall mental health system on campus.

Campus psychiatrists provide consultation to campus counseling psychologists, campus primary care physicians, and other campus academic and administrative personnel. Even if the psychiatrist does not see the student, the consultation can provide invaluable assistance in formulating the problem and arriving at a disposition. Since psychiatrists are a scarce resource, it is efficient to use consultation as a first step, before a decision is made to refer a student for psychiatric evaluation and treatment. Campus psychiatrists are often asked to educate other physicians and therapists about psychiatric illness and psychotropic medications, and participate in developing protocols, manuals and outreach materials. Psychiatrists have a combined administrative and educative role in health centers, helping monitor and improve the quality of mental health care.

- Response to Emergencies

Every campus must have a way of responding to mental health emergencies. The optimal response generally involves multiple personnel, if possible working as a team. Because of their specialized knowledge and familiarity with team approaches, psychiatrists have an essential role in helping manage these crises. This function cannot be shifted off campus.

The response to mental health emergencies on campus may involve campus counselors, campus primary care physicians, the campus police, and various university administrators, including residential advisors, as well as campus psychiatrists. Psychiatrists may consult in a particular case, or may see the student and take a large part of the responsibility for working out a disposition. The amount of involvement by a psychiatrist depends on a number of factors, including the type of case, with psychoses more likely to be seen, a history of previous involvement, the point of first contact, and the system that is in place for handling crises. The immediate outcome of the crisis may be that the student is hospitalized, sent home to family, or transferred to another, more suitable level of care off campus. The campus psychiatrist plays a very important role in ensuring that a good disposition is made, that transfers occur safely, and that appropriate follow up is arranged.

- Involvement in Hospitalization

Psychiatrists on campus can arrange admission to a psychiatric hospital, can consult with the inpatient psychiatrist, and can be involved in follow up.

The number of psychiatric hospitalizations has been growing on most campuses. Students are now hospitalized at a rate of approximately 20 to 30 per 10,000 per year. Campus psychiatrists are often involved in hospitalizations. It is helpful if a campus psychiatrist is involved in the admission and can communicate with the hospital treatment team about follow up care. There is a recognized need for partial hospital services for mentally ill students. In some locales, psychiatrists are involved in trying to arrange partial hospital admissions. This is an area where it is important to have a psychiatric liason on campus, as the student is still in school.

- <u>Involvement in Case Management</u>

  Students with serious mental disorders or ongoing psychiatric crises may see many different providers. Active case management is often necessary if they are to be kept safe, and if they are to have a chance of finishing school. Case management requires a team approach, and on-campus psychiatrists need to be part of the team.

It is generally agreed that more students are presenting to campus counseling and health centers with serious mental disorders. These students have recurring crises and need some kind of intensive case management. Experience in other settings suggests that psychiatrists should be involved in the teams that look after these students. The degree to which psychiatrists will be consultants or ongoing team members will depend on multiple factors, including availability and structure of the overall mental health system.