

Assessment and Actions

Student Mental Health Task Force Report

April 11, 2019

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Executive Summary

Nationally, there has been an increase in college students arriving on campus with existing mental health diagnoses and developing clinical or subclinical mental and emotional health concerns during their college years (Auerbach et al., 2016; Prince, 2015). Grinnell College is no exception to this. The increase in students' need for mental health services combined with the shortage of local mental health services in Grinnell's rural location present a significant challenge to the college.

The Student Mental Health Task Force was appointed by President Raynard S. Kington in 2016 to better understand student mental health, available services, and cultural and environmental factors. The task force was charged to make recommendations related to evidence-based mental health promotion models, current college and community practices, and innovation and research to understand and serve mental health needs at small colleges. Following surveys of Grinnell students, an analysis of the College's mental health service practices, evaluation of national and local data, engagement with evidence-based research and resources, and an external review by professionals from other colleges, the Student Mental Health Task Force presents here its findings and recommendations.

The College has taken action over the past three years as the task force and student affairs office became aware of solutions that could be taken advantage of right away. The partnership with University of Iowa, introduction of telepsychiatry, and increased staffing, are a few examples of such actions. These are described in the "Early Successes" section of the report.

The most important of these recommendations centers on the need for the Grinnell College to make a renewed, sustained, and broad commitment to student mental health. The task force believes that this goal will be best pursued through an integrated, student-centered approach that encompasses available professional treatment services, health promotion programming, and promotion of a campus culture and environment supportive of positive health and wellness behaviors. The task force recommends continued enhancement of counseling and treatment services suited to the needs of the Grinnell student body, strategic outreach and educational programming, and the promotion of mental health and wellness using a public health approach that addresses environmental and cultural factors.

Finally, the task force recommends continued research and assessment to better define and meet Grinnell's student needs over time and use Grinnell's resources most effectively. This includes inventories of current programming and initiatives to identify Grinnell's strengths, resources, and challenges, as well as ongoing assessment of student needs and evaluation of services, programming, and environment.

Like many other liberal arts colleges, Grinnell faces a challenge that demands serious, sustained action. While we cannot expect to prevent the occurrence of all mental illness and we should recognize that many of Grinnell's students will enter college with significant mental health concerns, the task force believes that these efforts outline a strategy through which we will be able to take responsible and sustainable steps to meet the needs of Grinnell's talented, high-achieving, and diverse student population.

Introduction

In recent years, Grinnell College has faced significant challenges in meeting the mental health needs of its population of students. This challenge is part of a national trend and research initiatives have

demonstrated a striking increase in the numbers of students entering college with significant mental health concerns, especially those related to depression and anxiety. According to the American College Health Association, the number of students reporting ever having been diagnosed with stress and anxiety rose by 10 to 15 percentage points between 2000 and 2015 (American College Health Association, 2015, 2012). The impact of these conditions can be debilitating personally and academically, limiting the ability of students to thrive in the college environment. Research demonstrates that students suffering from depression and anxiety are also less likely to graduate and frequently achieve lower grade point averages than their peers (Eisenberg et al., 2009).

Data from a 2016 mental health survey conducted by Grinnell's Office for Analytical Support and Institutional Research found that indicators of rates of depression or anxiety were higher than those commonly reported in research literature while rates of potential serious mental illness paralleled those found in other campus populations. Similarly, 2018 data from the National College Health Association's triennial survey support the notion that Grinnell students are experiencing depression and anxiety that affect their well-being and academic success. As at other colleges, Grinnell students self-report experiencing a reduction of the stigma associated with mental health conditions, a greater recognition of the value of treatment and willingness to seek help, and earlier identification of illness in students, often prior to college. Combining this with the increased incidence of mental health disorders, Grinnell has faced the need to deliver more comprehensive mental health treatment, counseling, and support as well as address its culture and comprehensive mental health promotion efforts.

Geography has added an additional layer of complexity to this issue. Grinnell's rural setting, in a state with comparatively scarce resources, has significantly limited the ability of the College to refer students with serious or chronic mental health needs to off-campus providers. The College's intense and demanding academic atmosphere has continued to place strain on students, many of whom struggle to find healthy ways to relieve stress and anxiety. Insufficient sleep, alcohol and other drug use, perceived loneliness, and a lack of a sense of belonging correlate strongly with and may contribute to the overall incidence of student mental health problems.

To evaluate this situation and to define a comprehensive response, in November of 2016 President Kington created the Student Mental Health Task Force and charged it with the responsibility to monitor, assess, and make recommendations to him regarding:

- Evidence-based mental health promotion models,
- Our current College and community resources in light of best practices,
- Innovation and research to understand and serve mental health needs at small colleges.

President Kington charged the task force to carry out these responsibilities for an initial term of three years, making recommendations and sharing information with the campus community. The task force is co-chaired by Angela Voos, Vice President for Strategic Planning and Chief of Staff, and Michael Latham, Vice President for Academic Affairs and Dean of the College. Membership of the task force includes the following persons:

- Patricia Fitzgibbons Anderson '80, Vice-Chair, Grinnell College Board of Trustees
- Toby Baratta '17, Diversity and Outreach Coordinator, Student Government Association (2016–17)

- Charles Bermingham, Clinical Assistant Professor, Counseling Psychology, University of Iowa
- Andrea Conner, Associate Vice President for Student Affairs (2016-2018)
- Nina Galanter '18, Grinnell Active Minds (2016–17)
- Beth Gallegos, Assistant Director of Student Health and Counseling Services (2016-18)
- Brian Haggard '20, YouthLine crisis support service volunteer (2017-18)
- Jen Jacobsen '95, Assistant Dean of Students, Director of Wellness and Prevention
- Mark Levandoski, Associate Dean and Professor of Chemistry
- Kun-Hong Lu, '95, Kun-Hong Lu, PC, Counseling Private Practice in Grinnell
- Deb Shill, Director of SHACS Operations
- Deanna Shorb, Dean of Religious Life and Chaplain
- Andi Tracy '99, Associate Professor of Psychology
- Kaitlin Wilcox, Associate Director of Analytic Support

The task force determined that it would focus on two primary areas of analysis: The College's mental health service model and mental health promotion and wellness. The group established two subcommittees, one to focus on services and the other on mental health promotion, and each delivered preliminary evaluations during the spring semester of 2017. Throughout the process, the task force also considered research initiatives and emerging best practices and guidelines related to these two areas.

In order to understand the current environment on the Grinnell campus and the broader college landscape, as well as the context in which this work is being done, during its first two years the task force:

- Conducted an analysis of its service model using internal records and data.
- Evaluated data on Grinnell students and the national undergraduate population from the American College Health Assessment-National College Health Assessment and a survey conducted by the Office of Analytic Support and Institutional Research on student mental health status, needs, and service use.
- Reviewed qualitative data from Institutional Research regarding students who withdrew from the college.
- Conducted an external review of Grinnell's student mental health services by Janell McGruder, Director of Counseling Services at Knox College, and David Walden, Director of the Counseling Center at Hamilton College.

During this two-year period, the task force examined strategies through which the College might achieve its overall goal to reasonably, sustainably, and responsibly meet the needs of students at Grinnell.

This report outlines the task force's assessments and recommendations along with the College's actions when obvious steps could be taken. Following consultation with the President, the Senior Staff, and the leadership of faculty, staff, and students, the task force will use its final year to refine its recommendations and focus on questions of implementation, including planning for operational budget needs and provisions for continued evaluation and assessment of progress in relation to its recommendations.

KEY ACRONYMS	
ACRONYM	<i>Definition</i>
ACHA	American College Health Association
ACHA-NCHA	American College Health Association's National College Health Assessment
CA	Community Adviser (student)
GAD-7	Generalized Anxiety Disorder seven-item scale
K-6	Kessler Distress Scale
NCAA	National College Athletic Association
NCHA	National College Health Assessment
JED	Not an acronym but named after the son of the founders of the JED Foundation.
PHQ-8	Patient Health Questionnaire eight-item depression scale
QPR	Question, Persuade, Refer- suicide prevention program
SAM	Student-athlete Mentor
SHACS	Student Health and Counseling Services

Research and Current Understanding

Data Sources

The task force studied data from a variety of sources to understand the current state of mental health and mental health risks among Grinnell students, the factors that influence mental health and wellness, and the interaction of mental health concerns with academic performance and compared what is happening at Grinnell with the national undergraduate population. We also examined evidence related to the availability, perception, and utilization of professional mental health services by Grinnell students. In this section, we first describe the nature of the data sources we used, then summarize the collective findings that underlie our interpretations (Section 4) and subsequent recommendations (Section 5) to the campus community.

American College Health Association's National College Health Assessment (ACHA-NCHA-II)

The ACHA describes the NCHA as “a nationally recognized research survey that provides precise data about students’ health habits, behaviors, and perceptions,” which includes questions related to attitudes and behaviors related to mental health. The instrument also allows us to examine mental health data by key demographic groups.

The ACHA-NCHA was conducted on campus Feb. 18–March 5, 2018, with a response rate of 51.3% (n=827). The NCHA is conducted on campus about every three years, with the most recent administrations being Spring 2015 (52.4% response rate, n=850) and Spring 2012 (29.4%, n=467). Unless otherwise noted, NCHA refers to the 2018 survey administration (American College Health Association, 2018a).

The national undergraduate reference group, used for comparison, represents data from surveys conducted in Spring 2018, n=73,912 from representing 140 postsecondary institutions, with a mean response rate of 15% (institutions who conducted the survey after their campuses’ spring break were not included in the aggregate data) (American College Health Association, 2018b). Because the comparison group is very different than a small liberal arts college and the average response rate is so low, statistical tests are difficult to interpret from simple comparisons. Rather, these national data help provide a very broad context for Grinnell’s population.

Student-Athlete Social Norms Survey (SASN)

Originally supported by an NCAA Choices grant, each year the director of wellness and prevention and student principal investigators conduct the Student-Athlete Social Norms Survey. The baseline survey is an instrument developed by H. Wesley Perkins and David Craig of the Alcohol Research Project at Hobart and William Smith Colleges. The Grinnell team adds additional questions of interest, including questions related to mental health. The survey has had very high response rates ranging from 88% to 94%. Student-athletes represent the student population across class years and majors while having in common their athletic pursuits. There is a higher rate of male-identified student participation in this survey compared to Grinnell’s typical health and wellness surveys.

Office of Analytic Support and Institutional Research Survey (OASIR)

As part of a participatory process for developing a study to specifically explore students’ mental health needs at Grinnell, the Office of Analytic Support and Institutional Research garnered input from various campus constituencies to identify mental health priorities and key questions for the campus.

The survey covered nine key areas; (1) depression and anxiety and their impact on academics, (2) alcohol and other drug use, (3) referral patterns and experiences with counseling and mental health services, (4) information availability and usefulness for students, (5) perceptions of those with mental health concerns, (6) campus mental health climate, (7) use and importance of social support networks in promoting mental health, (8) measures of mental health literacy, and (9) self-reported demographic factors.

In total, nearly 1,000 students participated in the survey (n=995; 59% response rate), of which 675 completed the entire survey. The survey is approximately representative of the campus population by class year. A larger portion of females as compared to males participated, in line with the campus population, and 38.91% of participants indicated that they identified as something other than or in addition to heterosexual.

SHACS

Health information is collected by SHACS in the course of providing health services. It is kept confidentially and stored in an Electronic Medical Record system called Point N Click. This system is housed separately from other College data sources and includes data from the Counseling Center Assessment of Psychological Symptoms instrument (CCAPS) (Center for Collegiate Mental Health, 2018). Use of health information is kept in compliance with FERPA, state laws, and the ethical guidelines of the various health professions. To study the retention rate of the College, institutional research does have access to the de-identifiable portion of the medical records, but Grinnell is committed to being transparent about how and what this de-identifiable data is used for. Data used by the task force spans three years.

Other information and data

For a broader view, the task force consulted the scholarly literature and information from a number of relevant professional organizations (including the American College Health Association, the Center for Collegiate Mental Health, the JED Foundation, and the NCAA, among others) to understand the national context regarding prevalence of diagnoses and risk, service provision, environmental and sociological factors, mental health promotion, and best practices in undergraduate mental health. Offices and individuals on campus also provided information on current programming and opportunities related to mental health awareness. Finally, external evaluators were engaged to come to campus and review and make recommendations regarding Grinnell's current practices in mental health services (including treatment, prevention, and outreach).

Mental Health Status and Risk

The task force recognizes that there are many identified mental health disorders and diagnoses. Here, we focus on depression, anxiety, and feelings and behaviors (including suicide ideation) related to these categories of mental health, as these are among the most commonly occurring mental health concerns in the adult population (Anxiety and Depression Association of America, 2018).

Depression and Anxiety

In recent surveys of the campus community a portion of Grinnell students have indicated that they have felt lonely, overwhelmed, sad, anxious, or hopeless. The rising incidence of both depression and anxiety among the college-going age group is reflected in the Grinnell population. Both the national trend and evidence from Grinnell's student population are deeply concerning and require sustained and serious

attention. Approximately 20% of students indicate that they have been diagnosed and/or treated by a professional for their mental health-related concerns. The College has implemented screening tools as part of a campus wide, anonymous, mental health survey. These screening tools indicate that the majority of students have mild or no symptoms of depression; however, the screening is not universal and we may consider that some students who are experiencing depression or symptoms of depression have not yet been identified or sought treatment. Anxiety symptoms seem to be slightly more prevalent in the student population than depression symptoms, with about one-third of the screened population indicating some degree of anxiety.

Effects on Academics

As an institute of higher learning, a core value of Grinnell College is “excellence in education for students in the liberal arts.” Thus, in addition to supporting the general well-being of Grinnell’s students, the College takes seriously barriers to students’ full engagement in their academic pursuits. The relationship between students’ mental health and educational success is an important avenue to explore in the pursuit to give all students the opportunity to thrive academically.

The College’s mental health survey (described under “Data Sources” above) measured the perceived impact of anxiety and depression on academic work at the College. Students were asked specifically how depression and anxiety may have impacted their work. The vast majority of students perceived no or moderate impact of depression or anxiety on their academic work. Ten and 14% of students, however, indicated that their anxiety or depression symptoms (respectively) had a severe and negative impact on their academic work.

The NCHA data also indicate that, for many students, mental health concerns may negatively impact their academics. When asked if, in the last 12 months, any of a list of issues had interfered with their academics (e.g. received a lower grade on an exam, course, received an incomplete or dropped a class), the top four issues students self-reported all related to mental health: stress (33.0%), anxiety (25.4%), depression (20.9%), and sleep difficulties (20.9%) (American College Health Association, 2018a).

Co-occurring Issues

Alcohol and other drugs

Grinnell’s NCHA data demonstrate a relationship between alcohol and other drug use, mental health challenges, and academic obstacles. While only 3.1% of Grinnell students reported that alcohol use negatively impacted their academics, students who self-reported having five or more drinks in one sitting in the past two weeks were significantly more likely to report that depression and sleep difficulties interfered with their academics (American College Health Association, 2018a).

Marijuana use presents an even greater concern. As with alcohol, few students attribute academic challenges to drug use (2.9%), yet students who self-reported using marijuana in the past 30 days were significantly more likely to also report that stress, anxiety, depression, and sleep difficulties negatively impacted their academics. This relationship between marijuana use and discontinuous enrollment, mental health, and academic difficulties has been well documented in the research literature (Allen et al., 2018; A. M. Arria et al., 2013; Amelia M. Arria et al., 2013; Meda et al., 2017).

Furthermore, students who self-report past 30-day marijuana use are also statistically significantly more likely to self-report feeling overwhelming anxiety, being too depressed to function, having sleep difficulties, and seriously considering suicide in the past 30 days. This is consistent with both national

NCHA data and research linking marijuana use with psychiatric disorders (Hall and Degenhardt, 2014, 2009). Marijuana use and alcohol use are not mutually exclusive; in fact, students who self-report past 30-day marijuana use are also more likely to self-report having five or more drinks in one sitting in the past two weeks (American College Health Association, 2018a).

Sleep

A number of recent studies have demonstrated a relationship between regularly getting sufficient sleep (seven–nine hours per night for young adults) and mental health status. Specifically, experimental and correlational studies have demonstrated reliable increases in depression and anxiety, as well as other negative emotional states and impaired mood regulation, with insufficient sleep (Baum et al., 2014; Haack and Mullington, 2005). Although there is certainly a bidirectional relationship, chronic insomnia has been shown to be a risk factor for development of major depression and anxiety disorders in prospective and retrospective studies (Breslau et al., 1996; Neckelmann et al., 2007; Ohayon and Roth, 2003).

Grinnell students report an average of 6.8 hours of sleep per night (Perkins and Craig, 2017) and 60% say they got three or fewer nights of restful sleep over the past seven days (American College Health Association, 2018a). For both Grinnell students and the national undergraduate sample, analyses of NCHA data show a linear relationship between the number of nights of restful sleep in the past seven days and likelihood of feeling overwhelming anxiety, feeling so depressed it was difficult to function, or feeling hopeless, very sad, and very lonely. Average hours of sleep per night and nights of restful sleep are also both directly correlated with GPA.

Current Support, Services, and Utilization

In the fall of 2016, the College's mental health survey asked questions regarding on-campus mental health, support, services, and utilization. One-third of the sample reported being referred to or using the on-campus, mental health service; and of all students responding to the survey, 25% reported that they sought and received services on-campus, and 9% of those who indicated that they have sought help did so within the 30 days prior to survey completion (Wilcox et al., 2018). These rates of help-seeking are slightly different than other surveys regarding the same (34% indicating receiving treatment from on-campus mental health services) and data collected by SHACS indicating that nearly 50% of students meet with a counselor during their time at Grinnell (this may reflect difference in the time period being evaluated, or interpretation of survey wording, such as "treatment", meaning longer-term service use). The majority indicated that they had self-referred to the services (72%), followed by a family or friend referral (37%) and then by campus staff (29%). The vast majority of students self-report being open to seeking services if they need them; nearly 85% indicate that if in the future, something were really bothering them, they would consider seeking help from a mental health professional, a statistically significantly higher rate than the national undergraduate reference group (American College Health Association, 2018b).

Of particular interest is whether or not students used mental health services. Of those who screen positive for a probable psychological distress on the Kessler Distress Scale (K-6), a relatively large portion have received mental health services on-campus (43%). For those who screen negative on the same, nearly 21% received services. The PHQ-8 and GAD-7 reveal similar rates of utilization for those who screen positive, 39% and 35% respectively (Wilcox et al., 2018).

Interpretations and Key Findings

Mental health concerns, particularly anxiety and depression, are affecting a significant number of college students in the United States, and Grinnell College students are no exception. Feelings of overwhelming anxiety and depression are interfering with Grinnell students' ability to perform academically, as well as their ability to function in other areas of their lives.

Importantly, Grinnell students have shown great willingness to seek out and receive professional help in treating and managing these issues, including on-campus, mental health counseling and other services provided by SHACS. SHACS has seen a significant increase in the number of students seeking counseling over the past several years and has increased staffing and services accordingly. Although there was a period during which low staffing and high turnover caused somewhat lengthy wait times for student appointments, increased full-time staff, as well as an expansion of the partnership with the University of Iowa Doctoral Program in Counseling and implementation of tele-psychiatry services, have substantially increased treatment availability and decreased wait times.

Grinnell has not waited for the final recommendations of the task force to make changes, invest resources, and develop services. In the past five years, Grinnell has almost tripled its expenditures toward mental health services and wellness programming from \$226,000 to \$605,000. The increased expenditures relate to increasing staff, developing new partnerships with University of Iowa, software, and employee services. Most increased expenditures support more clinical services.

Number of FTEs

Fall 2015 =	SHACS	1.0	(July–September)
	GRMC	1.5–2.0	(September–May; varying contract providers)
	Total		
	Avg.	1.5	
Fall 2016 =	SHACS	1.4	(including 1.0 administrator–limited direct clinical hours)
	U of I	1.5	(including 0.5 administrator–limited direct clinical hours)
	Total	2.9	
Fall 2017 =	SHACS	3.5	(including 1.0 administrator–no clinical caseload, triages as needed)
	U of I	1.5	(including 0.5 administrator–limited direct clinical hours)
	Total	4.9	
Fall 2018 =	SHACS	2.5–3.5	(2.5 July–October, added 1 FTE in October)
	U of I	2.0	(including 0.5 administrator–limited direct clinical hours; one student left on maternity leave in November)
	Total		
	Current		
	Total	5.5	

It is important to recognize that, while individual counseling services are critical, there are many other evidence-supported, effective methods to address mental and emotional health and SHACS has also built up these programs, including group counseling, mindfulness meditation, self-care and other workshops, increased presence outside of the clinic (e.g., the athletic training room), expansion of

outreach, and educational and informational programming for faculty, staff, and students (e.g., QPR suicide prevention training). The range of services now offered by SHACS is designed to meet the mental health needs of the student body using appropriate approaches for each student as determined by College professional counseling staff. The expansion and improvements in staffing and services have allowed for more integrated and holistic approaches on campus and given rise to more collaborations between SHACS and other campus partners. Going forward, Grinnell will need to continue to assess utilization and efficacy of this type of programming and pursue best practices in the mental health field in order to make evidence-based decisions regarding continuation, expansion, and revision of programming including hiring of future staff.

Mental-health challenges do not occur in a vacuum; Grinnell's student data, along with the research literature, tell us that use of alcohol and marijuana are significantly related to the occurrence, as well as the persistence and severity, of mental health issues. There is also a clear, reliable relationship between lack of sleep and poor mental and emotional health (and this is linked with alcohol and marijuana use, as well). The specific, causal relationships between these factors are challenging to tease out, but a number of studies using validated methods demonstrate that there is strong reason to believe that alcohol, marijuana, and insufficient sleep can contribute to the development of mental health disorders. While lack of sleep, whether due to "partying" or staying up studying, as well as alcohol and other drug use are often viewed as typical to the college experience, these are not inevitable nor should we ignore the possible negative repercussions. If Grinnell is to seriously address prevention of mental health disorders and promote overall well-being, the environment related to alcohol consumption, marijuana use, and sleep habits must be considered.

The cultural climate of the College should also be explored. Faculty, staff, and students exist in a high-achieving environment that can make it feel difficult to make time for habits that support mental health, such as sleep, exercise, and recreation. In fact, sometimes the lack of self-care may be seen as a mark of status and/or sharing that one engages in self-care activities may receive negative reactions. Every member of the community has a part to play in shaping Grinnell's culture, and, at the same time, the overall institutional culture and policies and practices shape behavior and attitudes as well. The good news is that the College and its community members can (and sometimes do) actively decide to prioritize mental health promotion. To be effective, this approach must have support from campus leadership and environmental strategies must receive high priority across campus constituencies, recognizing that culture change is both time-intensive and requires campus wide collaboration.

The College should explore and promote the concept that mental illness is not the same as flourishing or thriving, recognizing that some students with mental illness may still flourish and thrive in many dimensions of college life. CAS Cross-Functional Framework for Health and Well-Being (Council for the Advancement of Standards in Higher Education, 2019) suggests the following:

"Research and best practices support that institutions of higher education should aim to create an environment that fosters health and well-being, so that students can flourish or thrive (Okanagan Charter, 2015; Keyes, 2007; Schreiner, 2013; Seligman, 2011) ... Institutions of higher education should move away from a deficit-based approach (defining the community by its needs) and move toward an asset-based approach (defining the community by its strengths). More specifically, institutions of higher education should shift the focus away from a wellness-illness model to a focus on students fulfilling their goals in the context of a healthy community,

or flourishing and thriving (Keyes, 2007; Kretzmann & McKnight, 1993; Seligman, 2011, Shreiner, 2013).”

Early Successes

The College has already taken important steps in multiple areas of campus, most notably student-athlete mental health and the expansion of tele-psychiatry services, including ProtoCall. The current activities have been successful thus far in part due to the continuous evolution of the program and/or intervention. This evolution is in line with recommendations from the Institute for Healthcare Improvement that frame improvement in the cycle described below (Institute for Healthcare Improvement, 2019). As part of the recommendations presented herein, the College should generally aim to align existing and new initiatives with a continuous improvement or iterative planning model.

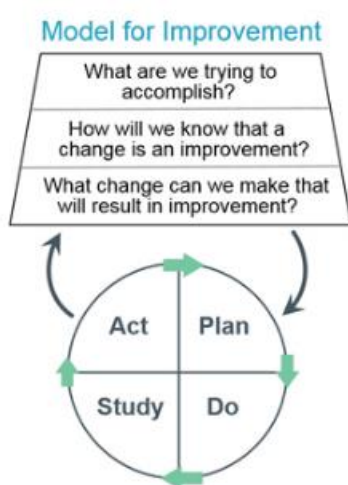


Figure 1: Model for Improvement: Plan-Do-Study-Act (PDSA) Cycles, IHI

Institutional Commitment

The promotion of student mental health must be a campus wide commitment. Since the Task Force on Student Mental Health was charged in Fall 2016, the College has made several strategic commitments across departments to promote student mental health and train faculty, staff, and students to help address students experiencing mental health concerns. In fall 2016, mental health awareness and response training, including QPR suicide prevention training, was enhanced for community advisers and student-athlete mentors, provided by SHACS staff. The same year New Student Orientation added a Community Value session on student wellbeing, mental health, and help-seeking. Our First-Year Experience (FYE) course curriculum, piloted in fall 2017 and fall 2018, emphasizes self-care and awareness and utilization of appropriate resources.

Faculty Programming

Programming to increase faculty awareness and implementation of health promotion and wellness strategies has also increased. QPR suicide prevention training was offered to faculty members. Jennifer Jacobsen (Assistant Dean of Students and Director of Wellness and Prevention), along with her student research assistants and post-baccalaureate fellows, has presented at least annually to faculty on the results of the NCHA survey, the SASN survey, and other aspects related to student health and wellness

as part of the weekly Faculty Friday lunch series. In the summer of 2018, Jacobsen and Andrea Tracy (Associate Professor of Psychology and Neuroscience) co-led a well-attended, four-day faculty summer workshop on “How Faculty Can Support Academic Success AND Student Well-Being” aimed at 1) increasing faculty knowledge about student wellness issues, the effect on academic performance, and the role played by faculty, and 2) aiding faculty in developing effective, low-effort strategies geared to improving student wellness in ways that would support learning and performance. A second workshop (with refinements based on evaluation) is planned for the summer of 2019. The support of this programming by the Center for Teaching, Learning, and Assessment, the Dean’s Office, and the Office of Student Affairs demonstrates an institutional commitment of resources toward altering the campus culture and environment surrounding mental health and wellness.

Student-Athlete Mental Health

In January 2017, a team of student-athletes and staff attended the NCAA Apple Institute in Charlottesville, Virginia. Their team project was to engage the athletics department in more conversations regarding student-athlete mental health. Parallel to the work of the Mental Health Task Force, in summer 2017, Jen Jacobsen led a multidisciplinary team through the NCAA Mental Health Best Practices Guidelines (NCAA Sport Science Institute, 2016) and the department committed to meeting or exceeding all appropriate recommendations supported by the guidelines. Since committing to this work, key outcomes include: the creation of a Mental Health Emergency Action Plan and communication of it to coaches and staff, SHACS counselor Thomas Zigo offering walk-in outreach in the athletic training room as well as introducing himself to individual teams, outreach programming (e.g. psychology of injury session, addressing common mental health issues), increased mental health training for Student-Athlete Mentors, SAMs-sponsored events such as *Mind/Game* movie with facilitated discussion and “meet the counselor and have a snack” tabling in the Bear Athletic center, the creation of a Student-Athlete Mental Health advisory team (students, staff, and faculty), chaired by the director of wellness and prevention and Assistant Athletic Director Ben Coopridier.

Assessment of this multidimensional approach to mental health in athletics includes a semester of SWOT (strengths, weakness, opportunities, threats), questions added to the survey of student-athlete norms, and informally tracking increased communication of student-athletes and coaches. Key takeaways from the SWOT analysis are regularly shared with the director of athletics and recreation and an action plan is created. Staff and students have shared Grinnell’s work addressing mental health within athletics with other institutions, particularly at the NCAA Apple Institute in 2018 and 2019.

Telepsychiatry Services

Telepsychiatry services began at Grinnell College when the shortage of psychiatrists in Grinnell and long wait times for these few providers became readily apparent. The College has partnered with the University of Iowa to provide consistent access to a provider who will work with new and returning students. The students who have used this service and interacted with this provider express a high degree of satisfaction with their treatment. This arrangement began with 10 hours per week of service but, based on increased demand and positive feedback, has been expanded to 20 hours per week. The average wait time for these services (one to two weeks) and consistently booked schedule indicate that this has been a positive step for the College in helping increase access to services. In addition, the College has an after-hours service called ‘ProtoCall’ which assists individuals in crisis or who may need to speak urgently with a counselor. In the past, this service was accessed one to two times per week.

SHACS observed an increase in the number of students with mid-range symptoms requesting access to providers on campus and wait times up to three weeks. Given the existence of Protocol for time-sensitive intervention, as well as the increase in demand, the Protocol service was expanded to 24-hours-a-day, 7-days-a-week service to help meet the needs of the student population. Access to this service will be monitored on an ongoing basis to determine any future changes in service provision.

Integrated Health Services Model

The administration of the College determined that a holistic, student-centered approach to health services would best meet the needs of students. To that end, the College will create an integrated health and wellness center to be housed in Mears Cottage that brings together staff and resources committed to counseling, telepsychiatry, medical nursing, health promotion, and substance abuse prevention across the campus in a new, common, and easily accessed location. Such an innovative approach should improve collaboration and planning among direct service providers and staff working to promote comprehensive prevention programs that support goals for diversity, inclusion, and belonging across the College.

Next Steps

As the Mental Health Task Force winds down, the next step is implementation of the recommendations outlined in the following section of this report. A search for the dean of health and wellness has been relaunched. The associate vice president of student affairs and the dean of health and wellness will take the lead on implementation for most of the recommendations. This report will be available to the campus community as both a record of the task force's work and also as a source for community discussion and action. As part of the continuing work of the College, the associate vice president and dean will annually review the actions taken in light of the recommendations and adjust next actions to best serve students and attend to recommendations. The College will continue to collect and analyze aggregated data to better inform next actions.

Recommendations

Area of Focus	Recommendation	Champion
Mental Health Promotion	Address mental health promotion at all levels of the socio-ecological model: beyond individual, address at the interpersonal, group (including classroom, major), environmental, policy, institutional, and community levels.	AVP Student Affairs in collaboration with senior staff
	Proactively integrate mental health promotion into existing and future initiatives, including, but not limited to, strategic planning, construction, task forces, grants, etc.	AVP Student Affairs in collaboration with senior staff
	Promote faculty collaboration in integrating wellness concepts with academic culture and workload (also addresses Recommendation 2.8 of the Task Force on Residential Learning.)	AVP Student Affairs, Dean of the College
	Further develop faculty partnerships and resources for supporting student mental well-being (also addresses Recommendation 1.2 of the Task Force on Residential Learning).	AVP Student Affairs
	Become a JED campus, an initiative from the JED Foundation -- a nonprofit that exists to protect emotional health and prevent suicide for our nation's teens and young adults.	AVP Student Affairs
	Increase capacity for mental health promotion (potentially through grant funding)	AVP Student Affairs
	Perform a needs assessment of mental health and related wellness programming	AVP Student Affairs
	Promote healthy sleep habits and campus sleep environment using recommendations from the Center for College Sleep (also addresses Recommendation 2.9 of the Task Force on Residential Learning)	AVP Student Affairs

	Integrate work surrounding prevention, screening, early intervention, and post-intervention to support treatment for co-occurring issues related to use of alcohol and other drugs and mental health (also addresses Recommendation 2.1 of the Task Force on Residential Learning)	AVP Student Affairs
	Continue implementation of NCAA Mental Health Best Practices Guidelines (NCAA Sport Science Institute 2016). Apply lessons learned to other areas of campus.	AVP Student Affairs
Service Provision	Regularly assess the needs of Grinnell's campus population and adjust clinical services appropriately to address needs	AVP Student Affairs
	Maintain partnership with the University of Iowa Doctoral Program	AVP Student Affairs
	Enhance and grow the number of group therapy programs offered	AVP Student Affairs
	Expand the use of telepsychiatry if appropriate based on needs assessment and ongoing evaluation.	AVP Student Affairs
Overarching/Cross Disciplinary	Continue a regular cycle of program assessment, evaluation, and Plan-Do-Study-Act model to support mental health promotion and the use of effective programming, service provision, and policy change.	Dean of the College, Chief of Staff, AVP Student Affairs, AVP Analytic Support and Institutional Research
	Coordinate and support an integrated, evidence-based curriculum that connects mental health promotion efforts in major campus programming such as NSO, the First-Year Experience course, a possible second-year retreat, and other initiatives.	Dean of the College, AVP Student Affairs, Chair of Faculty
	Support Diversity Plan recommendation 2.1 — “promoting holistic wellness as a priority” — in the context of mental health and create population-specific mental health promotion strategies (e.g. LGBTQ students, international students, domestic students of color, second-years.)	Chief Diversity Officer

	Conduct an annual assessment of college progress in meeting the recommendations of the task force defined in this report.	Dean for Health and Wellness
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