



MEMORANDUM

DATE: May 18, 2007

TO: Mental Health Services Oversight and Accountability Commission

FROM: Laurel Mildred, MSW
Consultant

RE: Options for a Student Mental Health Initiative

You requested options for the Mental Health Services Act to respond to the recent tragedy at Virginia Tech University. The purpose of these suggestions is to support student mental health and to help prevent rare but undeniably tragic incidents of this kind in California.

Background

According to a 2006 report conducted by the University of California, university students are presenting mental health issues with greater frequency and complexity. These issues have been reported to be equally urgent for the California State University System and for students attending California Community Colleges. System-wide, diminished funding has resulted in longer student wait-times, difficulty retaining staff, huge student-to-counselor ratios and decreased services and supports. These factors have resulted in a dearth of appropriate support for students who are faced with significant developmental challenges, emotional stressors and mental health risks. They put students at high risk of suicide and mental health issues and they are another example of system problems that leave those who are at great risk to cope without preventive supports until they are in crisis.

Student Mental Health Needs Have Grown

Students have unique mental health needs that are growing in scope and complexity. Research shows that nationally, nearly half of all college students report feeling so depressed at some point in time that they have trouble functioning (Kadison &

DiGeronimo, 2004). In addition, late adolescence and young adulthood are periods of high risk for “first break” episodes of psychosis as well as the onset of eating disorders and substance abuse issues. The University of California reports that in contrast to the past, about one in four students who seek counseling services have identified mental health issues and are receiving psychotropic medications. In the past 10 years, visits to the Student Health Centers have more than doubled, and UC Santa Barbara has experienced a seven-fold increase in crisis appointments. In addition, campuses have seen a dramatic increase in the number of students seeking disability supports on the basis of psychological or psychiatric services.

The outcome of the increased need to address students in crisis has diminished the ability to provide assistance to other students who are not so acute but who are also dealing with concerns of a more “traditional” nature such as homesickness, questions of identity, relationship issues and concerns over career choice. These increased numbers of students who need mental health services, along with the increased complexity of the issues they face, have overwhelmed the capacity of colleges and universities to respond and much like the public mental health system, they must focus on crisis rather than prevention of crisis and promotion of well-being.

Students’ Risk of Suicide Has Risen

These resource barriers put students at great risk. The UC system has seen rises in student suicide, as well as significant rises in suicide attempts. Suicidal behaviors at UC San Diego have doubled over the past four years. A large survey in 2000 found that over 9 % of students had seriously considered suicide. Only 20% of those students were receiving mental health services – *80 % of students who were thinking of suicide received no mental health services at all* (University of California, 2006). Racial and ethnic minority students, gay and lesbian students and graduate students are at particularly high risk because of the multiple challenges they face. For many college and university students, the lack of resources to address mental health problems puts them in serious jeopardy.

System Challenges of Meeting Student Mental Health Needs

The target student-to-staff ratio in the UC system is approximately 1000-1500 students to one mental health professional, although the Sacramento Bee has reported that some campuses are far more understaffed: UC Davis has one therapist per 2,500 students and Sacramento State University has only one per 4,000 (4/26/07).

Workforce retention issues contribute to the problem as they do in the public mental health system: the entire University of California system lags behind the private sector in salaries for mental health professionals; in one six-month period in 2004-05, UC San Diego lost 50% of its counseling and psychological staff largely because of salary concerns. These concerns are also barriers for the California State University System and for California Community Colleges.

Mental health services in higher education are paid for largely through fees paid by students themselves, although they are also affected by state budget cuts. According to the University of California, “Student services programs were adversely affected by severe budget cuts during the early 1990’s 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.” Some recommendations have focused on increasing student fees as a means to provide better mental health services. However, in the midst of the national tragedy of Virginia Tech, it may also be worthwhile to consider whether the public has a vested interest and a responsibility to assist in supporting the mental health of vulnerable college-age students and to invest in strategies that keep them from harm. It is clear that mental health services in California’s colleges and universities need to be given a higher priority and focus in order to prevent crisis and tragedy and to assist young people on to healthy and productive lives.

Leadership to Support Student Mental Health

- **Recommendations to the Legislature**

While the Mental Health Services Act can provide leadership, collaboration and education in mental health to the higher education system, it is also important to acknowledge that resources for direct mental health services are essential and that those services need to be given a higher priority within the state higher education budget. The Mental Health Oversight and Accountability Commission may consider making public policy recommendations to the Legislature that appropriate priority be given to student mental health issues in the state higher education budget.

- **Launch MHSA Student Mental Health Initiative**

In implementing the Mental Health Services Act, the Mental Health Oversight and Accountability Commission along with counties and the state Department of Mental Health, have agreed to fund key statewide projects including prevention training, reduction of stigma and discrimination and suicide prevention. The total funding for all statewide prevention projects is \$245 M over the first four-year period. The MHOAC may wish to give consideration to opportunities to support mental health in higher education by funding appropriate and strategic mental health projects, consistent with the goals, objectives and values of the Mental Health Services Act. Please see specific options for consideration, attached.

**SPECIFIC OPTIONS FOR AN MHSA FOUR-YEAR STUDENT
MENTAL HEALTH INITIATIVE**

I. MHSA Prevention Grant Program to Assist Students in Higher Education

Design and administer a matching grant program with three key components: training, peer support activities and suicide prevention. Any campus within one of the three California public higher education systems would be eligible to apply. The criteria for successful grants would be based on demonstrated need and would emphasize ethnic and cultural diversity, linkages to local community MHSA Prevention and Early Intervention plans, and collaboration with mental health and substance abuse prevention partners. Successful campus applicants would be awarded grants of \$200,000 annually to fund these activities. Administrative costs associated with these campus grants would be limited to 15%.

Estimating costs for implementing the matching grant program at 5% and evaluation costs at 5 to 8% of total program costs, it is expected that approximately 75 two-year grants would be awarded to California colleges and universities.

Key Components of a MHSA Match Grant Program for Higher Education:

Training

The grant program would fund training activities for students, faculty, staff and administrators to raise awareness of issues of mental health and wellness on college campuses. The training would be designed to improve recognition and responses to students experiencing mental distress, to reduce stigma and discrimination against persons who become identified with mental illness, and to promote a campus environment that supports resiliency and a healthy learning community.

Peer-to-Peer Support

These activities would focus on mutual support, promoting acceptance of cultural diversity, disability, empowerment strategies, and reduction of the stigma associated with mental illness. It would address issues of trauma, loss, identity, relationships, homesickness, and achievement pressure and would provide mental health and emotional support that are defined useful by students themselves.

Suicide Prevention

This project would be designed utilizing the resources and best-practices of the MHSA suicide prevention efforts, but would focus specifically on addressing the unique needs, vulnerabilities and risk factors of university and college students, and would bring suicide prevention resources directly onto campuses to raise their profile among students and to make them as accessible, relevant and effective as possible.

PROPOSED FUNDING FOR HIGHER EDUCATION GRANT PROGRAM

Funding Category:	Annual Funding:
Statewide Prevention Funds for Training, Technical Assistance and Capacity Building	\$ 4 M Annually
Statewide Prevention Funds for Stigma and Discrimination Reduction	\$ 2.5 M Annually
Statewide Prevention Funds for Suicide Reduction	\$ 2 M Annually
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Annual Funding	\$ 8.5 M Annually
Four-Year Funding	\$34 M Total

II. MHSA Prevention to Assist Students in K-12

The MSOAC has identified “upstream” prevention strategies as one of the key approaches to achieving positive mental health outcomes before they reach crisis levels. Practical experience as well as the literature have demonstrated that mental health problems that can lead to school violence begin early, in primary, middle and high schools. As such, an MHSA prevention program should incorporate strategies to intervene with potential mental health problems in K-12 settings as part of a comprehensive student mental health strategy.

This project would fund training and technical assistance activities and staff capacity to prevent school failure, utilizing prevention curricula and programs, referral and care management, and system enhancements to improve mental health programs in schools. The three key components of the proposed K-12 MHSA Prevention Program are violence and bullying prevention, suicide prevention, and mental health education.

K-12 School Violence and Bullying Prevention

These activities would focus on education campaigns and training for school-age children to develop empathy and create norms around appropriate, accepting and respectful behavior that would act as a preventative measure against school violence and bullying.

Suicide Prevention

These activities would be designed utilizing the resources and best-practices of the MHSA suicide prevention efforts, but would focus specifically on the unique needs, vulnerabilities and risk factors of school-age children, bringing information, resources and interventions to prevent suicide to K-12 schools.

Mental Health Education

These activities would involve expert consultation and collaboration with the Department of Education to include Mental Health Education in the K-12 Curriculum, bringing the philosophy and best practices of the MHSA to expand the education students receive in K-12 education.

PROPOSED FUNDING FOR K-12 PREVENTION PROGRAM

Funding Category:	Annual Funding:
Statewide Prevention Funds for Training, Technical Assistance and Capacity Building	\$ 2 M Annually
Statewide Prevention Funds for Stigma and Discrimination Reduction	\$ 2.5 M Annually
Statewide Prevention Funds for Suicide Reduction	\$ 2 M Annually
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Annual Funding	\$ 6.5 M Annually
Four-Year Funding	\$26 M Total

TOTAL PROPOSED FUNDING FOR FOUR-YEAR MHSA STUDENT MENTAL HEALTH INITIATIVE	\$60 M
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