ITHACA COLLEGE

JED CAMPUS COMMITTEE

Progress Update: January 2020 – May 2022

Prepared by Strategic Planning Subcommittee: John Fracchia, Michelle Goode, Julia Lapp, Brian Petersen, Bonnie Prunty, Sean Reilley, and Armani Sampat

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Overview

In January 2020, Ithaca College enrolled into the JED Campus initiative, a 4-year evidence-based program, to cultivate a campus community that fosters emotional wellness and works towards suicide prevention.

Figure 1: JED Foundation comprehensive framework to approach suicide prevention

Over the past 2 years the JED Campus Committee at Ithaca College has been following the JED Campus strategic timeline and the JED Foundation's Comprehensive Suicide Prevention framework. This comprehensive approach contains 6 key components, which include;

- developing life skills, promoting social connectedness,
- identifying students at risk, increasing help seeking behavior,
- providing mental health & substance abuse services,
- following crisis management procedures,
- restricting access to potentially lethal means and
- building a strategic plan that addresses each of these components.

Once the Ithaca College JED Campus Committee was created, assessments were implemented to better understand the scope of services and resources already in place at Ithaca College as well as, the students' experiences with mental health in general. This assessment process included both a campus visits by a JED Campus Foundation representative and the administration of the Healthy Minds Survey (Spring 2021). From these assessments the JED Campus Foundation created recommendations within each section of the framework to help Ithaca College implement and improve the campus communities' mental health wellness. Upon receiving these recommendations, the Ithaca College JED Campus Committee created 4 subcommittees to take the lead on different recommendations. These subcommittees include;

- Culture Change & Stigma Reduction,
- Faculty & Staff Training,
- Strategic Planning, and
- Student Outreach & Engagement.

This report details that work that have been completed by the Ithaca College JED Campus Committee from the onset of the JED process in January 2020 through May 2022.

Timeline

The following represents a brief overview of the action steps and accomplishments that have occurred since Ithaca College began the process to become a

Fall 2020

- Solicited JED Campus Committee Membership, organized JED Campus Committee
- Conducted JED Self-Assessment

Spring 2021

- Distributed and collected Healthy Minds Survey
- Hosted JED Campus visit
- Received JED assessment report

Summer 2021

- Received preliminary and final reports of Active Mind Survey Results

Fall 2021

- Reviewed JED recommendations and developed appropriate workgroups
- Identified, within workgroups, goals for the year.
- Shared JED update to the wider campus community and advertised webinar session to review Healthy Mind Survey Results
- Met with the Board of Trustees to share information about the JED Campus Committee's work
- Hosted webinar to share results of Healthy Mind Survey
- Created a Postvention Team and developed team protocols
- Adopted the Sanvello Health and Wellness App for use by students and employees
- Implemented the first, Stop and Breathe Week

Spring 2022

- Implemented the second Stop and Breathe Week
- Researched and identified a Gate Keeper Training program
- Selected and implemented a Tuition Insurance Program
- Developed and planned for Drug Drop Off Dates
- Held a JED Campus Planning Meeting for the 2022-2023 academic year

Meet the 2021 – 2022 Team

Co-Chairs JED Campus Committee

Michelle Goode, Program Director Center for Health Promotion
Brian Petersen, Director Counseling & Psychological Services (CAPS)

Administrative Support

Brandi Riker, Administrative Assistant Counseling, Health, and Wellness
Brittany McCown, Administrative Assistant Counseling, Health, & Wellness, and LGBTQ Outreach Services

Culture Change & Stigma Reduction subcommittee

Chair: Emmy LoBrutto, Case Manager for Case Management
Patrick Bohn, Assistant Editor College Communications
Yolanda Clarke, Manager Tutoring and Academic Enrichment Services
Kaiden Girouard, Health Promotion Specialist for Center for Health Promotion
Michelle Goode, Program Director Center for Health Promotion
Linda Koenig, Director for Title IX Compliance Legal Affairs
Michael Matheny, Clinical Professor Department of Exercise Science and Athletic Training
Luca Maurer, Interim Executive Director, Student Equity & Belonging & Director LGBTQ Outreach Services
Ian Moore, Manager for Student Accessibility Services
James Riegel, Academic Services Coordinator Department of Humanities and Sciences

Faculty & Staff Training subcommittee

Chair: Marsha Dawson, Director for Residential Life and Conduct and Community Standards
Joelle Albertsman, Administrative Operations Assistant Office of Residential Life
Heather Dengler, Graduate Intern for Case Management
Maria DiFrancesco, Professor Department of World Languages, Literatures, and Cultures
Thomas Dunn, Associate Director and Deputy Chief of Public Safety and Emergency Management
Danni Klein, Case Manager for Case Management
John Smieska, Physician Assistant Center for Counseling, Health, and Wellness
Rachel Wagner, Professor Philosophy & Religion Department and Coordinator of Women's Gender, & Sexuality Studies
Ivy Walz, Interim Dean, School of Music, Theatre and Dance
Brenda Wickes, Student Accessibility Specialist Student Accessibility Services

Student Outreach & Engagement subcommittee

Co-Chair: Brittany McCown, Administrative Assistant for Counseling, Health, & Wellness, and LGBTQ Outreach Services
Co-Chair: Brittany Watros, Administrative Assistant Office for Student Engagement
Yolanda Clarke, Manager for Tutoring and Academic Enrichment Services
Rebecca Cogan Carroll, Program Director Case Management
Diana Dimitrova, Director International Student & Scholar Services, International Programs & Extended Studies
Ananya Gambhiraopet, Student CMD and Corp Comm Conc Department
Cathy Michael, Communications Librarian for Library
Stephanie Nevels, Mental Health Counselor Center for Counseling, Health, and Wellness
Isaac Perez, Student Psychology Department
Ronald Trunzo, Associate Director Residential Life and Judicial Affairs
Silas Turner, Student Politics Department

Strategic Planning subcommittee

Co-chair: Bonnie Prunty, Dean of Students
Co-Chair: Sean Reilley, Associate Director Campus Recreation
John Fracchia, Career Engagement and Technology Specialist for Career Services
Philip Garin, Associate Counsel for Legal Affairs
Michelle Goode, Program Director Center for Health Promotion
Julia Lapp, Department Chair and Associate Professor Department of Health Promotion and Physical Education
Brian Petersen, Director Counseling & Psychological Services (CAPS)
Armani Sampat, Student Accounting Department

Healthy Minds Data Highlights

The Healthy Minds Survey (HMS) collects information about the mental health and wellbeing of college students. Utilizing validated psychometric tools, the instrument provides insights into the experiences of respondents in the areas of:

- anxiety,
- depression,
- eating disorders,
- loneliness,
- suicidality and
- self-injurious behavior

The Ithaca College HMS was conducted between March 2nd through March 23rd, 2021 and was completed by 1,226 students. Abbreviated demographics and data highlights are listed in this section, a more encompassing summary of the results can be seen in Appendix I.

Participant demographics

Gender

- Female – 51%
- Male – 41%
- Non-Binary/Non-Identifying – 5%

Race & Ethnicity

- African American/Black – 7%
- America Indian/Alaskan Native -1%
- Arab/Middle Eastern or Arab American - 1%
- Asian/Asian American – 7%
- Hispanic/Latino(a) – 9%
- Pacific Islander – 0%
- Other – 1%
- White/Caucasian – 85%

Prevalence of Mental Health Conditions

- Anxiety – Severe (20%), Moderate (21%)
- Depression - Severe (25%), Moderate (22%)
- Eating Disorder - 11%
- Loneliness – Often Lack Companionship (25%), Feel Left Out (28%), Isolated From Others (35%)
- Suicidality & Self-Injurious Behavior – Suicidal Ideation (16%), Suicide Plan (6%), Suicide Attempt (1%), Non-Suicidal Self-Injury (32%)
- 46% of study participants reported having been diagnosed by a health professional (primary care physician, psychiatrist, psychologist) with a mental disorder
- 60% reported that they had received mental health counseling at some point during their lifetime

Health Behaviors & Lifestyle

The instrument asked participants to report on behaviors including:

- drug use (over 30 days),
- binge drinking (over 14 days), and
- exercise (over 30 days),

Health Behavior results:

- 36% of participants reported drug use (all including marijuana)
- 65% of participants reported binge drinking (at least once)
- 44% of participants reported exercising (5 or more hours/wk)

Attitudes Towards Mental Health & Campus Climate

An important aspect of the study is the assessment of campus attitudes related to mental health. This component noted the following:

- **Knowledge of Resources:** 86% of participants indicated that they have at least some knowledge of mental health resources available on campus (Strongly Agree – 28%, Agree – 39%, Somewhat Agree – 19%).
- **Perceived Need (past year):** 73% of participants reported feeling the need for mental health support services over a 12-month period (Strongly Agree – 37%, Agree – 19%, Somewhat Agree – 17%).
- **Perceived Need (current):** 84% of participants reported feeling the need for mental health support services at the time that they were participating in the study (Strongly Agree – 31%, Agree – 26%, Somewhat Agree – 27%).
- **Perception of Stigma:** 39% of participants reported that they believed, "most people would think less of someone who has received mental health treatment," but when polled about their own attitudes, only 2% agreed with the statement, "I would think less of someone who has received mental health treatment."

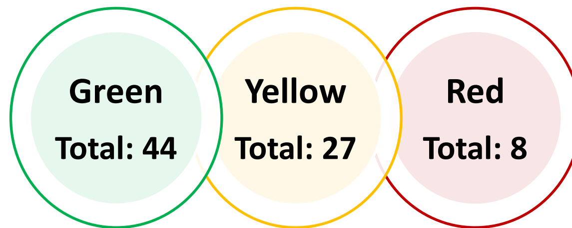
Take Aways from Healthy Minds Results

While 84% of participants reported feeling the need for mental health support services, and 60% reported that they had received services at some point in the past, the low percentage (2%) who reported that they would perceive someone negatively for having received services suggests a positive mental health culture. When combined with strong awareness of the availability of resources, 86%, it suggests that the Ithaca College campus is a place where students feel comfortable seeking out support for mental health concerns.

JED Foundation Recommendations

As a part of the JED campus process, JED reviewed our programs, policies, and practices in 79 distinct areas. They then coded each area as, green (an area of strength), yellow (an area that has something in place that can be built upon), or red (an identified gap area). A full summary of these items can be found in Appendix B.

At the time of the review, Summer 2021, Ithaca College's overall rating breakdown was:



JED Campus Categories

Of the 79 distinct areas that were reviewed by the JED Team, those are categorized into 15 focuses. Those focuses have been listed below with a breakdown of how each item assessed in that area was ranked in Summer 2021.

1. Strategic Planning (6 items)
   - 6: yellow
2. Develop Life Skills (4 items)
   - 2: green, 2: yellow
3. Promote Social Connectedness (7 items)
   - 2: green, 5: yellow
4. Support Provided in Transition (3 items)
   - 3: green
5. Screening Opportunities (3 items)
   - 1: green, 1:yellow, 1:red
6. Gatekeeper Training (3 items)
   - 1: green, 2: yellow
7. Help-Seeking Behavior (5 items)
   - 3: green, 2: yellow
8. Health Insurance (5 items)
   - 5: green
9. Leave Policies (6 items)
   - 2: green, 1: yellow, 3: red
10. Coordination of Care (6 items)
    - 5: green, 1: yellow
11. Access to Care (7 items)
    - 4: green, 2: yellow, 1: red
12. Substance Misuse Support (10 items)
    - 9: green, 1: red
13. Postvention Protocols (3 items)
    - 3: yellow
14. Emergency Response (6 items)
    - 4: green, 2: yellow
15. Means Restrition (5 items)
    - 3: green, 2: red

Total Items Measured: 79
- 44: green, 27: yellow, 8: reds

A sampling of Ithaca College's identified strength areas

Identifying Students at Risk

- IC has a formalized protocol that provides guidelines to faculty, administrators, staff, etc. when a student has been identified as being in distress or needing outreach due to a potential mental health and/or substance misuse issue.
- Incoming students are asked to complete a health history form, which includes mental health and substance abuse history. Additionally, screening tools for mental health and substance use disorders are available on Ithaca College's counseling/health center websites.

Crisis Management

- IC has a functioning at-risk/behavioral intervention team (ICARE), and the ICARE team is supported by a case management system.
- IC has a process in place for assuring clinical follow-up and continuity of care for students who have had a mental health or substance related ER visit or inpatient hospitalization.

Substance Misuse Support

- IC has a medical amnesty policy that is accessible within three clicks of the ithaca.edu homepage, in the student handbook, in the faculty handbook, and in Residence Halls. Having guidelines that encourage students to seek help when they or their friends are intoxicated without fear of disciplinary action can go a long way in helping students speak up when facing a serious health issue such as overdose or alcohol intoxication.

Clinical Services and Mental Health

- IC has a triage system in place which helps to eliminate barriers to treatment for students in need of urgent care and employs multiple strategies for meeting student clinical needs as quick as possible.

Social Connectedness

- IC currently provides systems or strategies on campus to help identify and support disconnected and/or isolated students. A few notable examples are community building groups and programming in the residence halls, peer mentoring programs, and intentional spaces to discuss current events.

A sampling of areas identified for growth at Ithaca College

While it was noted that Ithaca College has many beneficial programs and support systems in place, JED identified some gaps areas and opportunities for the College to make positive improvements. These include:

- Suggesting that IC consider the benefits of implementing a drug collection program that is well publicized and regularly run either on campus or via partnerships with local pharmacies and/or law enforcement.
- Recommending the implementation of breakaway closet rods in new or renovated residence halls as well as, apartments across campus.
- Offering a tuition insurance program that reimburses tuition (fully or partially) when a student needs to take a medical leave for emotional or physical health reasons. Many students cannot afford to lose the money they paid and subsequently try to "tough it out" throughout the semester. This can result, not only in a worsening of the student's condition, but it can also negatively impact their academic record and decrease the chances of their successful persistence. Removing or lessening the financial burden that can accompany a medical leave helps the student get the care they need that they may otherwise have to forgo.

Red Recommendations identified gaps areas at Ithaca College

- Assess and enhance, as identified, after-hours emergency response capabilities
- Implement periodic Wellness Days
- Create a Wellness Communication Hub
- Develop a centralized office for Leave Processes
- Explore MOUs with local partners in Health and Wellness
- Explore the creation of an On-Campus Recovery Community
- Implement a Drug Collection/Drug Return Program
- Offer a Tuition Insurance Policy
- Create clear guidelines for conditions of return from a leave of absence.
- Install breakaway closet rods in college housing

Progress on Recommendations

In Fall of 2021 the JED Campus Committee formed 4 subcommittees to focus on areas of growth and gaps that were identified by the JED Campus review. Those four subcommittees are, the Culture Change & Stigma Reduction subcommittee, Faculty & Staff Training subcommittee, Student Engagement & Outreach subcommittee, and the Strategic Planning subcommittee. Additionally other workgroups on campus were formed to make progress on certain tasks, such as a group that implemented tuition insurance and the Alcohol & Other Drug team which began addressing several of the substance use category recommendations. Below is a brief summary of accomplishments and progress made in the four subcommittees;

Culture Change & Stigma Reduction subcommittee

The Stigma Reduction and Culture Change subcommittee met bi-weekly since August 25, 2021 and will continue meeting during the summer of 2022. To date the group has incorporated Healthy Minds Survey Data into their poster campaign, conducted in partnership with the 180 Degrees student group, to encourage students to seek mental health support. A Wellness Day event was planned but did not come to fruition. Work in progress includes further iteration of the poster campaign, as well as creation of larger scale stigma reduction practices such as hosting a student Town Hall.

Faculty and Staff Training subcommittee

The Faculty and Staff Training subcommittee has made progress on goals and continues to focus their efforts in the area of selecting a gatekeeper training for the College with an emphasis on training faculty and staff first. JED has a free curriculum, and a Train the Trainer program exists. The subcommittee will explore the cost and logistics associated with implementing the curriculum.

Student Engagement and Outreach subcommittee

The Student Engagement and Outreach subcommittee coordinated an inaugural Stop and Breathe Week in December 2021, this week was a culmination of stress management programming that was occurring at the end of the semester. Stop & Breathe week was replicated in Spring 2022 and will have an ongoing presence at the end of the semester. Along with new programming, outreach, and events. This week elevates really excellent work that is already being implemented by student organizations, departments and offices across campus. Stop & Breathe week aligns with the committee goals of lowering the threshold for participation, improving peer to peer support, ensuring that students having a full understanding of resources, and linking JED work with other campus efforts. Work in progress includes development of a Sensory Space in collaboration with the Occupational Therapy department and a student organization, as well as focused stigma reduction efforts in partnership with athletics and faculty.

Strategic Planning

The Strategic Planning subcommittee had 9 meetings over the course of the academic year and made progress in several areas including disseminating information to the public about the Health Minds Survey and the JED in general, identification of faculty to assist with survey data interpretation, initiation of the Wellness Leadership Council and Postvention Task Force. Work in progress includes completion of the JED annual report, analyzing survey data, and developing best practices for disseminating information to the community.

Additional Tasks

- **Addressing Substance Access**: The Alcohol and Other Drug team has looked into drug collection options and has decided to implement Drug Drop Off Programs beginning in the Fall 2022 semester. These programs will be coordinated by the Alcohol & Other Drug Team moving forward.
- **Tuition Insurance**: In response to the recommendation from JED we are now offering GradGuard Tuition Insurance to our students and families. Information about the insurance is located on the Student Financial Services Website in the Billing and Payments section.
- **Postvention Protocol**: In 2021 and 2022 a working group comprised of several campus representatives met to develop the process and protocols for our newly created Postvention Team. This team formalized procedure of how Ithaca College responds to a death in the Ithaca College community. Our Postvention Team will convene when there is a death of a current student or an active employee. We have developed both a student and employee death checklist. We also have developed a resource guide to distribute to the campus community in the aftermath of a death. The resource guide highlights resources and information about how to support grieving community members. The team includes representatives from the Dean of Students, Provost's Office, Counseling and Psychological Services, Residential Life and Student Conduct and Case Management.
- **Formalizing Community Partnerships**: In May 2022, a team of individuals at Ithaca College initiated conversations to create a Memorandum of Understanding with a local community agency, Cayuga Addiction & Recovery Services (CARS). Conversations are underway about how Ithaca College and CARS can work together and collaborate in relation to substance use prevention and treatment services.
- **Student Health Services Screening and New Integrated Behavioral Wealth Resources:** Ithaca College has entered a Partnership with Cayuga Health System, our regional healthcare network, to run our Student Health Services. As a part of the agreement with CHS they have agreed to routinely screen students coming to the health center for depression/anxiety and substance use issues. Additionally, they have embedded an Integrated Behavioral Health Team (two behaviorists and a care manager) to work directly as part of the care teams alongside our clinicians.

Reflection and Next Steps

In an effort to realign with the JED Campus strategic plan recommendations, the JED Campus Committee met on May 18th, 2022, to review strategic plan items and progress made to date. To continue making improvements and implement recommendations provided, the JED Campus Committee will be restructuring with new subcommittees to better address highest priority items. The following subcommittees and workgroups will begin work in September 2022.

JED Campus Committee 2022-2023 subcommittees

Communications subcommittee

- Launch campaign that was developed by 180 consulting
- Update campus community about JED
- Maintain JED website
- Implement campaigns/communications connecting wellness to academics

Mental Health Awareness Events subcommittee

- Coordinate Stop and Breathe Efforts
- Research how to implement campus screening days (fall)
- Implement campus screening days (spring)

Student Connections subcommittee

- Explore ways to increase engagement with peer-to-peer engagement (working with different peer leadership groups)
- Working with admissions to support incoming students that have identified MH/SU concerns

Training Implementation & Coordination subcommittee

- Coordinate (and potentially facilitate) selected gatekeeper training
- Track and assess gatekeeper training
- Develop a data roadshow presentation/conversation (fall 2022)
- Coordinate and implement data roadshow presentations in spring

Mini-Projects **(**to be coordinated by JED Campus Committee Chairs)

- Analyze ACHA and Healthy Minds data with an eye to disaggregating demographic data
- Proactive Means Restriction
- Develop Memorandum Of Understandings with community partners
- Adding additional Life Skills programming to the Student Leadership Institute (SLI)

Goals other existing campus workgroups will address

- Student Success Center and the REST Team: Policies and procedures for academic and personal leaves:
- Alcohol & Other Drug Team: Reviewing substance use recommendations including; drug collection day, resources and support for students in recovery and providing updates and access to Opioid Overdose Prevention training for students, faculty and staff

The JED Campus Committee is recruiting new members through summer 2022 and the beginning of the Fall 2022 semester. Existing members will be given the opportunity to determine which subcommittee, if any, they would like to join for the 2022-2023 academic year. The JED Campus Committee found having a planning meeting to realign with the JED Campus recommendations to be incredibly helpful. It was a great opportunity to examine what has already been accomplished and to ensure that the committee is making progress towards best practices and goals.

Ithaca College

THE HEALTHY MINDS STUDY

2021 Winter/Spring Data Report

ABOUT THE HEALTHY MINDS STUDY (HMS)

STUDY TEAM

Principal Investigators: Daniel Eisenberg, PhD & Sarah Ketchen Lipson, EdM, PhD & Justin Heinze, PhD

Co-investigator: Sasha Zhou, PhD, MPH, MHSA

Project Managers: Amber Talaski, MPH & Akilah Patterson, MPH

REPORT TEAM

Graphic Designer: Sarah Fogel, University of Michigan School of Art and Design, Class of 2014

Report Automation: Paul Schulz & Liz Hanley

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STUDY PURPOSE

The Healthy Minds Study provides a detailed picture of mental health and related issues in college student populations. Schools typically use their data for some combination of the following purposes: to identify needs and priorities; benchmark against peer institutions; evaluate programs and policies; plan for services and programs; and advocate for resources.

STUDY DESIGN

The Healthy Minds Study is designed to protect the privacy and confidentiality of participants. HMS is approved by Advarra. To further protect respondent privacy, the study is covered by a Certificate of Confidentiality from the National Institutes of Health.

SAMPLING

Each participating school provides the HMS team with a sample of currently enrolled students over the age of 18, either randomly selected or their entire student population. Schools with graduate students typically include both undergraduates and graduate students in the sample.

DATA COLLECTION

HMS is a web-based survey. Students are invited and reminded to participate in the survey via emails, which are timed to avoid, if at all possible, the first two weeks of the term, the last week of the term, and any major holidays. The data collection protocol begins with an email invitation, and non-responders are contacted up to three times by email reminders. Reminders are only sent to those who have not yet completed the survey. Each communication contains a URL that students use to gain access to the survey.

NON-RESPONSE ANALYSIS

A potential concern in any survey study is that those who respond to the survey will not be fully representative of the population from which they are drawn. In the HMS, we can be confident that those who are invited to fill out the survey are representative of the full student population because these students are randomly selected from the full list of currently enrolled students. However it is still possible that those who actually complete the survey are different in important ways from those who do not complete the survey. The overall participation rate for the Winter 2021 study was 13%. It is important to raise the question of whether the 13% who participated are different in important ways from the 87% who did not participate. We address this issue by constructing non-response weights using administrative data on full student populations. Most of the 102 schools in the Winter 2021 HMS were able to provide administrative data about all randomly selected students. The analysis of these administrative data, separated from any identifying information, was approved in the IRB application at Advarra and at each participating school. We used the following variables, when available, to estimate which types of students were more or less likely to respond: gender, race/ethnicity, academic level, and grade point average. We used these variables to estimate the response propensity of each type of student (based on multivariate logistic regressions), and then assigned response propensity weights to each student who completed the survey. The less likely a type of student was to complete the survey, the larger the weight they received in the analysis, such that the weighted estimates are representative of the full student population in terms of the administrative variables available for each institution. Finally, note that these sample weights give equal aggregate weight to each school in the national estimates. An alternative would have been to assign weights in proportion to school size, but we decided that we did not want our overall national estimates to be dominated by schools in our sample with very large enrollments.

ABOUT THIS REPORT

This data report provides descriptive statistics (percentages, mean values, etc.) from the sample of respondents at your institution for a set of key measures. In addition to the key measures highlighted in this report, an appendix is also included with descriptive statistics for each survey item (see below).

APPENDIX

The appendix includes values for most measures in the three standard survey modules that are administered on all participating campuses: Demographics, Mental Health Status, and Mental Health Services Utilization/Help-Seeking. For each measure, the data tables display the following information: the value table for your institution, the 95% confidence interval for your institution's value, the value for the national sample, and an indicator if your institution's value is significantly higher or lower than the national value. All values in the appendix have been weighted to be representative of the full student populations to which they refer (see Non-response Analysis). Also note that for some measures, respondents were allowed to check more than one response category (e.g., they might have gone to more than one type of provider for mental health services), so the percentages sometimes add up to more than 100% across response categories. The 95% confidence intervals give a sense of how much uncertainty there is about each estimated value. This uncertainty exists because our estimates are based only on a random sample of students, rather than a complete census of the student population. However, some schools that had less than 4,000 students (the typical requested sample size), provided their entire population. For consistency sake, these schools were not treated any differently than those schools that provided a 4,000 student sample of their full population. Essentially, the confidence interval tells us that there is a 95% probability that the true population value is within this particular range. Because both the school-level and national values are only estimates based on random sampling, we cannot say for certain that your institution's true value is above or below the national value. But in cases where we can say that there is a 95% or higher statistical probability that your institution's value is higher or lower than the national value, we indicate this.

EXPLORING YOUR DATA FURTHER

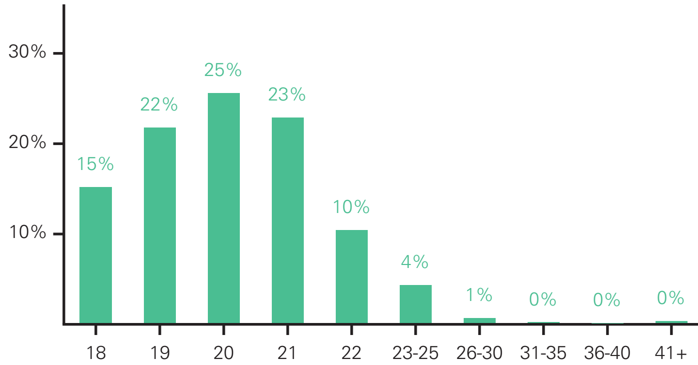
There are two options for exploring your data beyond what is in this report. First, you can use statistical software (e.g., SPSS, Stata, etc.) to analyze the full data set for your students, which has been provided to your school. Second, you will be able to log on to a user-friendly website with drop-down menus, at data.healthymindsnetwork.org.

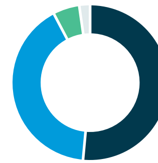
KEY FINDINGS

This section offers a quick look at results that may be of special interest to your institution.

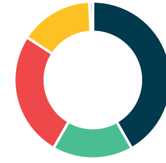
Estimated values of selected measures for Ithaca College	Percentage of students
Major depression (positive PHQ-9 screen)	25%
Depression overall, including major and moderate (positive PHQ-9 screen)	47%
Anxiety disorder (positive GAD-7 screen)	41%
Eating disorder (positive SCOFF screen)	11%
Non-suicidal self-injury (past year)	32%
Suicidal ideation (past year)	16%
Lifetime diagnoses of mental disorders	46%
Psychiatric medication (past year)	29%
Mental health therapy/counseling (past year)	40%
Any mental health therapy/counseling and/or psychiatric medication among students with positive depression or anxiety screens (past year)	63%
Personal stigma: agrees with "I would think less of someone who has received mental health treatment."	2%
Perceived public stigma: agrees with "Most people would think less of someone who has received mental health treatment."	39%

SAMPLE CHARACTERISTICS (N=1226)

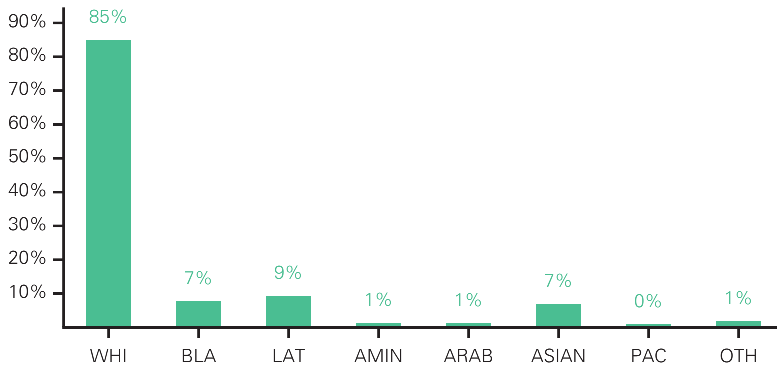




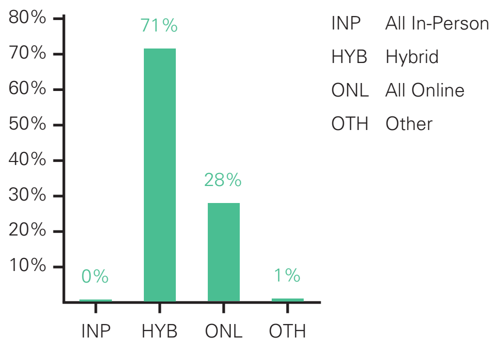
51% Female
41% Male
5% Other



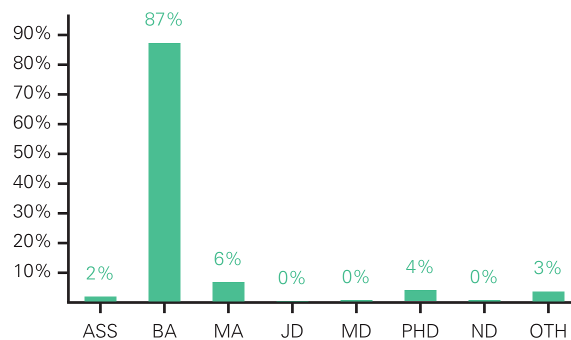
42% Campus residence hall
0% Fraternity or sorority house
17% Other university housing
26% Off-campus, non-university housing
15% Parent or guardian's home
1% Other



WHI	White or Caucasian
BLA	African American/Black
LAT	Hispanic/Latino
AMIN	American Indian/Alaskan Native
ARAB	Arab/Middle Eastern or Arab American
ASIAN	Asian/Asian American
PAC	Pacific Islander
OTH	Other



INP	All In-Person
HYB	Hybrid
ONL	All Online
OTH	Other



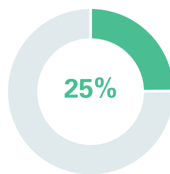
ASS	Associate's degree
BA	Bachelor's degree
MA	Master's degree
JD	JD
MD	MD
PHD	PhD or equivalent
ND	Non-degree student
OTH	Other

PREVALENCE OF MENTAL HEALTH PROBLEMS

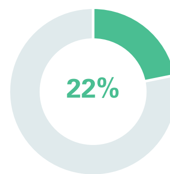
DEPRESSION SCREEN

Depression is measured using the Patient Health Questionnaire-9 (PHQ-9), a nine-item instrument based on the symptoms provided in the Diagnostic and Statistical Manual for Mental Disorders for a major depressive episode in the past two weeks (Spitzer, Kroenke, & Williams, 1999). Following the standard algorithm for interpreting the PHQ-9, symptom levels are categorized as severe (score of 15+), moderate (score of 10-14), or mild/minimal (score <10).

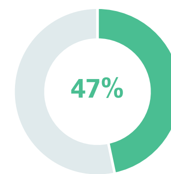
Severe depression



Moderate depression



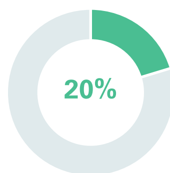
Any depression



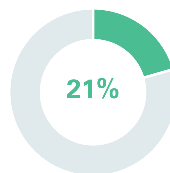
ANXIETY SCREEN

Anxiety is measured using the GAD-7, a seven-item screening tool for screening and severity measuring of generalized anxiety disorder in the past two weeks (Spitzer, Kroenke, Williams, & Lowe, 2006). Following the standard algorithm for interpreting the GAD-7, symptom levels are categorized as severe anxiety, moderate anxiety, or neither.

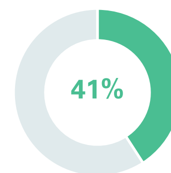
Severe anxiety



Moderate anxiety



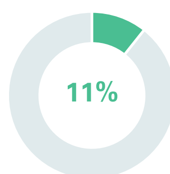
Any anxiety



EATING DISORDER SCREEN

Eating disorders are measured using the written U.S. version of the SCOFF, a five-item screening tool designed to identify subjects likely to have an eating disorder (Morgan, Reid, & Lacey, 1999).

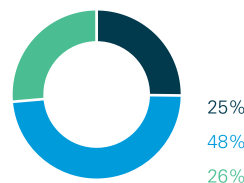
Eating disorders



LONELINESS

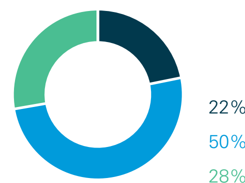
How often do you feel...

lack companionship



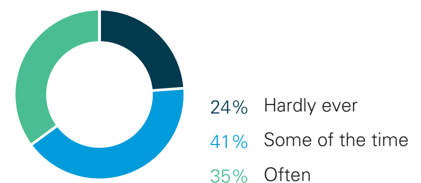
25%
48%
26%

left out

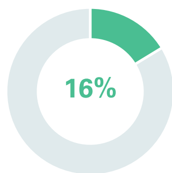


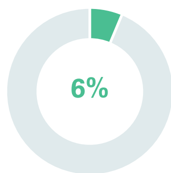
22%
50%
28%

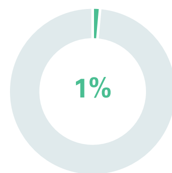
isolated from others

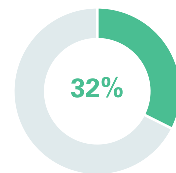


SUICIDALITY AND SELF-INJUROUS BEHAVIOR









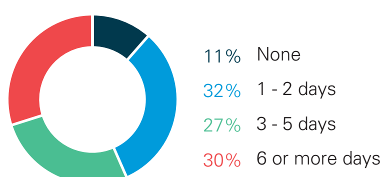
LIFETIME DIAGNOSES OF MENTAL DISORDERS

Have you ever been diagnosed with any of the following conditions by a health professional (e.g. primary care doctor, psychiatrist, psychologist, etc.)? (Select all that apply)

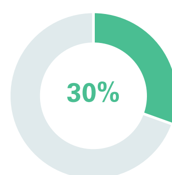
31%	Depression or other mood disorders (e.g., major depressive disorder, persistent depressive disorder)
2%	Bipolar (e.g., bipolar I or II, cyclothymia)
37%	Anxiety (e.g., generalized anxiety disorder, phobias)
2%	Obsessive-compulsive or related disorders (e.g., obsessive-compulsive disorder, body dysmorphia)
7%	Trauma and Stressor Related Disorders (e.g., posttraumatic stress disorder)
9%	Neurodevelopmental disorder or intellectual disability (e.g., attention deficit disorder, attention deficit hyperactivity disorder, intellectual disability, autism spectrum disorder)
5%	Eating disorder (e.g., anorexia nervosa, bulimia nervosa)
0%	Psychosis (e.g., schizophrenia, schizo-affective disorder)
1%	Personality disorder (e.g., antisocial personality disorder, paranoid personality disorder, schizoid personality disorder)
1%	Substance use disorder (e.g., alcohol abuse, abuse of other drugs)
54%	No, none of these

ACADEMIC IMPAIRMENT

In the past 4 weeks, how many days have you felt that emotional or mental difficulties have hurt your academic performance?



POSITIVE MENTAL HEALTH



Positive mental health (psychological well-being) is measured using The Flourishing Scale, an eight-item summary measure of the respondent's self-perceived success in important areas such as relationships, self-esteem, purpose, and optimism (Diener, Wirtz, Tov, Kim-Prieto, Choi, Oishi, & Biswas-Diener , 2009). The score ranges from 8-56, and we are using 48 as the threshold for positive mental health.

HEALTH BEHAVIORS AND LIFESTYLE

Drug use

Over the past 30 days, have you used any of the following drugs? (Select all that apply)

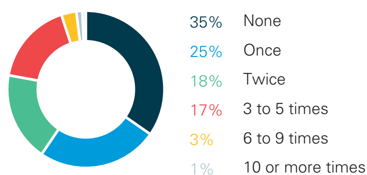
35%	Marijuana
1%	Cocaine (any form, including crack, powder, or freebase)
0%	Heroin
0%	Opioid pain relievers (such as Vicodin, OxyContin, Percocet, Demerol, Dilaudid, codeine, hydrocodone, methadone, morphine) without a prescription or more than prescribed
0%	Benzodiazepenes
0%	Methamphetamines (also known as speed, crystal meth, or ice)
1%	Other stimulants (such as Ritalin, Adderall) without a prescription or more than prescribed
0%	MDMA (also known as Ecstasy or Molly)
0%	Ketamine (also known as K, Special K)
1%	LSD (also known as acid)
1%	Psilocybin (also known as magic mushrooms, boomers, shrooms)
0%	Kratom
0%	Athletic performance enhancers (anything that violates policies set by school or any athletic governing body)
1%	Other drugs without a prescription
64%	No, none of these

Binge drinking

The following questions ask about how much you drink. A "drink" means any of the following:

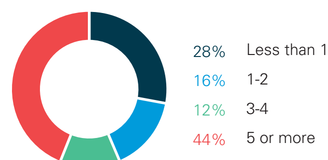
A 12-ounce can or bottle of beer
A 4-ounce glass of wine
A shot of liquor straight or in a mixed drink

During the last two weeks, how many times have you had 4 (female), 5 (male), 4 or 5 (other gender) or more drinks in a row? (among those with any alcohol use)



Exercise

In the past 30 days, about how many hours per week on average did you spend exercising? (include any exercise of moderate or higher intensity, where "moderate intensity" would be roughly equivalent to brisk walking or bicycling)

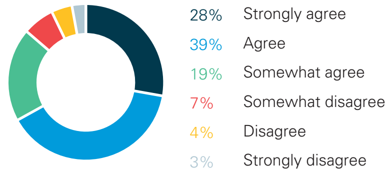


ATTITUDES AND BELIEFS ABOUT MENTAL HEALTH SERVICES

KNOWLEDGE

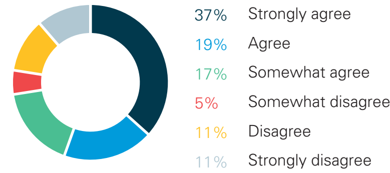
Knowledge of campus mental health resources

If I needed to seek professional help for my mental or emotional health, I would know where to go to access resources from my school.



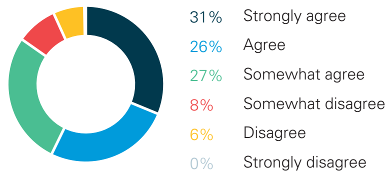
Perceived need (past year)

In the past 12 months, I needed help for emotional or mental health problems such as feeling sad, blue, anxious or nervous.



Perceived need (current)

I currently need help for emotional or mental health problems such as feeling sad, blue, anxious or nervous.



SCHOOL CLIMATE

Anti-racism

I believe my school actively works towards combating racism within the campus community.

71% Agree

USE OF SERVICES

Psychotropic medication use, all students (past year)

In the past 12 months have you taken any of the following types of medications? Please count only those you took, or are taking, several times per week. (Select all that apply)

7%	Psychostimulants (e.g., methylphenidate (Ritalin, or Concerta), amphetamine salts (Adderall), dextroamphetamine (Dexedrine), etc.)
22%	Anti-depressants (e.g., fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), escitalopram (Lexapro), venlafaxine (Effexor), buproprion (Wellbutrin), etc.)
1%	Anti-psychotics (e.g., haloperidol (Haldol), clozapine (Clozaril), risperidone (Risperdal), olanzapine (Zyprexa), etc.)
7%	Anti-anxiety medications (e.g., lorazepam (Ativan), clonazepam (Klonopin), alprazolam (Xanax), buspirone (BuSpar), etc.)
2%	Mood stabilizers (e.g., lithium, valproate (Depakote), lamotrigine (Lamictal), carbamazapine (Tegretol), etc.)
2%	Sleep medications (e.g., zolpidem (Ambien), zaleplon (Sonata), etc.)
2%	Other medication for mental or emotional health
71%	None

Psychotropic medication use among students with positive depression or anxiety screens (past year)

In the past 12 months have you taken any of the following types of medications? Please count only those you took, or are taking, several times per week. (Select all that apply)

8%	Psychostimulants (e.g., methylphenidate (Ritalin, or Concerta), amphetamine salts (Adderall), dextroamphetamine (Dexedrine), etc.)
31%	Antidepressants (e.g., fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), escitalopram (Lexapro), venlafaxine (Effexor), buproprion (Wellbutrin), etc.)
1%	Anti-psychotics (e.g., haloperidol (Haldol), clozapine (Clozaril), risperidone (Risperdal), olanzapine (Zyprexa), etc.)
11%	Anti-anxiety medications (e.g., lorazepam (Ativan), clonazepam (Klonopin), alprazolam (Xanax), buspirone (BuSpar), etc.)
2%	Mood stabilizers (e.g., lithium, valproate (Depakote), lamotrigine (Lamictal), carbamazapine (Tegretol), etc.)
4%	Sleep medications (e.g., zolpidem (Ambien), zaleplon (Sonata), etc.)
3%	Other medication for mental or emotional health
61%	None

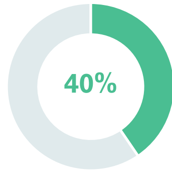
Mental health care access

How has your access to mental health care been affected by the COVID-19 pandemic?

12%	Much more difficult or limited access
22%	Somewhat more difficult or limited access
29%	No significant change in access
2%	Somewhat less difficult or limited access
2%	Much less difficult or limited access
33%	Don't know or not applicable (have not tried to access care)

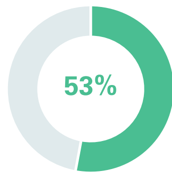
Mental health counseling/therapy, all students (past year)

In the past 12 months have you received counseling or therapy for your mental or emotional health from a health professional (such as psychiatrist, psychologist, social worker, or primary care doctor)?



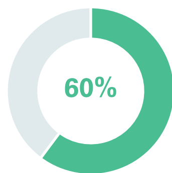
Mental health counseling/therapy among students with positive depression or anxiety screens (past year)

In the past 12 months have you received counseling or therapy for your mental or emotional health from a health professional (such as psychiatrist, psychologist, social worker, or primary care doctor)?



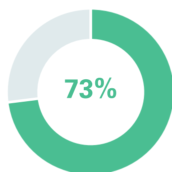
Mental health counseling/therapy, all students (lifetime)

Have you ever received counseling or therapy for mental health concerns?



Mental health counseling/therapy among students with positive depression or anxiety screens (lifetime)

Have you ever received counseling or therapy for mental health concerns?



Informal help-seeking

In the past 12 months have you received counseling or support for your mental or emotional health from any of the following sources? (Select all that apply)

27%	Roommate
53%	Friend (who is not a roommate)
31%	Significant other
46%	Family member
2%	Religious counselor or other religious contact
3%	Support group
1%	Other non-clinical source
24%	None of the above
7%	Faculty member/professor
2%	Staff member

Barriers to help-seeking

In the past 12 months, which of the following factors have caused you to receive fewer services (counseling, therapy, or medications) for your mental or emotional health than you would have otherwise received? (Select all that apply)

7%	I haven't had the chance to go but I plan to
31%	No need for services
15%	Financial reasons (too expensive, not covered by insurance)
24%	Not enough time
19%	Not sure where to go
11%	Difficulty finding an available appointment
24%	Prefer to deal with issues on my own or with support from family/friends
2%	Privacy concerns
5%	People providing services don't understand me
6%	Other
17%	No barriers

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MENTAL HEALTH SCREENS

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Eisenberg, D., Golberstein, E., Hunt, J. (2009). Mental Health and Academic Success in College. B.E. Journal of Economic Analysis & Policy 9(1) (Contributions): Article 40.

Eisenberg, D., Hunt, J.B., Speer, N., Zivin, K. (2011). Mental Health Service Utilization among College Students in the United States. Journal of Nervous and Mental Disease 199(5): 301-308.

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APPENDIX: DESCRIPTIVE STATISTICS FOR SURVEY ITEMS

Respondent Characteristics

MEASURE	All Students	95% CONFIDENCE INTERVAL	NATIONAL SAMPLE	Significantly Different from National Sample
Sample				
N	1226			
Response Rate	23%			
Gender				
Female	51%	(48%, 55%)	58%	X
Male	41%	(38%, 44%)	39%	
Other	5%	(4%, 7%)	3%	X
Race/Ethnicity				
White / Caucasian	85%	(82%, 87%)	63%	X
Black / African American	7%	(6%, 9%)	17%	X
Hispanic / Latino	9%	(7%, 11%)	12%	X
American Indian	1%	(0%, 1%)	2%	X
Arab / Middle Eastern	1%	(0%, 1%)	2%	X
Asian / Asian American	7%	(5%, 8%)	11%	X
Pacific Islander	0%	(0%, 1%)	1%	
Other	1%	(1%, 2%)	2%	
Country				
US Resident / Citizen	97%	(96%, 98%)	94%	X
International	3%	(2%, 4%)	6%	X
Residence				
Campus residence hall	42%	(39%, 45%)	21%	X
Fraternity / sorority house	0%	(0%, 0%)	1%	
Other campus housing	17%	(14%, 19%)	6%	X
Off-campus / non-university housing	26%	(23%, 29%)	38%	X
Parent or guardian's home	15%	(13%, 17%)	30%	X
Other	1%	(0%, 1%)	4%	X
Academic level				
Associates	2%	(1%, 2%)	18%	X
Bachelors	87%	(85%, 89%)	64%	X
Masters	6%	(5%, 8%)	11%	X
JD	0%	(0%, 0%)	0%	
MD	0%	(0%, 1%)	1%	
PhD or equivalent	4%	(3%, 5%)	3%	
Other	3%	(2%, 4%)	2%	
Non-degree	0%	(0%, 1%)	2%	X
Ever trained for or served in the military (Armed Forces, Reserves, or National Guard)	0%	(0%, 1%)	3%	X
Age				
18-22	95%	(94%, 96%)	66%	X
23-25	4%	(3%, 5%)	11%	X
26-30	1%	(0%, 1%)	9%	X
31+	0%	(0%, 1%)	13%	X
Highest educational attainment of either parent				
Less than high school degree	1%	(1%, 2%)	5%	X
High school degree	11%	(9%, 13%)	27%	X
College degree	39%	(36%, 42%)	38%	
Graduate degree	49%	(46%, 52%)	30%	X

Respondent Characteristics

MEASURE	All Students	95% CONFIDENCE INTERVAL	NATIONAL SAMPLE	Significantly Different from National Sample
Religiosity				
Very important	6%	(4%, 7%)	24%	X
Important	18%	(15%, 20%)	22%	X
Neutral	28%	(25%, 31%)	25%	X
Unimportant	22%	(19%, 25%)	14%	X
Very unimportant	27%	(24%, 30%)	16%	X
Current financial situation				
Always stressful	10%	(9%, 12%)	15%	X
Often stressful	24%	(21%, 27%)	24%	
Stressful	33%	(30%, 36%)	35%	
Rarely Stressful	26%	(23%, 28%)	19%	X
Never Stressful	7%	(5%, 8%)	7%	
Financial situation growing up				
Always stressful	8%	(7%, 10%)	13%	X
Often stressful	15%	(12%, 17%)	19%	X
Stressful	26%	(24%, 29%)	29%	
Rarely Stressful	35%	(32%, 38%)	26%	X
Never Stressful	16%	(14%, 18%)	14%	X
Relationship status				
Single	61%	(58%, 64%)	51%	X
In a relationship	37%	(34%, 40%)	34%	
Married or domestic partnership	1%	(0%, 1%)	13%	X
Divorced	0%	(0%, 0%)	1%	X
Sexual orientation				
Heterosexual	62%	(59%, 65%)	78%	X
Bisexual	19%	(17%, 21%)	12%	X
Gay / lesbian	7%	(5%, 9%)	3%	X
Queer	7%	(6%, 8%)	3%	X
Questioning	7%	(5%, 8%)	3%	X
Other	3%	(2%, 4%)	3%	
Chronic disease				
Diabetes	1%	(0%, 2%)	2%	X
High blood pressure	2%	(1%, 3%)	4%	X
Asthma	17%	(15%, 20%)	15%	X
Thyroid disease (e.g., hypothyroid or hyperthyroid)	2%	(1%, 3%)	3%	
Gastrointestinal disease (e.g., Crohn's Disease, Ulcerative Colitis)	3%	(2%, 4%)	2%	
Arthritis	1%	(0%, 1%)	2%	X
Sickle cell anemia	0%	(0%, 1%)	0%	
Seizure disorders (e.g., epilepsy)	1%	(0%, 2%)	1%	
Cancers	0%	(0%, 1%)	1%	
High cholesterol	2%	(1%, 2%)	3%	X
HIV/AIDS	0%	(0%, 0%)	0%	
Other autoimmune disorder (please specify)	3%	(2%, 4%)	2%	
Other chronic disease (please specify)	4%	(3%, 5%)	5%	

Mental Health Measures

MEASURE	All Students	95% CONFIDENCE INTERVAL	NATIONAL SAMPLE	Significantly Different from National Sample
Positive Mental Health				
Flourishing Scale (8-56)	42.2	(41.6, 42.7)	43.1	X
Depression (PHQ-9)				
Overall score (0-27)	9.9	(9.4, 10.3)	9.1	X
In moderate range (10-14)	19%	(17%, 21%)	17%	
In moderately severe range (15-19)	14%	(12%, 16%)	11%	X
In severe range (20-27)	8%	(6%, 9%)	8%	
Major depression (positive screen)	25%	(22%, 28%)	22%	X
Other depression (positive screen)	22%	(19%, 25%)	19%	X
Depression overall	47%	(43%, 50%)	41%	X

Mental Health Measures

MEASURE	All Students	95% CONFIDENCE INTERVAL	NATIONAL SAMPLE	Significantly Different from National Sample
Impairment from depression (1)				
Not difficult at all	16%	(14%, 19%)	23%	X
Somewhat difficult	52%	(49%, 55%)	51%	
Very difficult	22%	(19%, 25%)	17%	X
Extremely difficult	10%	(8%, 12%)	9%	
Generalized anxiety (GAD-7)				
Overall score (0-21)	8.7	(8.3, 9.1)	7.8	X
In moderate range (10-14)	21%	(18%, 23%)	18%	X
In severe range (15-21)	20%	(18%, 23%)	17%	X
Probable anxiety disorder (positive screen)	41%	(38%, 44%)	34%	X
Depression/Anxiety				
Depression or anxiety disorder	56%	(52%, 59%)	48%	X
Disordered eating and body image				
Probable eating disorder (3+ on SCOFF)	11%	(9%, 13%)	12%	
Need to be very thin to feel good about self	33%	(30%, 36%)	27%	X
Think you are very underweight	1%	(0%, 2%)	1%	
Academic impairment from mental health, past 4 weeks (2)				
None	11%	(9%, 14%)	18%	X
1-2 days	32%	(29%, 35%)	28%	X
3-5 days	27%	(24%, 30%)	26%	
6 or more days	30%	(27%, 33%)	27%	

Self-Injury and Suicide

MEASURE	All Students	95% CONFIDENCE INTERVAL	NATIONAL SAMPLE	Significantly Different from National Sample
Non-suicidal self-injury, past year				
Any	32%	(29%, 35%)	23%	X
Cutting self	8%	(6%, 10%)	5%	X
Burning self	2%	(1%, 3%)	1%	X
Punching or banging self	16%	(14%, 19%)	9%	X
Scratching self	15%	(12%, 17%)	9%	X
Pulling one's hair	12%	(10%, 14%)	9%	X
Biting self	6%	(4%, 7%)	5%	
Interfering with wound healing	10%	(8%, 12%)	8%	X
Carving words or symbols in skin	1%	(0%, 1%)	1%	
Rubbing sharp objects on skin	4%	(3%, 5%)	3%	X
Punching or banging wall or object	12%	(9%, 14%)	7%	X
Other	1%	(0%, 2%)	2%	
Frequency of self-injury, past year (among those with any)				
Once or twice	50%	(44%, 56%)	51%	
Once a month or less	24%	(19%, 29%)	25%	
2 or 3 times a month	15%	(11%, 20%)	14%	
Once or twice a week	6%	(3%, 9%)	6%	
3 to 5 days a week	3%	(1%, 5%)	3%	
Nearly everyday, or everyday	1%	(0%, 3%)	2%	
Suicidality				
Seriously thought about attempting suicide, past year	16%	(14%, 19%)	13%	X
Made a plan for attempting suicide, past year	6%	(5%, 8%)	5%	
Attempted suicide, past year	1%	(1%, 2%)	1%	

(1) How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

(2) How many days have you felt that emotional or mental difficulties have hurt your academic performance?

Previous Diagnoses of Mental Disorders

MEASURE	All Students	95% CONFIDENCE INTERVAL	NATIONAL SAMPLE	Significantly Different from National Sample
Mental disorders				
Any	46%	(43%, 50%)	40%	X
Depression or mood disorder				
Any	31%	(28%, 35%)	27%	X
Major depression	16%	(14%, 18%)	14%	
Dysthymia	3%	(2%, 4%)	2%	
Premenstrual dysphoric disorder	0%	(0%, 1%)	1%	
Bipolar and related disorders				
Any	2%	(1%, 3%)	3%	
Bipolar I disorder	0%	(0%, 1%)	1%	
Bipolar II disorder	1%	(0%, 2%)	1%	
Cyclothymic disorder	0%	(0%, 0%)	0%	
Anxiety disorder				
Any	37%	(34%, 41%)	31%	X
Generalized anxiety disorder	31%	(28%, 34%)	24%	X
Panic disorder	6%	(4%, 7%)	5%	
Agorophobia	1%	(0%, 1%)	0%	
Specific phobia	1%	(0%, 2%)	1%	
Social anxiety disorder or social phobia	9%	(7%, 11%)	7%	X
Obsessive-compulsive or related disorders				
Any	7%	(5%, 8%)	5%	X
Obsessive-compulsive disorder	5%	(4%, 7%)	4%	X
Trauma and stressor related disorders				
Any	7%	(5%, 8%)	8%	
Posttraumatic stress disorder	6%	(4%, 7%)	7%	
Acute stress disorder	1%	(0%, 1%)	1%	
Psychotic disorder				
Any	0%	(0%, 0%)	1%	
Schizophrenia	0%	(0%, 0%)	0%	
Neurodevelopmental disorder or intellectual disability				
Any	9%	(7%, 11%)	7%	X
ADHD	8%	(6%, 10%)	6%	X
Other intellectual disability	0%	(0%, 1%)	0%	
Autism spectrum disorder	1%	(0%, 2%)	1%	
Eating disorder				
Any	5%	(3%, 6%)	4%	
Anorexia nervosa	2%	(1%, 3%)	2%	
Bulimia nervosa	1%	(0%, 2%)	1%	
Binge eating disorder	1%	(0%, 1%)	1%	
Personality disorder				
Any	1%	(0%, 1%)	1%	
Substance abuse disorder				
Any	1%	(0%, 1%)	1%	
Alcohol abuse disorder	1%	(0%, 1%)	1%	

Health Behaviors and Lifestyle

MEASURE	All Students	95% CONFIDENCE INTERVAL	NATIONAL SAMPLE	Significantly Different from National Sample
Substance use, past 30 days				
Cigarettes	4%	(3%, 6%)	7%	X
Vape pen or E-Cigarette	13%	(11%, 16%)	15%	
Marijuana	35%	(32%, 38%)	20%	X
Cocaine	1%	(0%, 1%)	1%	
Heroin	0%	(0%, 0%)	0%	
Opioid pain relievers without a prescription or more than prescribed	0%	(0%, 0%)	0%	
Benzodiazepenes	0%	(0%, 0%)	1%	X
Methamphetamines	0%	(0%, 0%)	0%	
Other stimulants without a prescription or more than prescribed	1%	(0%, 2%)	1%	
MDMA (also known as Ecstasy or Molly)	0%	(0%, 1%)	0%	
Ketamine (also known as K, Special K)	0%	(0%, 1%)	0%	
LSD (also known as acid)	1%	(0%, 1%)	1%	
Psilocybin (also known as magic mushrooms, boomers, shrooms)	1%	(0%, 2%)	1%	
Kratom	0%	(0%, 1%)	0%	
Athletic performance enhancers (anything that violates policies set by school or any athletic governing body)	0%	(0%, 0%)	0%	
Other drugs without a prescription	1%	(0%, 1%)	1%	
In the past 2 weeks, about how many times did you have 4 [female]/5 [male]/4 or 5 [not female or male] or more alcoholic drinks in a row? (1 drink is a can of beer, a glass of wine, a wine cooler, a shot of liquor, or a mixed drink.)				
More than one time	36%	(33%, 40%)	28%	X
More than 3 times	12%	(10%, 14%)	9%	X
Time studying/doing homework				
Less than 1 hour/week	0%	(0%, 0%)	2%	X
1-2 hours/week	4%	(3%, 6%)	6%	X
3-5 hours/week	21%	(19%, 24%)	21%	
6-10 hours/week	32%	(29%, 35%)	28%	X
11-15 hours/week	19%	(17%, 22%)	17%	
16-20 hours/week	14%	(12%, 16%)	12%	
More than 20 hours/week	9%	(7%, 11%)	13%	X
Violence (past 12 months)				
Did anyone strike or physically injure you?	5%	(4%, 7%)	6%	

Attitudes and Beliefs about Services

MEASURE	All Students	95% CONFIDENCE INTERVAL	NATIONAL SAMPLE	Significantly Different from National Sample
...think less of someone who has received mental health treatment.				
I...	2%	(1%, 4%)	6%	X
Most people...	39%	(35%, 42%)	45%	X
know where to go to access resources				
Agree or strongly agree	86%	(84%, 89%)	70%	X
Beliefs about effectiveness of treatment for depression				
Believes medication is helpful or very helpful for depression	63%	(60%, 67%)	61%	
Believes therapy is helpful or very helpful for depression	86%	(84%, 89%)	83%	X

Help-Seeking

MEASURE	All Students	95% CONFIDENCE INTERVAL	NATIONAL SAMPLE	Significantly Different from National Sample
Think you needed help for emotional or mental health problems, past year				
Strongly agree	37%	(33%, 40%)	28%	X
Agree	19%	(16%, 21%)	18%	
Somewhat agree	17%	(14%, 20%)	16%	
Somewhat disagree	5%	(3%, 7%)	6%	
Disagree	11%	(9%, 13%)	14%	X
Strongly disagree	11%	(9%, 14%)	18%	X
Psychotropic medication				
Any, current	25%	(22%, 28%)	20%	X
Psychostimulants	7%	(5%, 9%)	6%	
Anti-depressants	22%	(19%, 25%)	17%	X
Anti-psychotics	1%	(0%, 1%)	1%	
Anti-anxiety	7%	(5%, 9%)	8%	
Mood stabilizers	2%	(1%, 3%)	2%	
Other	2%	(1%, 3%)	2%	
Prescriber (among those with any past-year medication use)				
General practitioner/nurse practitioner/primary care physician	55%	(49%, 61%)	60%	
Psychiatrist	43%	(37%, 49%)	37%	
Other type of health provider	4%	(1%, 6%)	4%	
No prescription	3%	(0%, 5%)	5%	
Don't know	2%	(0%, 4%)	1%	
Discussed medication with provider, past year (among those with medication use)				
Not at all	4%	(1%, 6%)	10%	X
1-2 times	34%	(28%, 40%)	39%	
3-5 times	37%	(31%, 43%)	28%	X
More than 5 times	23%	(17%, 28%)	22%	
Whom you would talk to, if you were experiencing serious emotional distress				
Professional clinician	40%	(37%, 43%)	33%	X
Roommate	29%	(26%, 31%)	14%	X
Friend (who is not a roommate)	49%	(46%, 52%)	41%	X
Significant other	28%	(25%, 31%)	33%	X
Family member	40%	(37%, 43%)	41%	
Religious counselor / other religious contact	2%	(1%, 3%)	6%	X
Support group	2%	(1%, 3%)	3%	
Other non-clinical source	1%	(0%, 1%)	1%	
No one	7%	(5%, 9%)	10%	X
Therapy or counseling for mental health				
Past year	40%	(37%, 44%)	30%	X
Current	27%	(24%, 30%)	16%	X
Visits in past year, among those with any				
1-3	33%	(29%, 37%)	37%	X
4-6	15%	(12%, 18%)	19%	
7-9	13%	(10%, 16%)	13%	
More than 10	6%	(4%, 8%)	7%	
Use of specific providers for therapy or counseling for mental health				
Campus Provider A	23%	(20%, 26%)	11%	X
Campus Provider B	1%	(1%, 2%)	1%	
Campus Provider C	2%	(1%, 2%)	2%	

Help-Seeking

MEASURE	All Students	95% CONFIDENCE INTERVAL	NATIONAL SAMPLE	Significantly Different from National Sample
Use of specific providers for therapy or counseling for mental health				
Psychiatric emergency services	1%	(0%, 2%)	1%	
Inpatient psychiatric hospital	1%	(0%, 1%)	1%	
Partial hospitalization program	0%	(0%, 1%)	1%	
Provider in the local community (not on campus)	5%	(4%, 6%)	8%	X
Provider in another location (such as hometown)	23%	(20%, 25%)	12%	X
Other	2%	(1%, 2%)	2%	
Any medication or therapy for mental health				
Past year	49%	(46%, 53%)	39%	X
Current	39%	(36%, 43%)	28%	X
Any medication or therapy, among those with positive depression or anxiety screen				
Past year	63%	(59%, 68%)	52%	X
Current	52%	(47%, 57%)	38%	X
Any visit to a health provider				
Past year	80%	(77%, 82%)	70%	X
Received counseling or support for mental health from these sources, past year				
Roommate	27%	(24%, 30%)	15%	X
Friend (other than roommate)	53%	(50%, 57%)	41%	X
Significant other	31%	(28%, 34%)	30%	
Family member	46%	(42%, 49%)	37%	X
Religious contact	2%	(1%, 3%)	4%	X
Support group	3%	(2%, 4%)	2%	
Other non-clinical source	1%	(0%, 1%)	1%	
None of the above	24%	(21%, 27%)	35%	X
How helpful, overall, do you think the medication(s) was or has been for your mental or emotional health?				
Very helpful	33%	(27%, 39%)	39%	
Helpful	37%	(31%, 43%)	31%	X
Somewhat helpful	21%	(16%, 27%)	22%	
Not helpful	8%	(4%, 11%)	8%	
How helpful, overall, do you think therapy or counseling was or has been for your mental or emotional health?				
Very helpful	31%	(27%, 35%)	35%	X
Helpful	31%	(27%, 35%)	28%	
Somewhat helpful	26%	(22%, 29%)	25%	
Not helpful	13%	(10%, 16%)	12%	
Of the places you reported receiving counseling or therapy, how were your counseling or therapy sessions conducted?				
In-person only	10%	(7%, 14%)	22%	X
Remote/telehealth only (digital video conferencing, text/app chat, etc.)	47%	(42%, 52%)	42%	
Both in-person and remote	42%	(37%, 47%)	35%	X

Satisfaction with Therapy, Campus Providers

MEASURE	All Students	95% CONFIDENCE INTERVAL	NATIONAL SAMPLE	Significantly Different from National Sample
Convenient hours				
Very dissatisfied	4%	(1%, 6%)	3%	
Dissatisfied	9%	(4%, 13%)	4%	X
Somewhat dissatisfied	8%	(4%, 11%)	8%	
Somewhat satisfied	24%	(19%, 30%)	20%	X
Satisfied	41%	(35%, 48%)	43%	
Very satisfied	15%	(10%, 19%)	22%	X
Location				
Very dissatisfied	2%	(0%, 4%)	2%	
Dissatisfied	4%	(1%, 6%)	4%	
Somewhat dissatisfied	8%	(5%, 12%)	7%	
Somewhat satisfied	22%	(16%, 28%)	17%	
Satisfied	51%	(44%, 57%)	46%	
Very satisfied	13%	(9%, 18%)	24%	X
Quality of therapists				
Very dissatisfied	5%	(2%, 7%)	4%	
Dissatisfied	4%	(1%, 7%)	4%	
Somewhat dissatisfied	10%	(6%, 14%)	8%	
Somewhat satisfied	17%	(12%, 21%)	16%	
Satisfied	34%	(27%, 40%)	31%	
Very satisfied	31%	(25%, 38%)	30%	
Respect for privacy concerns				
Very dissatisfied	1%	(0%, 3%)	2%	
Dissatisfied	1%	(0%, 3%)	1%	
Somewhat dissatisfied	2%	(0%, 3%)	2%	
Somewhat satisfied	8%	(5%, 12%)	9%	
Satisfied	43%	(36%, 50%)	39%	
Very satisfied	44%	(38%, 51%)	46%	
Scheduling appointments w/o long delays				
Very dissatisfied	8%	(4%, 11%)	5%	
Dissatisfied	8%	(5%, 12%)	6%	
Somewhat dissatisfied	8%	(4%, 12%)	8%	
Somewhat satisfied	15%	(10%, 19%)	15%	
Satisfied	37%	(31%, 44%)	35%	
Very satisfied	24%	(18%, 30%)	31%	X

Note: the confidence intervals are wide for these numbers, because the sample sizes are small (these questions were only asked of service users).

Satisfaction with Therapy, Non-Campus Providers

MEASURE	All Students	95% CONFIDENCE INTERVAL	NATIONAL SAMPLE	Significantly Different from National Sample
Convenient hours				
Very dissatisfied	1%	(0%, 3%)	2%	
Dissatisfied	5%	(2%, 8%)	3%	
Somewhat dissatisfied	6%	(3%, 9%)	7%	
Somewhat satisfied	19%	(14%, 25%)	18%	
Satisfied	44%	(37%, 51%)	42%	
Very satisfied	24%	(19%, 30%)	28%	
Location				
Very dissatisfied	2%	(0%, 4%)	2%	
Dissatisfied	4%	(2%, 7%)	4%	
Somewhat dissatisfied	5%	(3%, 8%)	7%	
Somewhat satisfied	15%	(11%, 19%)	15%	
Satisfied	48%	(42%, 54%)	43%	
Very satisfied	25%	(20%, 31%)	29%	
Quality of therapists				
Very dissatisfied	2%	(0%, 3%)	3%	
Dissatisfied	4%	(2%, 7%)	4%	
Somewhat dissatisfied	8%	(4%, 12%)	7%	
Somewhat satisfied	13%	(9%, 18%)	14%	
Satisfied	33%	(27%, 39%)	32%	
Very satisfied	40%	(34%, 46%)	40%	
Respect for privacy concerns				
Very dissatisfied	0%	(0%, 1%)	2%	
Dissatisfied	1%	(0%, 1%)	1%	
Somewhat dissatisfied	1%	(0%, 2%)	2%	
Somewhat satisfied	5%	(2%, 7%)	7%	
Satisfied	39%	(33%, 45%)	36%	
Very satisfied	54%	(48%, 61%)	52%	
Scheduling appointments w/o long delays				
Very dissatisfied	3%	(1%, 4%)	4%	
Dissatisfied	6%	(3%, 9%)	4%	
Somewhat dissatisfied	7%	(3%, 10%)	7%	
Somewhat satisfied	11%	(7%, 15%)	13%	
Satisfied	36%	(30%, 42%)	34%	
Very satisfied	38%	(32%, 44%)	38%	

Barriers and Facilitators to Help-Seeking

MEASURE	All Students	95% CONFIDENCE INTERVAL	NATIONAL SAMPLE	Significantly Different from National Sample
Reasons for receiving no or fewer services for mental health				
I haven't had the chance to go but I plan to.	7%	(5%, 9%)	5%	
No need for services	31%	(28%, 35%)	37%	X
Financial reasons	15%	(13%, 18%)	18%	
Not enough time	24%	(21%, 26%)	19%	X
Not sure where to go	19%	(16%, 21%)	14%	X
Difficulty finding an available appointment	11%	(9%, 13%)	9%	X
Prefer to deal with issues on my own or with support from family/friends	24%	(21%, 27%)	19%	X
Other	6%	(5%, 8%)	6%	
No barriers	17%	(15%, 20%)	17%	
Reasons for seeking help				
Decided on my own	75%	(71%, 79%)	73%	
Friend encouraged or pressured me	25%	(21%, 29%)	19%	X
Family member encouraged or pressured me	39%	(34%, 44%)	32%	X
Other person encouraged or pressured me	5%	(3%, 7%)	4%	
A campus advisor mandated me to seek help by campus staff	1%	(0%, 2%)	1%	
I acquired more information about my options	0%	(0%, 1%)	1%	
A campus advisor referred me to seek help	3%	(1%, 5%)	3%	
Health professional recommended help	13%	(10%, 16%)	12%	
Other reasons	2%	(1%, 4%)	4%	
Source of health insurance				
None (uninsured)	1%	(0%, 1%)	6%	X
Parent's employer	68%	(65%, 70%)	46%	X
Own employer	0%	(0%, 1%)	9%	X
Spouse's employer	0%	(0%, 1%)	3%	X
Student plan	7%	(6%, 9%)	6%	
Embassy or other international source	0%	(0%, 0%)	0%	
Individual market	1%	(0%, 1%)	2%	X
Public insurance	4%	(3%, 6%)	8%	X
Uncertain whether insured	1%	(0%, 2%)	1%	
Insured but uncertain of source	3%	(2%, 4%)	3%	
Plan provides any coverage for local mental health visits (among those with a plan)				
Yes, it definitely would	30%	(27%, 33%)	31%	
I think it would but am not sure	40%	(37%, 44%)	28%	X
I have no idea	21%	(18%, 24%)	31%	X
I think it would not but am not sure	7%	(5%, 9%)	7%	
No, it definitely would not	2%	(1%, 2%)	3%	X
Plan meets needs for mental health services (among those with a plan)				
Have not needed plan to cover services	56%	(52%, 59%)	58%	
Yes, everything I have needed is covered	37%	(34%, 40%)	32%	X
No, the coverage is inadequate to meet my needs	7%	(6%, 9%)	10%	X

Supportiveness of Academic and Social Environment

MEASURE	All Students	95% CONFIDENCE INTERVAL	NATIONAL SAMPLE	Significantly Different from National Sample
Talked with any academic personnel about mental health problems affecting performance	23%	(20%, 26%)	16%	X
Supportiveness of response by academic personnel				X
Very supportive	46%	(39%, 53%)	51%	
Supportive	46%	(39%, 53%)	39%	
Not supportive	6%	(2%, 9%)	7%	
Very unsupportive	3%	(0%, 5%)	3%	
Whom would you talk to about mental health problems affecting academic performance				
Professor from one of classes	40%	(37%, 43%)	29%	X
Academic advisor	22%	(19%, 24%)	25%	X
Another faculty member	5%	(4%, 7%)	5%	
Teaching assistant	1%	(1%, 2%)	2%	
Student services staff	6%	(5%, 8%)	9%	X
Dean of Students or Class Dean	1%	(0%, 1%)	3%	X
Other	3%	(2%, 4%)	4%	
No one	27%	(24%, 29%)	33%	X
Persistence/retention				
Am confident I will finish my degree no matter the challenges	80%	(78%, 83%)	78%	X

Ethnicity Subcategories

MEASURE	All Students	95% CONFIDENCE INTERVAL	NATIONAL SAMPLE	Significantly Different from National Sample
Black				
African	17%	(9%, 25%)	14%	
African American	54%	(43%, 65%)	79%	X
African Carribean	22%	(13%, 30%)	8%	X
Afro-Latina/o/x	17%	(8%, 25%)	3%	X
Other	8%	(3%, 14%)	4%	X
Asian				
East Asian (eg Chinese, Japanese, Korean, Taiwanese)	53%	(41%, 64%)	43%	
Southeast Asian (eg Cambodian, Vietnamese, Hmong)	12%	(4%, 20%)	16%	
South Asian (eg Indian, Pakistani, Nepalese, Sri Lankan)	25%	(15%, 35%)	23%	
Filipina/o/x	11%	(3%, 20%)	10%	
Other	2%	(0%, 4%)	2%	
Hispanic				
Mexican/Mexican American	25%	(16%, 35%)	57%	X
Central American	14%	(7%, 22%)	13%	
South American	27%	(17%, 36%)	14%	X
Carribean	32%	(22%, 42%)	11%	X
Other	15%	(7%, 23%)	8%	X

JED Campus Feedback Report

Ithaca College
March 2021

JED Campus would like to thank you all for your team's hard work in filling out the JED Campus self-assessment and in submitting the requested documents to us to review for Ithaca College. You will find comments on each section of the assessment below based on the seven domain areas of our comprehensive framework. This assessment and the feedback report are the first step in an ongoing engagement and the beginning of the technical assistance process with your JED Campus Advisor that is an integral part of being a JED Campus.

Upon review of your assessment and our initial conversations, it is clear that Ithaca has done a tremendous amount of work thus far to support and strengthen the emotional wellbeing of your students. Throughout the feedback report we have noted where much innovative work has been done, areas that you may consider addressing more thoroughly, and what we are looking forward to discussing during the campus visit on April 7 - 9, 2021. After looking over the feedback report, we would like to get your thoughts and questions to help shape our discussion. You can submit them here: https://www.surveymonkey.com/r/IthacaFeedback

Strategic Planning

Engaging in active and dynamic strategic planning processes is one of the most important things a college can do to ensure the future success of their mental health, substance use, and suicide prevention efforts. Strategic planning allows a college to anticipate and evaluate clinical and programming needs, examine how they deploy both personnel and financial resources to address challenges, coordinate efforts across campus, and evaluate programming effectiveness. That is why setting up a task force with wide campus representation to engage in strategic planning is the first action step in participation in the JED Campus program. The involvement of upper administration in this task force is strongly encouraged as it demonstrates a commitment to student well-being from the top-down, and it helps build mental health infrastructure and leadership that ensure that planning and programming succeed.

Notable Strengths

- Ithaca has implemented a campus-wide strategic plan that explicitly references supporting a diverse student population and includes mental and emotional wellbeing of students.
- You collect a wide range of data through external tools (Middle States Reaccreditation Report, Student Success Report, Campus Climate Survey, 2015 National College Health Association Survey (yearly), National Survey of Student Engagement (NSSE), TeleCounseling Experience Survey CAPS 2020). It will be helpful to continue this work with Health Minds once you have the survey data available to you.
- You collect the following types of information: retention, academic achievement, mental health service utilization, health services utilization, diagnoses, and student engagement.
- As equity is listed as one of your core values, Ithaca has developed a hiring policy to promote faculty/staff diversity and to address issues affecting the retention of culturally diverse faculty/staff. It may be beneficial to bring Human Resources into your JED Campus team if they are not already included to further facilitate this

work. Additionally, consider how this work can intersect with your JED Campus work—the Equity in Mental Health Framework (equityinmentalhealth.org) could be helpful here.
- We appreciate your promotion of student success through high-impact experiential learning, integrated study facilitated by strong mentoring relationships, and a holistic focus on student wellness.

Considerations

- Consider adding additional members to your team if you have not already done so such as The President's office, Provost's office, Academic Affairs leadership, Title IX Coordinator, Diversity Office/Multicultural Affairs, International Students, Career Counseling, Accessibility Services, Faculty, Student Activities, Fraternity/Sorority Life, Chaplain/Religious leadership, LGBTQ+ support services, Enrollment Services, Parent/Family Relations, and Human Resources.
- Consider as we discuss these topics how you are implementing care for the caregiver. It can be a challenge to support the mental and emotional health of your students if you do not have programs in place to ensure the wellbeing of your faculty and staff.
- Once your Healthy Minds survey data is available and you receive an initial report, break the data down by demographic to see if specific populations on your campus reported differences in mental and emotional health behaviors and attitudes. Additionally, consider which populations responded to the survey and if any identity groups on your campus did not fill out this survey in large numbers.
- While health and counseling centers certainly have an important role to play in supporting the emotional well-being of students, it is important to understand that in order to effect long-term, systemic change, these issues can no longer fall to health and counseling alone. Planning and programming are more likely to succeed when there is broad ownership and a shared commitment to meet common goals. As you have not formally had a committee to focus on this area prior to JED, it will be important to keep the current JED team engaged in the work we are doing now and going forward.
- As you move forward with implementing action steps from the JED work, you will want to consider implementing or refining ways to evaluate the effectiveness of programs already in place and those that you implement from this process.

DEVELOPING AND SUPPORTING LIFE SKILLS

Supporting life skills education is a valuable strategy for helping students cope with the stress of college life, make wise lifestyle choices, foster resilience, and achieve academic success. Ensuring that students develop emotional and interpersonal awareness is a true preventive strategy aimed at enabling students to thrive. Diverse, cross-campus participation of staff members in providing this type of programming reinforces the message that emotional health is a campus-wide concern.

Interpersonal and emotional awareness are strengths that help reduce risk factors for depression and suicide and reinforce emotional resilience. There are also clear links between physical and emotional health and academic success. Efforts to foster a student's emotional and physical well-being supports a student's sense of purpose and identity and can help increase the likelihood of academic success and student retention. An increased focus on life skills development may also ease the burden on counseling centers because it might limit or prevent some problems from emerging in ways that require clinical care.

Notable Strengths

- You have life skills offerings related to promoting resilience, bystander training, relationship skills, mindfulness, meditation, interpersonal effectiveness, distress tolerance, interpersonal violence, bullying, hazing, managing financial aid, personal finance, study skills, test anxiety, stress management, communication skills, identifying/regulating emotions, time management, career readiness, transition into college, transition out of college, tutoring, diversity/equity/inclusion, social justice/advocacy, and identity related stress/responding to microaggressions.
- Existing life skills programming is assessed for attendance/utilization, satisfaction, and achievement of learning outcomes.
- You have a fitness facility on campus accessible to students and programming for students addressing the link between physical well-being and emotional health.
- Many college students can be prone to neglect their emotional well-being as they adjust to the demands of college life and providing information about ways these factors relate and contribute to declining performance can help them implement strategies to reduce this effect--it is great that you already do this.
- We would love to hear more about the Anxiety and Communications Toolbox groups provided by CAPS as well as your THRIVE program during our visit as these seem to be fantastic offerings for students.

Considerations

- Programming involves a range of campus community members. Consider involving additional offices to facilitate programming such as the Financial aid staff, Dean of Student's office staff, Fraternity/Sorority Life, Commuter student support services, and Military-connected/veteran support services if you have any of these applicable offices.
- Consider completing a life skills inventory to identify any overlap or gaps in your life skills programming and the methods by which you are delivering them. A template for this can be found in the JED Campus playbook.
- Consider how you can incorporate mental and emotional health as well as life skills into first year seminar, orientation and a first-year experience program as well as continuing this education in following academic years.
- Keeping campus wide investment and motivation for this work will be important so that it doesn't fall on health and counseling.

<u>SOCIAL CONNECTEDNESS</u>

We know that experiencing a strong sense of connection to others is a strong promoter of physical and emotional health and significantly lowers risk of suicide and substance misuse. Conversely, feeling disconnected to others can increase risk for all these problems.

Notable Strengths

- You have community building groups/programming in residence halls.
- We are glad to hear that both your Residence halls and the general campus have gender neutral/inclusive housing options and restrooms.
- Connectedness is emphasized by offering programs that strive to promote inclusiveness on campus, and you partner with student groups to enhance inclusion such as Athletics, Student government, Residence hall assistants, Peer mentors, Faith-based organizations, Cultural organizations, and Social justice organizations.
- It is excellent that the school provides systems or strategies on campus to help identify and support disconnected and/or isolated students.

- Peer mentoring programs on campus can be incredibly effective, as students are likely to turn to peers when they are struggling and tend to be more open to messaging from other students. We are interested to hear how you engage students in peer-to-peer support and to share our thoughts about using peer mentoring to focus on reaching out to isolated students. You currently indicate that approximately 15% of your students participate in peer mentoring.
- We are interested in learning more about how your peer educational campaigns are effective in reaching isolated students on campus.
- You provide communications with families about alerting campus services in case of concern about isolated students, which is great -- family members can often play an important role in supporting students.
- You have programs in place to support connectedness among the following groups: students of color, military-connected students/Veterans, LGBTQ+ students, first-generation students, economically-disadvantaged students, international students, transfer students, students with physical/mobility conditions, students diagnosed with learning disabilities, students who are survivors of sexual assault, students who are survivors of violence, students with housing and/or food insecurity, Sophomore students, and graduate students.
- Thoughtful space design goes a long way toward fostering connectedness--it is excellent to hear that your school provides space on campus that is conducive to that.
- Some students may be more likely to reach out to a priest, pastor, rabbi, or other religious figure or connect with a cultural group with whom they identify – for this reason, it is excellent that you provide programs and activities that foster a connection with outside cultural, religious, and national groups for these students.
- Intentional spaces (forums, discussion groups, etc.) to discuss current events helps to create a sense of community on campus, which is good.
- You listed a variety of virtual events you have been implementing during the pandemic such as the “Go-Pro Adventures.” We would be curious to hear about these programs during our visit and how successful they were in practice.

Considerations

- Academic advisors are key for identifying students who may be struggling, as their academic performance may be the first indicator that something is wrong, so training them may be helpful.
- RA training and residence hall programming could be beneficial, as RAs interact with the student body daily and can be first to identify, reach out, and refer students who may be struggling.
- Once you have the data set from Healthy Minds, you will want to separate the data by demographical information to help identify if any marginalized or vulnerable student populations are indicating that they feel less connected to or isolated from the larger Ithaca student population.

IDENTIFYING STUDENTS AT RISK

Identifying students at risk is an important component of early intervention. Ideally, a robust program should take steps to intervene before problems become crises to the greatest degree possible. Asking students to self-identify through various screening activities is one element of this process and the other is gatekeeper training programs. Behavioral Intervention Teams have become an important element of this type of program and also enhance inter-department communication.

Notable Strengths

- Incoming students are asked to complete a health history form, which includes mental health and substance use history.
- You have screening tools for mental health and substance use disorders available on your counseling/health center websites.
- Some students are more likely to feel comfortable seeking help for physical symptoms related to emotional struggles and may be reluctant to seek help from psychological services, so it is good that your health service clinicians screen for substance use/misuse and mental health.
- Your primary care staff works with students in treating mild to moderate mental health issues. While it is important to refer students who are deemed to be high risk to the counseling center, students who screen positive for mild to moderate concerns may be effectively seen in the health center and we would be interested in learning more about what that process looks like.
- It is excellent that you have training on campus that teaches participants to identify and refer students who may be struggling via Mental Health First Aid. You report having trained 5% of students, 5% of staff, and 10% of faculty and we recommend a goal of 30-50% of each of these populations.
- You have a formalized protocol that provides guidelines to faculty, administrators, or staff, etc., when a student has been identified as being in distress or needing outreach due to a potential mental health and/or substance misuse issue – we will be interested to hear how this protocol functions and how communication and coordination between key players is accomplished.

Considerations

- Screenings should be sure to include information about on and off campus resources that can be accessed if a student screens positive on a self-assessment.
- It would be valuable to consider doing screening or wellness days on campus that are focused on mental health/substance use. We suggest doing these at least once per semester and including multiple departments.
- We suggest your campus practitioners in health services do screenings at every visit or every other visit ot the health center.
- We would be interested in learning more about the training program you have developed for gatekeeper training, and how it meets your needs on campus. Consider training models such as JED's "You Can Help" programs in addition to mental health first aid. Additionally, consider bringing human resources into the discussion and identifying faculty champions and student leaders to engage in this work to ensure the largest amount of reach with your staff, students, and faculty.
- Consider also training some of the following groups: undergraduate students, graduate students, academic advisors, administrators, Dean of Students and their staff, multicultural affairs staff, LGBTQ+ student services, campus safety/security, administrative support and clerical staff, dining staff, custodial staff, transportation staff, student-athletes, Teaching/Research Assistants, and Student Council/Government.
- It could be helpful to provide families with information regarding identifying substance or mental health problems in students. This can help those concerned about their child/family member reach out appropriately and potentially connect them to resources before a problem gets worse.
- Since students who are struggling emotionally often struggle with academics, it would be good standard practice that when academic advisors meet with students who are academically at-risk, they also explore for potential emotional or substance issues.

INCREASING HELP-SEEKING BEHAVIOR

Increasing help seeking is another important element of early intervention. Ideally, we should strive to have those students in need comfortable with and knowledgeable about asking for help.

Notable Strengths

- You reported that your Counseling Center webpage is 1-2 clicks from your university homepage which is fantastic. In reviewing your counseling webpage, we see that you have a fantastic setup that has easy access to appointments, self-screening, resources, calendars of events, and other tools that are beneficial to assist students in finding support with ease. We also appreciate your JED Campus section that includes information on the Health Minds Survey and makes this information available to all parties.
- It is great that you have engaged students in the design and delivery of this type of outreach – student-run programming is more likely to be effective as we know that students listen most to one another.

Considerations

- Many schools have a peer counseling/support program that help students with common transition and college-related issues; we can certainly talk more about programs that work well for this.
- We know that most misuse of prescription stimulants occurs during exam times, so it can be useful to plan strategically timed messaging around the dangers of misuse of stimulants during exams, reading periods, etc.
- Substance use generally increases around breaks, athletic activities, and other types of campus-wide events so it would be helpful to consider running educational campaigns around these times.
- Additionally, consider utilizing some of JED's existing campaigns around mental health on your website as these are updated regularly and require less effort on your part to maintain. Campaigns such as Seize the Awkward, Love is Louder and Set to Go may all be worth taking a closer look at.
- During our campus visit, we can discuss ways to collect metrics on the reach of your messaging campaigns as this information is useful for informing programming needs and allocation of resources.
- As you indicated issues with utilizing campus police in the event of a transport, consider partnerships with local police, trainings for your campus security, and connecting with other JED campuses to discuss their models for having staff accompany students to hospitals during a transport.

CLINICAL SERVICES AND MENTAL HEALTH

Providing adequate on-site access to ongoing mental health prevention support and direct services is obviously the backbone of any college mental health system. This should include both providing basic primary care mental health services and crisis support services. Depending on the particular campus setting, the structure of these services may vary, but decisions about how these programs are organized should be based on a thoughtful assessment of needs, resources and off campus options for care.

Notable Strengths

- Your ratio of clinicians to students is 1 FTE to 1,000 students which is within JED's recommended ratio of mental health professionals on campus.
- It is key to aim to eliminate barriers to treatment for students in need of urgent care; it is good to hear that you have a triage system for quick assessment and have put in place multiple strategies for meeting students' clinical needs as quickly as possible.

- You have established and maintain a comprehensive list of community mental health resources, which is fantastic.
- It is excellent that psychiatric medication prescriber/management is accessible on campus.
- Including information about fee scales for all community services/providers helps students that may have financial barriers to seeking care, so we are glad to see that you already do this.
- It is great that you require students to have insurance coverage with a hard waiver, since coverage can favorably impact a student's ability to remain in school and allow students to seek and obtain the best possible care for prevention and treatment of mental health issues (and alleviate financial concerns) while making treatment choices.
- It is also good that you offer a school sponsored plan that includes comprehensive treatment for mental health, addiction counseling, in-patient, partial hospital, outpatient services, etc.
- It is excellent that your school has a written medical leave policy that is accessible Via the student handbook.
- Your team says that your leave process is well-coordinated among relevant offices.
- Parity is an important goal for any leave of absence policy--it's great that your policies are the same for students leaving for physical and mental health issues and provide flexibility in length of leave for different types of problems.

Considerations

- Eliminating barriers to help seeking is a valuable part of providing direct services. Since many students work, have families, and/or are engaged in other extracurricular activities, they may find it difficult to make an appointment at the counseling center during typical business hours. As such, it can be helpful to offer services after normal business hours as this allows access to services for those students whose schedules do not allow them otherwise.
- Your health and counseling services are integrated but maintain separate medical records.
- Including information about accepted insurance plans for community mental health providers helps to refer students and increases the likelihood of follow up more efficiently.
- We recommend that you develop written MOUs with area clinics and hospitals that are most frequently used by your students; we can provide examples if you would be interested. Having MOUs with the providers you refer to most frequently can assist in streamlining the referral process, monitoring high-risk students who are seen off campus, and coordinating discharge planning when a student has been hospitalized.
- It could be beneficial to include a clear explanation of the college's expectations for the student while they are on leave that are fully, concretely explained (i.e., get treatment to address the issues causing the leave, engage in some type of productive activity, etc.).
- Students considering taking a leave are often in a lot of distress, so it can be incredibly helpful to have an office that administers all leaves on your campus and helps students considering leave or needing accommodations to help them remain in school.
- Consider a standard policy for communicating with family around plans for the student's leave and return--families can be an integral part in the student's care and treatment plan and assist in transitions from and back to school.
- Provisions for sending return-from-leave clinical documentation directly to the health center (for medical conditions) and counseling center (for mental health) are incredibly valuable, in addition to your current recommendations from your health/counseling centers.
- JED recommends that school policies allow for decisions about length of time and terms of medical leaves on a case-by-case basis.

- We recommend offering tuition insurance that reimburses tuition (fully or partially) when a student needs to take a medical leave for emotional or physical health reasons. Many students cannot afford to lose the money they paid and subsequently try to "tough it out" throughout the semester. This can result not only in the student's condition worsening and potentially reaching a crisis state because they did not get treatment early on, but it also can negatively impact their academic record. Removing or lessening the financial burden that can accompany a medical leave helps the student get the care they need that they may otherwise have to forgo.

SUBSTANCE MISUSE

The provision of substance misuse education, prevention and treatment is essential for college campuses. Education about the dangers of substance misuse and drug diversion, the connection between substance misuse and relationship violence, academic performance, and overall well-being, along with a variety of treatment options either on campus or in the community, is an important consideration for the college community.

Notable Strengths

- We are glad to hear that you have policies on substance misuse that are accessible in the student handbook and within three clicks of the school homepage.
- In the case of a student who has experienced an overdose or who has been transported to the ER for alcohol poisoning, it is great that you have a protocol in place for following up.
- It is excellent that you have a medical amnesty policy that is accessible within three clicks of the school homepage, in the student handbook, in the faculty handbook, and in residence halls. Having guidelines that encourage students to seek help when they or their friends are intoxicated without fear of disciplinary action can go a long way in helping students speak up when facing a serious health issue such as an overdose or alcohol intoxication.
- You maintain linkages with local community services for providing substance use disorder care that is not available on campus.
- Health and counseling services have clearly defined and implemented policy around prescription of opiates, tranquilizers, and stimulants.
- It is great that students who receive prescriptions for stimulants, tranquilizers/sleep medications or opiates at the health or counseling services are routinely receiving information about the dangers, risks, and consequences of drug misuse and diversion.
- We are looking forward to learning more about the scope of your naloxone training and how effective it is on your campus.
- We are glad to hear that you have existing orientation programs to introduce students to school policies and the dangers of misuse.
- Since opiates are the fastest growing misused substance on campuses, it is important to offer messaging/education on the dangers of opiate misuse, diversion, and the danger of combining opiates with other drugs and/or alcohol--we are glad that those campaigns are already happening on your campus.
- It is good to see that you offer regular alcohol-free events and activities on campus; this type of community building can go a long way in deterring students from engaging in harmful use of substances and provides space for students who are trying to abstain.

- Programs at orientation exist that educate students about your substance use policies and that you offer programs and messaging about the links between substance use, academic performance, accidents, and relationship violence.

Considerations

- It would be desirable to include policy regarding communication with family when a student has had a drug or alcohol infraction on campus.
- We would like to hear during our visit if you have any forms of recovery communities on-campus, substance-free housing available to students in recovery, and/or linkages to existing recovery communities in the greater Ithaca area.

CRISIS MANAGEMENT

Having clear crisis management policies and protocols in place, including a focus on crisis prevention as well as effective responses when crises occur, is central to the safety of students and the college community.

Notable Strengths

- After every reasonable attempt has been made to support a student in crisis to remain in school, a mandatory leave can be a reasonable option; we are glad to hear that you already have a policy for managing mandatory leaves.
- Your institution has an emergency/disaster plan in place and that it is shared with relevant offices and stakeholders.
- It is great that you have a postvention plan in place that is shared with relevant offices on campus.
- You have a functioning at-risk/Behavioral Intervention Team (ICARE). We would like to hear more about your BIT team process during our visit.
- Your BIT team is supported by your case management system, which helps with follow-up.
- Your case management system provides follow-up for students who have been hospitalized.
- You have a process in place for assuring clinical follow-up and continuity of care for students who have had a mental health or substance related ER visit or inpatient hospitalization.
- It is great that you provide clear information about emergency numbers for day-time hours and afterhours on your counseling center website, as well as your health services website.

Considerations

- Do not forget that it is vital to periodically review the protocol with relevant campus constituents in order to refresh everyone's understanding of their role.
- Case management is a fast-growing service being incorporated on many campuses and can serve to provide follow up for students who have been hospitalized, connect students who need/want to be seen off campus to community providers, ensure that at risk students follow up with off-campus referrals, provide campus-based support for students who are receiving care off campus, and provide follow-up for students. During our campus visit, we look forward to hearing more about how your case managers function on campus and whether there are any gaps in services that they might be able to fill.
- It will be important to consider communicating with family when a student is on academic probation or not attending classes, since a change or decline in academic performance can be one of the first indicators that a student is struggling. While it may not always be possible, or a student may not consent, discussions about

family and/or home life can be inherently informative and provide insight into issues that may be related to academic difficulties.
- Having a plan to consider communicating with families in the event of an emergency is similarly helpful.

MEANS RESTRICTION AND ENVIRONMENTAL SAFETY

There is excellent empirical data supporting the importance of this area in suicide prevention. The challenge of managing means restriction is that it requires coordination among several areas and offices in the university: buildings and facilities, security, counseling, student services, among others. This area of concern should be included in inter-department strategic planning. Reviews of campus facilities should ideally occur on a regular basis, especially when the school is actively engaged in building projects.

Notable Strengths

- There is tremendous value in doing regular campus scans--it is excellent that you have done scans in the past, and JED recommends completing campus environmental scans on an annual basis. This means restriction exercise helps identify places on campus that might present a source of harm for at risk students.
- You have restricted access to windows, rooftops, toxic substances, and medication storage.
- It is great that toxic substances in your labs are tracked, monitored, and controlled.

Considerations

- Consider implementing breakaway closet rods into new or renovated residence halls and apartments across campus.
- We look forward to discussing the benefits of implementing drug collection programs that are well publicized and regularly run either on campus or via partnerships with local pharmacies.

CONCLUSION

We appreciate your comments and thoughtfulness in your responses. We are looking forward to meeting with your JED Campus task force, administrators, students, and upper leadership for our campus visit. We will talk through more of the feedback in our visit as well as get any clarifications to the questions we may have. We hope our time together generates great discussion and thoughts to help shape our plan for working together moving forward.