

MWell4Success

A Systems-thinking and Public Health Approach for Improving Mental Wellbeing among USF Students

A White Paper

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USF Tampa Student Affairs & Student Success

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Executive Summary

Analogous to universities across the country, the Florida State University System (SUS) counseling centers have seen increasing numbers of students with mental health problems including depression, suicide ideation, and students taking medications for psychiatric conditions. Correspondingly, SUS counseling centers and student health centers have seen a dramatic increase in the number of students seeking assistance for mental health issues.

With regard to the University of South Florida system, the Tampa, St. Petersburg, and Sarasota-Manatee campuses have all confronted increases in the number of students served at their counseling centers over the past 2 academic years (31%, 16%, 8% respectively), in addition to an increase in the number of crisis visits (127%, 7%, 2% respectively) and Baker Acts (132%). Moreover, over the last 5 years, a longitudinal comparison of student specific data reveals increasing trends in the percentage of students diagnosed with anxiety, depression, and panic attacks, in addition to the proportion of students reporting that stress, anxiety, and depression as major impediments to academic performance. Nonetheless, both the Tampa and St. Petersburg campuses are well below the International Association of Counseling Services standards for care with regard to a counselor to student ratio of 1:1,000-1:1,500 (currently 1:1,990 and 1:1,572 respectively).

In an effort to address the growing mental health needs of SUS students, a \$14.4 million legislative budget request (LBR) was submitted by the Florida State University System (SUS) to address the need for additional resources. Although the LBR was not funded, this white paper proposes a USF system plan aimed at addressing the mental health needs of USF students in a way that maximizes existing resources while employing evidence-informed strategic initiatives.

The proposed USF system MWell4Success initiative is a collaborative systems-thinking and public health based approach to ensure that the best services are in place to increase the capacity of our university to meet the mental health needs of our students on a continuum of care needs. Using a tiered approach, the table below provides a snapshot of the programming, activities, and resources requested. These initiatives and corresponding budget are described in detail within the contents of this white paper.

Programming TIERS	Proposed MWell4Success Interventions	Resources Needed	Tampa	St. Pete	SM
			FTE	FTE	FTE
TIER 1 Universal	Increasing Mental Health Literacy	Social Marketing Staff	1		
	Mental Health Outreach	Mental Health Outreach Specialist	1	1	1
	Health & Wellness Coaching (HWC)	Certified HWC	3	1	
TIER 2 Targeted	Extended Counseling Center Service Hours	Licensed Counselors Post-Docs Interns	4		
	Establish Satellite Counseling Stations		2		
TIER 3 Intensive	Implement Coordinated Care Management	Care Manager	2	1	

PROBLEM STATEMENT

USF Strategic Significance. The University of South Florida’s Strategic Plan for 2013-2018 is comprised of strategic priorities that represent the following metrics: a) Key Performance indicators; b) Tier 1 Performance Metrics; and, AAU Metrics. A critical variable impacting several indicators “needing improvement” is student discontinuance. In a five-year national study of students who left college during their first year, one-third never returned, and only 17% of those who did return earned their bachelor’s degree, as compared with 61% among students who persisted into their second year (3). Not only is discontinuance a critical issue for achieving USF’s strategic plan, the National Report Card on Higher Education (2008) indicates, “Low college completion rates are depriving the nation of college-educated and trained workers need to keep the American workforce competitive globally.”

Significance of Mental Well-being on Discontinuation. Current evidence regarding determinants of discontinuation among college students notes the association between poor mental health and academic problems making it more difficult for students to stay enrolled and complete their degree on time (4-10). Stressors related to higher education pursuits might precipitate an underlying mental health condition--such as depression, or lead to poor coping and self-descriptive patterns such as escalation of substance use. In addition to academic problems, poor mental health can negatively affect decisions and behaviors (e.g., withdrawal, over-commitment leading to failure) in both academic pursuits and extracurricular activities, thereby reducing the student’s sense of connectedness to the college environment.

Mental health and substance use among young adults are major public health concerns because of their impact on well-being, safety, and individual productivity. College students have high rates of excessive drinking and drug use (19,20), and Counseling Centers across the country have seen increasing numbers of students with mental health problems including depression and suicide ideation (21) and students taking medications for psychiatric conditions (22). Nationally, one in ten college students sought counseling during the past year (22), with the most recent data showing that 28% of students “felt so depressed in the past year that it was difficult to function” (23). Regardless of college enrollment, young adulthood is a high-risk period for many psychiatric disorders (24), especially the onset of substance use disorders (25, 7). Likewise, a student experiencing the onset of a new psychiatric disorder during college may not be equipped to recognize the problem and/or communicate his/her feelings and concerns also leading to social and academic disengagement (4). Accordingly, counseling centers and student health centers nationwide have seen a dramatic increase in the number of students seeking assistance for mental health issues, particularly anxiety and depression (22).

Eisenberg et al. (5) examined the longitudinal relationships of depression, anxiety, and eating disorders with subsequent grade point average (GPA) and college graduation among a random sample of undergraduate and graduate students (n=2,798). **Results indicated a 10% departure rate among students who were identified as depressed as compared to only 6% among those non-depressed.** In a more recent study, Aria et al. developed an explanatory model predicting enrollment interruptions during the first four years of college on the basis of student characteristics in year one (e.g., substance use, psychiatric symptoms, pre-college and college psychiatric diagnoses); and developed an explanatory model predicting “early” and “late” enrollment interruptions during college (i.e., years 1–2 and years 3–4 of college) on the basis of year one substance use and psychiatric symptoms, pre-college and college psychiatric diagnoses, and background characteristics (8). Data were also collected in the College Life Study (n=1,253), an ongoing longitudinal study of health-risk behaviors

ascertained at baseline as incoming first-time first-year students at one large, public university in the mid-Atlantic region (9). **Results indicate that being diagnosed with depression during college was strongly associated with interruptions in college enrollment, independent of other psychiatric diagnoses, psychiatric symptoms, and background characteristics.** For example, the regression model predicted overall discontinuous enrollment: college depression diagnosis was associated with more than a two-fold increase in risk for discontinuity, even controlling for gender, high school GPA, and other background characteristics. These findings extend prior evidence that depressive symptoms in college students—but not necessarily depressive disorders—predict increased risk for college non-completion (5-6, 10). **The present findings suggest that year one depressive symptoms might be an important indicator of risk for retention problems, and comport with the notion that early departures from college are often attributable to difficulties with adjusting to college (17-18).**

Economic Significance. As part of the larger study described above, Eisenberg and colleagues developed an economic case for university mental health initiatives (5). Data analyses revealed that a university mental health program serving 500 depressed students would cost approximately \$500,000. However, the tuition GAINED from retained students would be over \$1 million with a lifetime earnings for students of over \$2 million.

USF SUPPORTING DATA on STUDENT MENTAL WELLBEING

In an effort to monitor the health and wellbeing of USF students, USF Wellness implements the National College Health Assessment survey every 2 years (2011 n=1163; 2014 n=947; 2016 n=865). Samples were fairly representative of the undergraduate student body, but less than 1% were of graduate student status. The following sections describe findings related to: a) self-reported diagnosis and treatment of mental health and mental disorders; b) self-reported factors affecting academic performance, and percentage of students reporting depressive symptoms; and, c) factors self-reported as traumatic and/or difficult to handle among USF study respondents that support the contents of this proposal. Although the data presented here are representative of USF, it is important to note that many colleges and universities in the state, nation, and abroad are observing the same trends. Nonetheless, it is critical that we address the mental wellness needs of our students so as to improve their overall quality of life and potential for academic and lifelong success

Self-Reported Diagnosis and Treatment of Mental Health and Mental Disorders. Table 1 (p. 21) represents trends regarding self-reported diagnosis and treatment of mental health and mental disorders from 2011-2016. *Notable findings include the following:*

- Increasing trends: percentage of students diagnosed with anxiety, depression, and panic attack.
- Decreasing trends: percentage of students treated for anxiety, depression, panic attack, insomnia, and other mental health disorder.
- Fewer males report being treated for mental health issues.

Factors Affecting Academic Performance. Table 2 (p. 22) displays the 8 uppermost factors reported by USF students that are impediments to his/her academic performance. Academic performance was considered adversely affected if the student reported: receiving a lower grade on an exam or project; receiving a lower

course grade; an incomplete or dropped course; or experiencing significant disruption in thesis, dissertation, or research. *Noteworthy findings include the following:*

- Increasing trends are observed regarding the percentage of students who report depression, stress and anxiety as impediments to academic performance
- In all years, compared to on-campus students, a higher proportion of off-campus students reported that work affected their academic performance

Supporting this evidence are findings from the 2014 BCSSE (Beginning College Survey of Student Engagement) data which revealed 44% of incoming freshman self-reporting that managing their time will be difficult or very difficult, and 39% indicating that paying college expenses will be difficult or very difficult.

Depressive Symptoms Reported among USF Participants. Table 3 (p. 23) displays information regarding reported depressive symptoms experienced within the past 30 days. Students were asked to check all that applied. *Noteworthy findings include the following:*

- Increasing trends observed for the percentage of students who reported the following: “felt things were hopeless”, “felt very lonely”, “felt very sad”, and “felt so depressed it was difficult to function”.

Factors Indicated as Traumatic or Very Difficult to Handle among USF Participants. Table 4 (p. 24) displays information regarding the presence of factors that students reported as being traumatic or very difficult to handle. Students were asked to check all among the following that applied to them. *Findings of note include the following:*

- Although still relatively high, decreasing trends in the percentage of students that indicated the following factors as difficult to handle: academics, family problems, intimate relationships, death of a family member/friend
- Aside from academic issues, the top three factors self-reported as traumatic or very difficult to handle included sleep difficulties, personal appearance, career related issues, and intimate relationships
- Increasing trends in the percentage of students who indicated that personal appearance and other relationships are very difficult to handle
- Static trends regarding the percentage of students reporting that personal health issues and sleep difficulties were traumatic or very difficult to handle, the top three stressors included: family problems, intimate relationships, and other relationships. Other relationships was observed with the largest increase at 4.5 percentage points from 2011 to 2014
- In terms of level of stress, a higher proportion of off-campus students reported a tremendous level of stress compared to on-campus students
- A higher proportion of off campus students reported stress from career related difficulties.

Baker Acts. With regard to suicide ideation and attempted suicide, data from both USF Office of Student Outreach and Support and the USF Police Department both indicate a significant increase in Baker Acts from the 2014-2015 academic year to the current academic year. *Noteworthy findings include the following:*

- There was a 132% increase in Baker Acts from academic year 14-5 to 15-16. (See table below)
- Data from the USF Office of Student Outreach and Support from the current 2015-2016 academic year indicate the following:
 - Of the students who were referred to USF SOS, 26% of students presented with elevated and severe level of concern followed by 43% moderate, 59% mild, and 3% no concern.
 - The top four presenting issues reported through referrals are as follows: Mental health concern (24%); General Well-being Concern (19%); Academic Issues (18%), Suicidal Ideation (12%). These are followed by Alcohol/drug (.05%), medial, intoxication, financial, family death, family issues, suicide attempt, self-harm, disordered eating, and homeless.

USF Counseling Center Resources and Utilization. Standards set by the International Association of Counseling Services suggest a counselor/student ratio of 1:1000-1,500. As depicted in the figure to left, the USF Tampa

counseling center is currently comprised of 21.5 FTE counselors resulting in a counselor/student ratio of **1: 1,990**; and the St. Petersburg campus with **1:1,572** ratio. Although both campuses do not meet the accreditation standards regarding counselor/student ratio, the Tampa campus is almost **2x** over the suggested ratio for campus mental health care. To supplement this low ratio, the Tampa Campus also engages in several training programs including 3 master’s level internships, 3 PhD psychology internships, and 2 post-docs.

Tampa	St. Petersburg	Sarasota-Manatee
<ul style="list-style-type: none"> • 42,803 students • 21 FTE Counselors (16 PhD; 5 Master) • 3 Master interns • 3 PhD interns • 2 Post-Docs • 3 MD Psychiatry (Med Mgt) • 2 MD Psych residents= .5 FTE counseling • Ratio=1:1,990 	<ul style="list-style-type: none"> • 4,717 students • 3 FTE Counselors • Ratio=1:1,572 	<ul style="list-style-type: none"> • 2,071 students • 2 FTE Counselors (New College) • Ratio=1:1036

Nonetheless, as depicted in the table below, these additional resources do not meet the increased demand for services via increased student usage, crisis visits, and Baker Acts. All campuses observed an increase in the number of students served in addition to the number of crisis visits. The increased number of crisis visits coupled with the high student to counselor ratio points towards the need for additional resources.

Counseling Center Statistics 2014-15 and 2015-16 Academic Years					
	Ac. Yr	TOTAL	Tampa	St. Pete	Sarasota-Manatee
Students Served	14	2,884	2,299 (5%)	249 (5%)	336 (12%)
	15	3,636	3,002 (7%)	272 (6%)	362 (12%)
	% Increase			31%	9%
Crisis Visits	14	457	392	38	42
	15	975	891	41	43
	% Increase			127%	7%
Baker Acts <small>* <10 not reported to protect student privacy</small>	14	38	22	*	16
	15	51	51	*	*
	% Increase			132%	

Student Demand for Mental Wellbeing Services. Mental health statistics from various USF Wellness departments support the increase in demand for services related to student stress over the last 3 years. Mirroring national statistics, the demand for USF Counseling Center services has dramatically increased since last year with a year to date increase of 61% for scheduled individual sessions, and a 98% increase for urgent on-call appointments while psychiatric hospitalizations have tripled. Moreover, USF Student Health initiated psychiatric services in the past year and provided 3590 visits to students with mental health needs requiring medication and the USF Office of Student Outreach and Support has seen a 20% increase in referrals.

Table 5 (p. 25) displays information regarding wellness service use and information needs as reported in the 2011 and 2014 NCHA study. *Findings of note include the following:*

- A statistically significant increase was observed in the number of students who either used the counseling center or would consider using the counseling center from 2011-2014.
 - Females reported a higher rate of receiving mental health services from a counselor/psychologist (35.3% v. 24.3%, $p < .008$) and from university health/counseling (13.4% v. 7.1%, $p < .008$).
 - Females also had a higher rate of reporting that they were considering seeking help from a mental health professional in future (71.6% v. 58.4%, $p < .008$).
 - Off campus students reported a higher rate of receiving services from an “other medical provider” (13.9% v. 7.8%, $p < .008$).
 - In terms of race, Asian students had a lower rate of receiving services by a counselor/psychologist (10.4%) compared to both White students (37.0%) and biracial or other race students (40.4%; $p < .008$). Similarly, Asian students reported a lower rate of considering seeking help from a mental health professional in future (48.7%) compared to both White students (69.6%) and Hispanic students (75.1%; $p < .008$).
- A statistically significant increase was observed in the number of students who are interested in receiving more information on topics related to mental well-being.

Priority Populations. As indicated by the aforementioned data above, evidence suggests that USF **male, international, and off-campus students** are observed with the greatest need of mental wellbeing, but are also the population that has low help-seeking behaviors. Data from the 2015 BSSE revealed a statistically significant difference (all $p < .05$) between males and females regarding the following help-seeking behaviors. For all, males were statistically significantly less likely to engage in the following:

- Talk about career plans with a faculty member
- Discuss academic performance with a faculty member
- Discuss course topics, ideas, or concepts with a faculty member outside of class
- Find additional information for course assignments when you don’t understand the material
- Ask instructors for help when you struggle with course assignments
- Support to help students succeed academically

USF Male Student Mental Health Literacy. The current author implemented a study of mental health literacy and help-seeking behaviors among 917 (73.8%) undergraduate males and 325 (26.2%) graduate males enrolled at the USF Tampa campus. Mental health literacy (MHL) can be defined as the lack of knowledge of relationship between mental well-being and student performance, attitudes regarding and valuation of mental well-being, awareness of signs and symptoms of poor mental well-being among students, skills in student

approach and protocol, and awareness of USF resources; and b) decreased student skill capacity regarding stress management, time management, resiliency, etc. Results revealed statistically significant differences between undergraduate and graduate male students with undergraduates observing lower Mental Health (MH) Knowledge ($p < 0.001$), MH Attitudes ($p < 0.001$), Self-stigma toward help seeking ($p < 0.001$), Impact of help seeking on self-confidence ($p = 0.003$), Intention to seek care for MH issues ($p < 0.001$), Intention to seek help for Academic Issues ($p = 0.004$), Intention to seek help for difficulty with self or others ($p < 0.001$), and overall MHL ($p = 0.006$). Moreover, further assessment regarding demographic variables revealed international students and students enrolled in STEM degree programs with lower mental health literacy and help-seeking behaviors.

Consequently, if we want to increase the number of students, especially male students, who seek assistance for mental health, interpersonal, and academic issues, tailored social marketing campaigns aimed at increasing knowledge on signs and symptoms of mental health issues in addition to decreasing self-stigma of help-seeking is a key leverage point for moving the needle toward getting the assistance they need to be successful.

PROPOSED SOLUTION

Legislative Budget Request. A \$14.4 million legislative budget request (LBR) was submitted by the Florida State University System (SUS) to address the need for additional resources to address the mental health needs of SUS students. Although the LBR was not funded, the following represents the approximate \$2.9 million request made by USF system campuses:

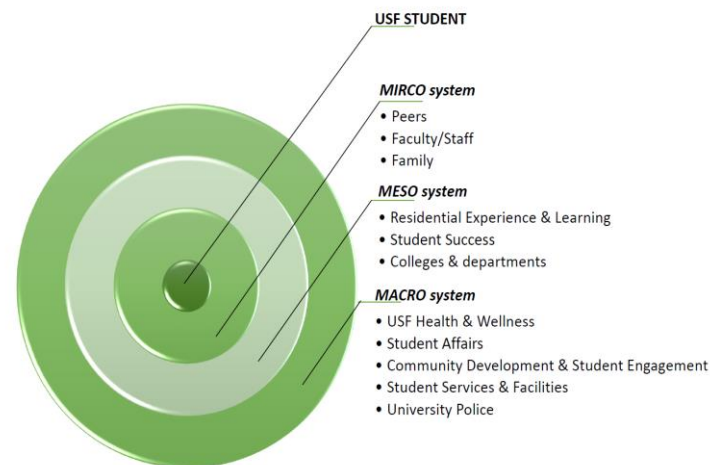
TAMPA (\$2,276,460)	ST. PETERSBURG (\$338,435)	SARASOTA-MANATEE (\$232,130)
<ul style="list-style-type: none"> • Hire additional staff (n=22) to expand service accessibility and availability • Develop specialized care teams • Develop embedded counselor service delivery • Let’s Talk consultation services • Extend service delivery hours • Increase skill-based groups 	<ul style="list-style-type: none"> • Hire full-time Victim Advocate/Sexual Assault Prevention Specialist • Hire full-time Licensed Clinical Social Worker • Hire full-time Psychological Resident/Post-Doc • Hire additional Psychologist (n=3) 	<ul style="list-style-type: none"> • Increase on-campus clinic option (currently 8hrs/week) • Hire additional Psychologist • Hire Case Managers (n=2) • Hire part-time Psychiatrist

Although the LBR was not funded, the USF system has collaborated to design a plan to improve student mental wellbeing in a way that maximizes existing resources while employing evidence-informed strategic initiatives.

USF System Response. The proposed MWell4Success (Mental Well-being for Student Success) program is an innovative and *BULLISH* approach to addressing the mental well-being of USF students through a collaborative systems-thinking and public health framework. Supported by USF student data, college mental health literature indicates that even when mental health services are readily available on a college campus, only a small number of college students who report being depressed are receiving treatment (26). ***That said, although increasing access and providing high-quality mental health treatment services are critical, expanding efforts to prevent and promote the mental health of all students is essential.*** To that end, many universities are adopting a systems-thinking public health approach with tiered prevention strategies that address multi-level factors that influence student mental health (27, 28).

Systems-thinking. Systems-thinking approaches require an understanding of the complex adaptive systems involved in both causing and solving issues such as community mental wellbeing. With a systems-thinking perspective, each separate activity to address mental wellbeing is necessary (e.g., counseling center, SOCAT), but *insufficient in itself*. Consequently, improving mental wellbeing among the USF student body requires collaboration across micro, meso, and macro systems in addition to the creation of communication infrastructures in order to foster improvements in organizational structures and functions.

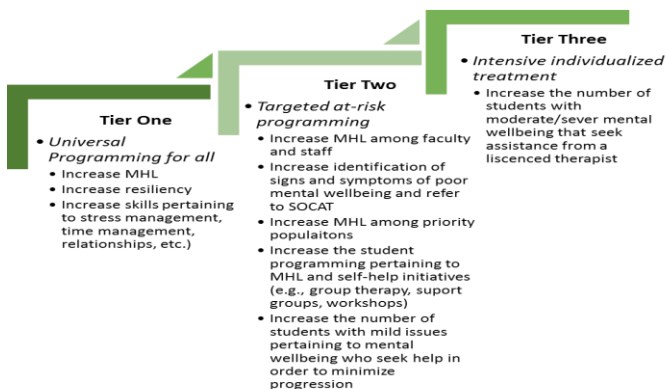
With the student at the center, the Microsystem is the system closest to the student and contains those which have direct contact with the student including: guardians, peers, and university faculty and staff. Connecting



two or more Microsystems, the Mesosystem includes various university entities including, but not limited to, Residential Experience & Learning, Student Success, Undergraduate studies, Graduate studies, and the various colleges and departments. The Macrosystem is comprised of norms and university-based resources. These include, but are not limited to, the units within USF Health & Wellness (Counseling Center, Student Health Center, Student Outreach & Support (SOS), Victim Advocacy, Center for Student Wellbeing, Campus Recreation), Community Development & Student Engagement, Student Services & Facilities,

and University Police. All of these systems function within established university values and norms (e.g., mental health literacy). In order to achieve maximal functioning and student outcomes, a systems-thinking approach requires interaction within and between systems. For example, establishing a culture that values mental wellbeing may increase the number of faculty who refer students to SOS who then may refer to the Counseling Center. In addition, the student is more likely to seek help from the Counseling Center with the reduced stigmatization of mental health due to the cultural value of mental well-being.

Public health. Public health approaches aim to provide the maximum benefit for the largest number of people. As such, a whole-population, strength-based approach that proactively addresses the mental health needs of all students through tiered interventions. More specifically, recommendations from the Institute of



Medicine (IOM) and National Research Council (NRC) state that mental health action plans should implement programs along a continuum which address a) all students regardless of risk, b) at-risk students and, c) students needing intensive individualized treatment (29). As depicted in the figure to the left, the overall goal of *Tier 1: Universal* mental health promotion is to enhancing competencies and optimizing positive mental health among all USF students. *Tier 2: Targeted and at-risk* programming includes primary and

secondary prevention initiatives with the goal of reducing risks, minimizing health problems, and ensure early detection. *Tier 3: Intensive individualized* programming focuses on secondary and tertiary interventions to increase the number of students who receive mental health treatment, reduce the effects of mental illness, and restore mental health and overall quality of life.

USF MWell4Success Initiative. The USF system MWell4Success initiative is a collaborative systems-thinking and public health based approach to ensure that the best services are in place to increase the capacity of our university to meet the mental health needs of our students on a continuum of care needs. The table below provides a snapshot of the programming, activities, and resources requested for this innovative approach. Details for each tier are described in following sections.

MWell4Success: Collaborative system-thinking and public health approach to mental wellbeing among USF students		
Tier	Initiatives	System Level
TIER 1: Universal	Increase mental health literacy among USF students.	Micro
	Increase mental health literacy among staff & faculty to increase capacity for identifying signs and symptoms of poor mental wellbeing among USF students.	Meso & Macro
	Establish Success & Wellness Coaching to increase effective coping mechanisms and resiliency among USF students.	Macro
TIER 2: Targeted	Create tailored and culturally-competent social marketing campaigns to improve mental health literacy among USF students especially among the following priority populations: FTIC, SSS, Transfer, racial/ethnic minorities, males, and international students.	Micro
	Market and implement TAO e-mental health to improve access to sub-clinical mental wellbeing resources especially among male, international, STEM, and working students.	
	Establish team of Mental Health Outreach Specialists to increase resiliency among USF students especially among the following priority populations: FTIC, racial/ethnic minorities, males, STEM and international students.	Micro
	Establish satellite mental wellbeing offices to improve access to USF licensed mental health providers	Micro
	Extend USF CC service delivery hours to improve access to USF licensed mental health providers.	
TIER 3: Intensive	Create a Care Management program to increase tertiary care of USF students.	Macro
	Continue medication management through psychiatry services.	Micro

Tier 1: Universal Programming.

Increasing Mental Health Literacy. Evidence-base: Mental health literacy pertains to knowledge (causes, signs and symptoms), attitudes (stigma), and beliefs (self-help, professional help) about mental health which influence recognition, management or prevention. Specific components of mental health literacy include: (a) the ability to recognize specific disorders or different types of psychological distress; (b) knowledge and beliefs about risk factors and causes; (c) knowledge and beliefs about self-help interventions; (d) knowledge and beliefs about professional help available; (e) attitudes which facilitate recognition and appropriate help-seeking; and (f) knowledge of how to seek mental health information (30, 31).

Limited health literacy is associated with worse health outcomes and higher costs and in the collegiate population can also lead to impaired student success (32). Health literacy is not only about individuals’ skills; in the United States, health literacy reflects the efforts of health systems and professionals to make health

information and services understandable and actionable. Interventions across multiple sectors need to focus on improving individual skills and making health service, education, and information systems more health literate (32).

Social Marketing. Evidence-base. With its components of marketing and consumer research, advertising and promotion (including positioning, segmentation, creative strategy, message design and testing, media strategy and planning, and effective tracking), Social Marketing can play a central role in communicating important health issues. By using marketing techniques to generate discussion and promote information, attitudes, values and behaviors, Social Marketing helps to create a climate conducive to social and behavioral change. We propose to improve mental health literacy among students, faculty, and staff through social marketing initiatives in an integrated student-centered planning and action framework that utilizes advances in communication technology and marketing skills.

As such, activities proposed for universal prevention include hiring 1 FTE Social Marketing staff to provide human resource for developing social marketing campaigns focused on mental health literacy, self-stigma for help-seeking behaviors, in addition to university resources. The Social Marketing Staff will also target marketing efforts to focus on priority populations including faculty/staff, males, international students, STEM, and off-campus students. The social marketing staff would serve all USF system campuses and work collaboratively with other USF units and current student groups (e.g., REACH Peer Educators, ActiveMINDS, etc.) to inform these campaigns to ensure that they are tailored and include specific “calls to action” for the student, faculty and staff.

KOGNITO. Evidence-base: Mental health education has been established internationally as a critical component of comprehensive suicide prevention strategies and as a method to engage the community in identifying and connecting distressed individuals with support services. Several studies have shown that mental health education is effective in changing knowledge and attitudes but has moderate effect on actual behavior in terms of approaching distressed students and referring them to support services. Included in SAMHSA’s National Registry of Evidence-Based Programs and Practices, the At-Risk for College Students is a 30-minute online mental health simulation and the At-Risk for University and College Faculty and Staff is a 45-minute online professional development simulation. In both simulations, users enter a virtual environment and engage in three conversations with virtual students that exhibit signs of psychological distress including anxiety, depression, and suicidal ideation. In this process, they learn to recognize warning signs and use motivational interviewing tactics to build trust and motivate the student to seek help. The simulation is listed in SAMHSA’s National Registry for Evidence-Based Programs and Practices (NREPP) and in Section III of the SPRC/AFSP Best Practices Registry. Introduced in 2012, the simulation has been adopted by over 250 colleges in the US, Canada, UK, and Australia.

We will incorporate Kognito on-line modules with current USF Life Skills modules that all incoming students complete. In addition, we will work with staff in human resources and college deans to establish protocol and procedures for having new faculty and staff complete the modules. Kognito is available for all USF campuses.

Success and Wellness Coaching. Evidence-base: The need to prevent, improve, or treat lifestyle-related mental and physical health issues has led to the emergence of new roles in health care including health and wellness coaching (HWC). Current published reviews of HWC suggest its effectiveness in multiple psychosocial variables, behavioral outcomes, a variety of mental and physical health issues (33). The HWC approach employs health professionals trained in patient-centered coaching competencies (e.g., coaching tasks, knowledge, and skills) based upon evidence-based theories of behavior change, self-determination, self-efficacy, self-regulation, positive psychology, and motivational interviewing. HWC helps patients or clients identify a personal vision of thriving mentally and physically while assisting in developing autonomous motivation, improving positive emotions, resources, and self-efficacy, and sustaining changes in mindset and behavior that generate improved health and well-being (34). The National Consortium for Credentialing Health & Wellness Coaches completed a best-practices job task analysis to enable a national health and wellness coach certification.

Analysis of data from the USF Tampa campus counseling center revealed that approximately 23% of students who go to the counseling center seek assistance for minor mental wellbeing issues centered on behavior change (e.g., time management, stress management, effective communication, relationship issues, etc.). Employing less costly certified HWC coaches could address the mental wellbeing needs of these students enabling the counseling center staff to focus on the needs of the students with moderate/severe mental wellbeing needing therapy and, possibly medications. In addition, HWC reduces stigma of help-seeking behaviors increasing the likelihood of addressing issues with poor mental wellbeing before they escalate.

The present author is currently piloting a USF Success & Wellness coaching program at the Tampa campus which has resulted in over 118 students signing up for coaching with presenting issues ranging from stress management, to procrastination, financial worry, physical health issues, relationship issues to study habits. Coaching can be done via face-to-face and/or telephone which also increases the accessibility and availability of assistance for our students. To ensure sustainability, three of our current coaches are participating in advanced training so that a USF Health & Wellness Coaching certification program can be established at USF. Furthermore, due to the positive feedback in the pilot program, we are exploring the need and feasibility of training undergraduate and graduate students in certain disciplines to become coaches for the purposes of peer coaching.

USF Tampa Student Affairs and Student Success has currently invested in 1 FTE certified HWC (a masters student in CBS) and 1 Graduate Assistant (certified HWC pursuing MPH). In order to transition the pilot to serving all students in the USF system campuses, we are requesting 4 FTE certified HWC (3 Tampa, 1 St. Pete).

TIER 2. TARGETED PROGRAMMING

TAO e-Mental Health. Evidence-base: University-based on-line mental health seeking behaviors have grown exponentially as they provide on time and on-demand opportunities for students with mental health needs. In addition, on-line interventions allow for flexible access and meet many mental health help-seeking barriers including a) long-wait times for appointments, b) sense of control and anonymity, c) stigma, and d) false beliefs about mental illness. TAO computer-based mental health treatment program is considered the gold standard in behavioral and population health designed specifically to meet the service needs of higher education

institutions. The on-line evidence-based intervention offers a broad library of supportive programs (e.g., anxiety, depression, stress, resiliency, substance abuse, communication and relationship issues, anger management, and pain management), secure access (HIPPA certified), and 24/7 accessibility with university customization and engagement. The platform offers interactive tools and apps to encourage user engagement, goal-setting, problem solving, tailoring, and integrates human support that dives user engagement and outcomes.

Currently contracted for use, TAO will be implemented on all three USF campuses in the following ways: a) counselors can use modules to supplement face-to-face therapy opening schedules up for additional student appointments; b) Success & Wellness coaches can incorporate certain modules as part of behavior change plans; c) students can access online modules on their own without having to see a counselor or coach. The use of TAO increases accessibility to resources for students who have mild mental wellbeing issues, but are not in need of a therapist; thus, opening up appointment slots with counselors for students with moderate and/severe mental wellbeing. It is estimated that TAO makes up approximately 1 FTE counseling.

Mental Health Outreach Specialists. Evidence-base: The purpose of targeted prevention is to tailor primary and secondary prevention programming for at-risk populations to reduce risks, minimize health problems, and ensure early detection of poor mental wellbeing. According to the current literature and supported by USF specific data, priority college populations at greater risk for issues related to poor mental wellbeing and/or lower help-seeking behaviors include FTIC, TRIO, Transfer, racial/ethnic minorities, males, and international students. These priority populations express varied and distinct factors that may affect stress, anxiety, depression, and associated impediments to academic success. Therefore, translation of evidence-informed cultural competent programming is necessary to reach these at-risk populations.

We propose hiring 4 FTE LCSW Mental Health Outreach Specialists (MHOS: 3 Tampa, 1 St. Pete, 1 Sarasota-Manatee) that can focus on translating evidence-informed practices aimed at increasing resiliency among USF students through an active-based approach tailored for above described priority populations. Examples include the development of culturally competent "Let's Talk" sessions, group counseling, Mental Health First Aid (MHFA) trainings for front line staff (e.g., Resident Hall Staff, Advisors), and MHFA toolkits. MHOS will collaborate with Student Disability Services, TRIO program, Orientation, Residence Life, Parent & Family Program to increase mental health literacy among students and parents to increase recognition, referral, and treatment. Additionally, they will work with the .5 FTE Social Marketing staff (described in Tier 1) to create social marketing campaigns to increase the likelihood that the priority populations become aware of and participate in these resources.

Establish Satellite Counseling Centers with Extended Hours. Evidence-base: This initiative includes secondary and tertiary interventions to increase treatment, reduce the effects of mental illness, and restore mental health. As per data presented above, approximately 6% of the USF Tampa student population has accessed the individual and/or group therapy at the Counseling Center this academic year-to-date. Access related issues include availability of counselors, availability of counselors at times when students are not in class/work, and accessibility of counselors in locations throughout the large USF campus. To decrease access related issues, we propose hiring an additional 7 FTE licensed mental health counselors (5 counselors and 2 post docs for Tampa) that will specifically be hired to provide counseling resources for evening and weekend hours

in addition to establishing satellite USF counseling stations that will increase access to services across campus. Additionally, the USF Tampa counseling center will expand its internship program from 3 to 6 master’s interns/year. The number of counselors, post docs, and interns requested is based on the following calculations:

- USF Tampa Enrollment for Fall 2016= **42,803** students. Current student to counselor ratio is **1:1990** (standard should be no more than 1:1500).
- USF National College Health Assessment data from a random sample of undergraduate and graduate students in the fall 2016 semester observed **20%** of students self-reporting that in the past 30 days **“felt so depressed it was difficult to function”**—a critical sign/symptom of mental and physical wellbeing in need of care.
- Inferring 20% of the sample to the total population, there may be approximately **8,561** students in need of secondary and tertiary psychological and/or psychiatric care.
- A total of **2,928** unique students YTD were seen in the 2016-2017 academic year by the USF Counseling Center and/or the USF Student Health Center Psychiatry staff.
- If we subtract the **8,561** potential students who may need care for depression from the **2,928** students who have sought care (noting that not all of them sought care for depression), there are **5, 633** students who may be in need for therapy who have not accessed USF Tampa Counseling services (13%).
- Adding 5 counselors (3 PhD, 2 masters) and 2 post docs will increase the counselor/student ratio to 1:1500 meeting the accreditation standard and providing additional counselors for 13% of students identified above who are potentially in need of therapy. The additional counselors will also provide opportunities for additional internships via supervision.

TIER 3. INTENSIVE

Care Management Program. This initiative addresses the need for “wrap around” student care that connects many of the USF resources including psychiatric services at the Student Health Center, Counseling Center, HWC, Student Outreach & Support, and Disability Services. The wrap around care proposed will be provided by hiring 3 FTE Care Managers (2 Tampa, 1 St. Pete) who will ensure comprehensive care and coordination of care provided by various USF service resources.

SUMMARY. The table below summarizes the proposed MWell4Success initiative including requested resources. Arrows indicate shared resources.

Proposed MWell4Success Interventions	Resources Needed	Tampa	St. Pete	SM
		FTE	FTE	FTE
Increasing Mental Health Literacy	Social Marketing Staff	1		→
Mental Health Outreach	Mental Health Outreach Specialist	1	1	1
Health & Wellness Coaching	Certified HWC	3	1	
Extended Counseling Center Service Hours	Licensed Counselors	5		
Establish Satellite Counseling Stations	Post-Docs	2		→
	Interns	3		
Implement Coordinated Care Management	Care Manager	2	1	

IMPLEMENTATION TIME LINE and BUDGET

USF Tampa

	FY 17-18		COST	FY18-19		COST
	Fall	Spring		Fall	Spring	
Implement Mental Health Literacy Social Marketing (Hire 1 FTE Social Marketing Staff)	x	x	\$28,500 salary \$9,975 benefits	x	x	\$38,000 salary \$13,300 benefits
Implement Mental Health Outreach (Hire 1 FTE Mental Health Outreach Specialist)	x	x	\$42,000 salary \$14,700 benefits	x	x	\$56,000 salary \$19,600 benefits
Implement Health & Wellness Coaching Satellite Stations (2 stations) (Hire 3 FTE certified Health & Wellness Coaches)	x	x	\$90,000 salary \$31,500 benefits	x	x	120,000 salary \$42,000 benefits
Establish Extended Hours for Counseling Services (Hire 2 OPS licensed counselors)	x	x	\$70,740 salary \$24,759 benefits	x	x	\$94,320 salary \$33,012 benefits
Continue with Extended Hours for Counseling Services (Replace 2 OPS above with 2 FTE Counselors)		x	\$60,000 salary \$21,000 benefits	x	x	\$120,000 salary \$42,000 benefits
Add Counseling Services to Health & Wellness Coaching Satellite Stations (Hire 3 FTE Counselors)		x	\$60,000 salary \$21,000 benefits	x	x	\$160,000 salary \$63,000 benefits
Implement Coordinated Care Management System (Hire 1 FTE Care Manager)		x	\$22,000 salary \$7,700 benefits	x	x	\$44,000 salary \$15,400 benefits
Implement 2 additional Satellite Stations (Hire 2 post-docs)				x	x	\$95,600 salary \$10,360 benefits
Add an additional Care Manager for Coordinated Care					x	\$22,000 salary \$7,700 benefits
TOTAL COST	FY 17-18		\$373,240 salary \$105,875 benefits	FY 18-19		\$769,920 salary \$208,180 benefits

USF St. Petersburg

	FY 17-18		COST	FY18-19		COST
	Fall	Spring		Fall	Spring	
Implement Mental Health Outreach (Hire 1 FTE Mental Health Outreach Specialist)	x	x	\$42,000 salary \$14,700 benefits	x	x	\$56,000 salary \$19,600 benefits
Implement Health & Wellness Coaching (Hire 1 FTE certified Health & Wellness Coaches)	x	x	\$30,000 salary \$10,500 benefits	x	x	40,000 salary \$14,000 benefits
Implement Coordinated Care Management System (Hire 1 FTE Care Manager)		x	\$22,000 salary \$7,700 benefits	x	x	\$44,000 salary \$15,400 benefits
TOTAL COST	FY 17-18		\$94,000 salary \$32,900 benefits	FY 18-19		\$140,000 salary \$49,000 benefits

USF Sarasota-Manatee

	FY 17-18		COST	FY18-19		COST
	Fall	Spring		Fall	Spring	
Implement Mental Health Outreach (Hire 1 FTE Mental Health Outreach Specialist)	x	x	\$42,000 salary \$14,700 benefits	x	x	\$56,000 salary \$19,600 benefits

USF System Total	FY 17-18 COST		FY 18-19 COST	
		\$509,240 salary \$153,475 benefits	\$662,715	\$965,920 salary \$276,780 benefits

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TABLE 1. USF NCHA DATA: MENTAL WELLBEING DIAGNOSIS AND TREATMENT

IN LAST 12 MONTHS:	2011	2014	2016	+/-
	%	%	%	%
DIAGNOSED WITH ANXIETY	10.9	12.6	14.6	+3.7
TREATED FOR ANXIETY (HC 2020 TARGET=86.8%)	74.8	70.3	62.7	-15.8
DIAGNOSED WITH DEPRESSION	8.5	9.1	11.0	+2.5
TREATED FOR DEPRESSION (HC 2020 TARGET=91.9%)	83.7	77.0	67.4	-16.3
DIAGNOSED PANIC ATTACK	5.8	7.6	6.7	+0.9
TREATED FOR PANIC ATTACK	62.9	64.3	55.2	-7.7
DIAGNOSED WITH INSOMNIA	3.7	3.2	3.1	-0.6
TREATED FOR INSOMNIA	68.1	70.0	59.3	-8.8
DIAGNOSED WITH OTHER SLEEP DISORDER	1.8	1.0	2.0	+0.2
TREATED FOR OTHER SLEEP DISORDER	60.0	63.6	70.6	+10.6
OTHER MENTAL HEALTH CONDITION	1.9	1.9	1.5	-0.4
TREATED FOR OTHER MENTAL HEALTH CONDITION	90.9	66.7	76.9	-14.0

TABLE 2. USF NCHA DATA: MENTAL WELLBEING AND ACADEMIC PERFORMANCE

	2011 %	2014 %	2016 %	+/- %
ANXIETY (HC 2020 TARGET=16.5%)	22.6	24.8	24.2	+1.6
DEPRESSION	14.2	14.7	16.9	+2.7
STRESS (HC 2020 TARGET=24.7%)	30.9	34.1	33.4	+2.5
RELATIONSHIP DIFFICULTIES	12.4	10.7	9.2	-3.2
CONCERN FOR FAMILY MEMBER/FRIEND	14.7	10.4	11.8	-2.9
SLEEP DIFFICULTIES (HC 2020 TARGET=18.0%)	21.9	21.8	20.0	-1.9
FINANCES	11.2	9.8	9.1	-2.1
WORK (HC 2020 TARGET=12.3%)	17.5	15.2	16.8	-0.7

TABLE 3. USF NCHA DATA: DEPRESSIVE SYMPTOMS IN PAST 30 DAYS

	2011	2014	2016	+/-
	%	%	%	%
FELT THINGS WERE HOPELESS	26.9	28.1	29.3	+2.4
FELT OVERWHELMED BY ALL YOU HAD TO DO	72.9	67.3	67.7	-5.2
FELT EXHAUSTED (NOT FROM PHYSICAL ACTIVITY)	67.8	64.4	66.7	-1.1
FELT VERY LONELY	35.9	37.1	36.2	+1.7
FELT VERY SAD	36.6	40.9	39.1	+2.5
FELT SO DEPRESSED IT WAS DIFFICULT TO FUNCTION	16.6	19.7	19.4	+2.8
FELT OVERWHELMING ANXIETY	35.1	37.5	41.7	+6.6
FELT OVERWHELMING ANGER	22.8	22.5	20.7	-2.1
SERIOUSLY CONSIDERED SUICIDE IN PAST 12 MONTHS	7.2	10.0	3.8	-3.4
ATTEMPTED SUICIDE IN PAST 12 MONTHS (HC 2020 TARGET=1.2%)	1.3	1.9	0.3	-1.0

TABLE 4. USF NCHA DATA: PRESENCE OF FACTORS THAT STUDENTS REPORTED BEING TRAUMATIC AOR VERY DIFFICULT TO HANDLE

	2011	2014	2016	+/-
	%	%	%	%
ACADEMICS	48.6	48.8	46.1	-2.5
CAREER RELATED ISSUES	27.5	25.4	27.8	-0.3
DEATH OF A FAMILY MEMBER/FRIEND	17.0	15.8	13.8	-3.2
FAMILY PROBLEMS	33.3	32.4	26.2	-7.1
INTIMATE RELATIONSHIPS	34.1	30.7	27.6	-6.5
OTHER RELATIONSHIPS	22.2	26.7	23.4	+1.2
HEALTH PROBLEM OF FAMILY MEMBER/FRIEND	21.4	17.4	19.4	-2.0
PERSONAL APPEARANCE	25.8	26.4	28.9	+3.1
PERSONAL HEALTH ISSUES	19.5	20.6	19.2	-0.3
SLEEP DIFFICULTIES	29.3	29.5	29.0	-0.3
MORE THAN AVERAGE STRESS	41.6	41.8	--	--
TREMENDOUS STRESS	12.1	11.5	10.5	-1.6

TABLE 5. USF WELLNESS SERVICE USE AND INFORMATION NEEDS

	2011 %	2014 %	+/- %
SELF-REPORTED USF COUNSELING CENTER USE	12.0	16.6	+4.6*
WOULD CONSIDER SEEKING HELP FROM MENTAL HEALTH PROFESSIONAL IN THE FUTURE	68.4	70.0	+1.3
INTERESTED IN INFORMATION ABOUT			
DEPRESSION/ANXIETY	50.6	58.5	+7.9**
GRIEF AND LOSS	40.0	47.9	+7.9**
HOW TO HELP OTHERS IN DISTRESS	56.1	61.9	+5.8

*statistically significant at $\alpha=.008$; **statistically significant at $\alpha=.003$