

**Emory University
Mental Health Task Force Report*
December 2005**

Executive Summary

President James Wagner appointed the Emory University Mental Health Task Force in April 2005, in response to concerns raised by students through the Student Government Association regarding the status of mental health issues and services on campus. The charge of the Task Force is to examine mental health and the mental health care system of the Emory University community as a whole (take a broad view), and identify the problem areas serially. The goal is to prioritize the mental health and wellness needs deemed to be most urgent and critical to the Emory community at this time and to recommend viable solutions.

Members of the Mental Health Task Force:

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Since April 2005 the Mental Health Task Force has collected information about the mental health needs and challenges of the Emory community. Sources include:

1. National data banks (e.g. American College Health Association, U.S. Surgeon General),
2. Annual Reports from the Student Counseling Center and the Faculty Staff Assistance Program,
3. Actuarial data and utilization reports from insurance performances of Emory student health insurance and employee health insurance programs,
4. Data from a series of research projects by the Rollins School of Public Health looking at student perceptions of mental health services on campus (including undergraduate students, graduate students, nursing students, medical students),
5. Site visits and benchmarking interviews with health care personnel at the following universities: Duke, Harvard, Johns Hopkins, Northwestern, Stanford, University of Michigan, Vanderbilt and Yale.

**See also recommendations from the President's Alcohol and Drug Task Force*

Based upon findings from these sources the task force recommends the following:

1. Mental health professionals must be more involved in the university's institutional decision-making and review process as it relates to building a healthy community such as health and disabilities insurance benefits, ADA policies, and master planning
2. Emory University should develop a proactive health and wellness plan to prevent and detect mental and substance use conditions in its students. There should also be a commitment toward developing a plan for preventing and detecting mental and substance use conditions in its staff, faculty and family members.
3. The University should institute a comprehensive, integrated strategy for treating these life-threatening conditions:
 - i. Develop and implement a sophisticated educational campaign designed to educate and heighten the awareness of our community towards mental health and substance use conditions and to increase knowledge of and access to available resources.
 - ii. Develop a fully integrated, multidisciplinary service and training center that focuses on the health and mental health of students, staff and faculty. The comprehensive health and wellness center would have the potential for becoming nationally known as a training facility for health care professionals (e.g., social workers, psychologists, psychiatrists, nurses) with expertise in working with university communities.

Essential to the plan is that members of the community must be given opportunities to make comments and suggestions through surveys, focus groups, and interviews to receive input on these proposed recommendations. Consistent with the norms and ethics of a university, the plan must be evaluated at every stage of implementation with corresponding adjustments made based upon available data.

Introduction

The following report summarizes the work of the Emory University Mental Health Task Force appointed by President James Wagner in April 2005. The charge of the Task Force is:

To examine mental health and the mental health care system of the Emory University community as a whole (take a broad view), and identify the problem areas serially. The goal would be to prioritize the mental health and wellness needs deemed to be most urgent and important to the Emory community at this time.

While the focus of this report is on the entire Emory community, the substance of the report and recommendations to President Wagner focus on three health care agencies, the Student Counseling Center, the Student Health Service and the Faculty Staff Assistance Program. Each of these service units is attempting to provide high quality mental health services with limited resources and in the face of increasing clinical demands. Each unit has experienced physical office moves that were not strategically planned but haphazardly coordinated because there happened to be space available and the relocation needs were urgent. In addition, despite the fact there are many excellent health care resources at Emory University (e.g., Emory University Hospital, Emory Clinic, Emory Emergency Department, low cost clinics run by both Departments of Psychology and Psychiatry) there is little time or capability to coordinate these resources. The end result is that the University has a number of excellent health care units that struggle to manage the increased demands of higher utilization, severity of clinical cases, and case management and intervention services.

Emory University and Emory Healthcare work to coordinate efforts to meet their growing demands but struggle to overcome physical, fiscal, and staffing limitations. In addition, lack of comprehensive planning and coordination for health care has led to limited awareness among members of our community about how to access appropriate care for themselves and for others. This difficulty is compounded by the social stigma associated with accessing mental health care.

General Findings and Recommendations

Task Force Finding 1: Organizational decisions that may impact the mental health of the Emory community (e.g. health and disability insurance coverage, reimbursement rates for mental health professionals, master planning, etc.) have historically been made without representation by mental health experts despite the breadth of professionals available throughout the campus community.

Recommendation 1: Mental health experts should be invited to attend all meetings that address the health and well-being of the Emory community, e.g. health and disability insurance, ADA policies, and master planning. Minimally one of the following should be present: Executive Director of the Student Health Service and Counseling Center, Director of the Counseling Center, Director of the Faculty Staff Assistance Program, and Department of Psychiatry Medical Director. These four health care administrators should write an annual report on the state of physical and mental health and wellness at Emory University. The report should go to the President, Provost, Executive Vice President for Finance

and Administration, Executive Vice President for Health Affairs and CEO, Robert W. Woodruff Health Sciences Center.

Task Force Finding 2: Proper use of additional resources can meet the rising mental health needs of the Emory Community

1. Between Fall 1995 and Spring 2004 there were 9 mental health related student deaths at Emory University, 7 by suicide, 1 by drug overdose and 1 related to an eating disorder. During this same time period, there were 8 known mental health related deaths of faculty, staff, and physicians of Emory University, all by suicide.
2. These tragic events are consistent with data from the U.S. Surgeon General's Office, the Centers for Disease Control, the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (October, 2004) the International Association of Employee Assistance Professionals in Education and the National Association of Student Personnel Administrators, substantiating the increasing mental health problems facing colleges and universities across the country.
3. Although the prevalence of mental illness among adolescents has been estimated at 20%, only about 8% of Emory students are treated each year at the Counseling Center, suggesting a large number of students remain untreated for significant mental illness. One reason for these low treatment rates may be a lack of awareness about the Counseling Center. Four separate studies by the Rollins School of Public Health and the Counseling Center between 1998 and 2002 found that undergraduate students, graduate students, nursing students and medical students all had limited and sometimes misleading knowledge about the Counseling Center.
4. At the same time, the intensity and volume of requests for service at the Counseling center is rising rapidly. This past year (2004-05) the Counseling Center provided over 6000 therapy hours to students, a 15% increase over the previous year which had been their busiest year ever. 114 crises during the 2004-05 year represented an average of almost 4 mental health crises per week during the academic year, putting a huge strain on the mental health care system at Emory University and on professional staff. Student hospitalizations for psychiatric emergencies (e.g. suicide, psychosis) increased by about 50%. In the month of September, 2004, alone over 20% of the students seeking help at the Counseling Center reported having suicidal thoughts.
5. A similar rise in intensity and volume has been seen at the Faculty and Staff Assistance Program. During Fiscal Year 2005, the FSAP clinical and associate staff provided behavioral health services to 1108 individuals. The 2121 professional assessment and/or counseling sessions represented a 5.7% overall increase. There were a total of 171 clients seen for emergency/crisis appointments during the fiscal year representing an average of 4 mental health crises per week and a 38% increase in these services. 11 critical incident stress management sessions for departments were provided representing about one per month, with 196 participants for a 450% increase in this service. There have been a record number of hospitalizations (n=30) this year for psychiatric and substance abuse treatment.

6. Current benchmarking data indicates that Emory lags behind top rated “destination” universities in the amount of resources devoted to mental health prevention and treatment. There is particular need for nearby treatment for severe drug and alcohol abuse problems and for eating disorders.

Recommendation 2: Emory University should develop a proactive comprehensive health and wellness plan that focuses on life threatening but treatable mental health problems e.g. depression and suicide, eating disorders, and alcohol and drug abuse. This commitment should initially be focused on the prevention and treatment of such disorders in Emory students, who are most susceptible to these disorders and who tend to be less capable in seeking help than other members of our community. However, interventions to achieve this goal can readily be adapted to the entire Emory community.

- A. Develop and implement a coordinated publicity campaign to reduce the stigma associated with seeking help for mental illness, to educate our community about the danger signs of mental illness and to make our community more aware of the resources available on our campus.
- a. The Director of the Student Counseling Center and the Director of the Faculty Staff Assistance Program should be responsible for the development of and continuation of the campaign. Money should be made available for a full time administrative assistant who will coordinate the campaign and continue to identify opportunities for collaboration to support education and prevention programming.
 - b. There should be money available to hire a consultant who has expertise in the area of mental health anti-stigmatization campaigns. The task force recommends someone from CDC or from the Rollins School of Public Health.
 - c. The campaign should occur annually and the campaign’s master plan should be updated every 3 years under the direction of the personnel listed in a.
 - d. The campaign should place special emphasis on reaching students who under-utilize counseling services and who may be at greater risk for mental health related problems, e.g. international students, graduate students, medical students, etc.
 - e. Develop a web site with mental health and health related resources on campus and in the immediate community. Provide staff to periodically update and revise the site. A link to this web site should appear on the Emory Home Page.
 - f. The university should commit to finding a permanent location for student groups that advocate for the reduction of stigma among students, e.g. Helpline, Active Minds, Peer Counselors, and SHAPE. There should be a commitment on the part of SGA and/or College Council for continued financial support of these groups.
 - g. The publicity and education programs should be evaluated both by surveying participants and, for example, gathering data about hospitalizations and ER visits related to the targeted problems; after hours calls handled by Campus Life Professionals On Call, crisis contacts by Counseling Center and FSAP clinicians, suicides and suicide attempts. (Note: See “The Science of Public Messages for Suicide Prevention: A Workshop Summary” for guidelines for running an effective campaign.)

Task Force Finding 3: Consolidation and integration of mental health services will allow Emory University to better provide needed preventive and treatment services to the community.

1. Emory Healthcare is identified as a primary resource for the provision of mental health services to Emory faculty, house officers, physicians, employees and other members of the Emory community through insurance provided to those groups. However, the actual availability of mental health care for the Emory community is inadequate, failing to provide comprehensive outreach services, emergency and crisis intervention services, and ongoing provision of clinic care in user friendly and convenient service locations. Three corrective mechanisms are needed:
 - a. Insurance benefits must provide adequate reimbursement rates to make provision of mental health care profitable within the Emory Healthcare system.
 - b. Overhead expenses should be distributed fairly based upon actual income and malpractice insurance rates allowing the Department of Psychiatry to pay less overhead.
 - c. Once a and b are implemented the Department of Psychiatry should hire additional mental health professionals to provide appropriate mental health services to the Emory community and should develop treatment programs for alcohol and drug abuse and for eating disorders.
2. The most urgent and deadly mental health challenges of our community require ease of access for early intervention, as well as interdisciplinary treatment.
3. Despite multiple recommendations first made in 1989 by site visitors to the Counseling Center and again in 2001 by site visitors to the Health Service, Emory continues to have health and mental health service centers that are located on opposite sides of our campus. Mental health prevention and treatment resources for our community should be centrally located and in ways that allow for coordination and integration of services.

This center would require a modest increase in staffing and space from current levels, generally reaching to 150% of current capacity; investments which should result in long-term savings to Emory, for instance by improving student retention rates and increasing efficient use of resources:

1. Increase psychiatric staff to 2FTE. (\$60K plus fringe).
2. Increase funding from current one day psychiatric resident to two full time residents to be shared between the Counseling Center and Faculty Staff Assistance Program. (\$100K plus fringe)
3. Provide funding for two psychology post docs to be shared between the Counseling Center and Faculty Staff Assistance Program. (\$56K plus fringe)
4. Fund current APA accredited psychology training program at levels that meet requirements of FLSA law. (\$12K plus fringe)
5. Fund psychology intern in residence program where psychology interns would be provided on campus housing in return for their participation in residence hall activities as appropriate for mental health consultation. (\$xx for one intern).
6. Fund suicide prevention program which is now temporarily subsidized by the American Foundation for Suicide Prevention.(\$25K plus fringe)
7. Programming and publicity money for sexual assault prevention and education. (\$28K) One FTE clinical social worker to provide and coordinate increasing need for clinical services in the area of sexual assault. (48K plus fringe)
8. Fund crisis management initiatives to educate Emory departments and divisions on appropriate response to mental health emergencies and critical traumatic events that occur within the work environment. (\$25K part-time consultant)

Proposed Next Steps

Contact constituents and stakeholders via focus groups, individual interviews/ meetings, and surveys. Seek their input and support for the plan.

Develop an empirically and scientifically sound evaluation plan:

1. See Recommendation 2, Section A-g. The publicity and education programs should be evaluated both by surveying participants and, for example, gathering data about hospitalizations and ER visits related to the targeted problems; after hours calls handled by Campus Life Professionals On Call, crisis contacts by Counseling Center and FSAP clinicians, suicides and suicide attempts. (Note: See “The Science of Public Messages for Suicide Prevention: A Workshop Summary” for guidelines for running an effective campaign.)
2. Consider hiring a staff member specifically to help write grants that could be administered jointly by the Center along with academic units.
3. Encourage faculty to use the Center for research opportunities focusing on treatment outcomes as well as prevention efforts. Primary academic units would include School of Public Health, Departments of Psychiatry and Psychology.
4. Establish a central office or official in Campus Life who would organize and track campus wide statistics in the area of mental health care: e.g. deaths and related information such as cause and demographics, ER admissions, hospitalizations, Residence Life after hours on call stats, EUPD stats, and sexual assault statistics.
5. Establish a process for tracking statistics related to mental health care (similar to #4) for House Staff (residents and fellows), faculty and staff for purposes of developing education and prevention strategies to reduce the number of hospitalizations and deaths by suicide.

Additional Recommendations:

1. Work with Exec. Director of Residence Life to identify additional resources necessary for that office to fulfill its function of early identification and referral for increasing numbers of students with mental health problems. Increase levels of training for professional and paraprofessional staff.
2. Provide all new faculty members with training sessions to learn how to identify and refer students at risk, as well as how to deal effectively with disruptive students in the classroom.