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OREGON
1859

Task Force on Student Mental Health Support

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EXECUTIVE SUMMARY

The state of Oregon is committed to improving supports and services for students enrolled in public higher education with efforts geared toward mental health and substance abuse. There have been numerous initiatives introduced to the Oregon legislature to promote preventative health practices throughout K-12 education. In addition, in 2014, the Oregon legislature mandated a Youth Suicide Intervention and Prevention Plan that focuses on preventing suicide in Oregon youth ages 10-24.

In 2017, Oregon state legislature enacted Senate Bill 231 which was charged with investigating the extent to which mental health and substance use disorders have an impact on the education mission set forth in ORS 350.014 (i.e., Oregon educational goal of 40 percent 4-year college graduates, 40 percent 2-year college graduates, and 20 percent high school completers). Specifically, the Task Force was charged with examining the impact of mental health and substance abuse disorders on retention, recruitment, and graduation rates in public Oregon higher education institutions.

The Task Force, which first convened in July 2018, was comprised of practicing mental health and substance abuse professionals from Oregon postsecondary institutions with additional representation from the Oregon Health Authority (See Appendix A for a list of task force members and affiliations). In December 2018, the Task Force completed their work and assembled the final report.

Context of the problem: Nationwide, reports indicate that students are entering college with identified mental health concerns at increasing rates (The Center for Collegiate Mental Health, 2017). Although mental health and substance abuse is a national epidemic, some evidence suggests Oregon residents may be more heavily impacted compared to other states. Results from the assessment conducted by the Task Force further corroborate these findings.

This report, on behalf of the Oregon Mental Health Task Force, begins by identifying the context of the problem by providing comparisons between the nation and the state of Oregon. Additionally, findings from the Task Force's state-wide evaluation are presented. The task force also recognizes that Oregon's higher education institutions serve many students representing diverse populations including veterans, students that are non-traditional, identify as LGBTQIA+, have diverse racial/ethnic backgrounds, and hope to have captured their voice within this report.

National Averages Compared to the University of Oregon

Students Reported the Following:	National %	University of Oregon %
Being Diagnosed with:		
• Depression or Mood Disorder	23	27
• Anxiety Disorder	24	25
• Psychosis	0	1
• Substance Abuse Disorder	2	2
In the Last 12 Months Experienced:		
• Suicidal Ideation	11	13
• Attempted Suicide	1	1

Assessment of the problem. Taking into consideration the current demands for mental health and substance abuse services, the Oregon Task Force on Student Mental Health Support engaged in a comprehensive approach to identify the needs, strengths, lived experiences, and barriers related to mental health and substance abuse for those enrolled in Oregon's public higher education institutions.

The Task Force utilized the Public Health Model (Institute of Medicine, 1994, 2009) informed by innovations in Implementation Science (Wandersman et al., 2008) as the lens to learn about current practices and experiences on campuses around Oregon. A literature review was first conducted to identify the context of the problem and any promising practices or exemplar programs found within the research. Next, the team designed a state-wide needs assessment to capture the contemporary experience of mental health and substance abuse in higher education. The assessment process included attention to traditionally underrepresented student groups (i.e., racially and ethnically diverse students, veterans, non-traditional students), and diverse geographical Oregon communities (e.g., rural/urban). The Task Force implemented a multi-informant qualitative (i.e., interviews and focus groups) and quantitative (i.e., survey) approach. Faculty members who self-identified with an association to mental health or substance abuse (i.e., deans of student success, counselors, and accessibility specialists) were invited to participate. Students were invited to take the survey via the discretion of the university or community college. For example, some institutions sent the survey link to all students, some suggested to reach out to student groups, other students self-selected to take the survey distributed by Oregon NAMI, EASA groups, and student wellness leaders. Interviews were also conducted with both administrators and students to ensure diverse perspectives regarding the services, supports, and barriers experienced on these campuses.

Selected findings include:

- The majority of students and administrators report mental illness is prevalent on their campus.

- Almost 35% of students believe that their institution IS NOT accommodating and accepting of students with mental illness.

- 52% of administrators believe that students are NOT receiving the accommodations they need.

- Under 20% of Oregon public higher education campuses screen and assess their students and programs related to mental health. Only 26% of institutions have systems for collecting data related to substance abuse for enrolled students.

- Results demonstrated that only 30% of university students and 15% of community college students said their institution promotes programs targeted towards substance abuse.

- Stigma: Only 46% of students perceive faculty/staff as comfortable with the idea of having a student with severe mental illness in their class, which was reported by administrators less (22%).

- Community colleges offer less services related to mental health and substance abuse disorder than universities.

All students attending higher education institutions in the state of Oregon deserve equitable access to mental health and substance abuse services.

NO STUDENT SHOULD FEEL THAT SUBSTANCE ABUSE IS THE ONLY WAY OF COPING.

NO STUDENT SHOULD FEEL SUICIDE IS THE ONLY SOLUTION.

Following a review of the literature and the triangulation of collected data, the Task Force identified the following four recommendations:

1. The State of Oregon will create a permanent state-wide Mental Health Task Force to facilitate the implementation of the recommendations provided by the Oregon Task Force for Student Mental Health Support created by Senate Bill 231.

2. Provide funding for JED Campus strategic action planning process at every Oregon public higher education institution (including all seven public universities and seventeen community colleges).

3. Every Oregon public higher education institution will have a designated mental health and substance use liaison to help promote and intervene on mental health and substance use on their individual campus. Each institution will work with the Task Force to appoint or hire an individual to act as a coordinator between JED Campus (as described in Recommendation 2) and the newly created Mental Health Task Force (as described in Recommendation 1).

4. Create an implementation and evaluation partnership to consult and provide services to the Mental Health Task Force (created in Recommendation 1) and local Mental Health Task Forces (created in Recommendation 2).

STUDENTS DON'T JUST NEED SUPPORT IN THE CLASSROOM, THEY NEED SUPPORT AS A WHOLE PERSON.

— **Student Services Coordinator, Oregon Community College**

INTRODUCTION

THE STATE OF OREGON TAKES ACTION WITH SENATE BILL 231

On March 1, 2017, testimony was provided by members of the Oregon Student Association (OSA) to the Senate Human Services Committee emphasizing the need for action regarding mental health and substance abuse on Oregon's higher education campuses. This testimony led to the passing of Senate Bill 231 which led to the creation of a Task Force to investigate the needs for students enrolled in Oregon's public higher education institutions with an emphasis given to student recruitment, retention and graduation. The primary charges of SB 231 were to investigate to what extent do mental health and substance abuse disorders impact the educational mission of Oregon's higher educational institutions and how those issues may differ across the state.

The Task Force first convened in July 2018 and was comprised of practicing mental health and substance abuse professionals from Oregon universities, community colleges with additional representation from Oregon Health Authority and Oregon Higher Education Coordinating Commission (See Appendix A for a list of task force members and affiliations). The objectives of the Task Force included:

- review of relevant literature,

- consultation with content experts and practicing professionals, and

- a statewide assessment to understand the impact that mental health issues and substance abuse disorders have on college recruitment, retention, and graduation in Oregon's public post-secondary institutions.

In December 2018, the Task Force completed a review of the literature, state-wide assessment, and synthesis of findings and issued the final report.

Oregon Student Association (OSA) Testimony

This is an **issue of access and equity** for students who are neurodivergent, students with disabilities, and students experiencing mental health difficulties.

Candalynn Johnson,
Oregon State University

Mental health **affects just about everything in my life**- especially school.

Jenna Allen,
Central Oregon Community College

CONTEXT OF THE PROBLEM

The promotion of positive mental health on Oregon's public higher education campuses is critical to support **successful and equitable enrollment, retention and graduation.** Although research identifying the importance of good mental health is not a new phenomenon, the challenges Oregonians face have outgrown the institutional capacity to adequately support those throughout the tenure of enrollment.

Mental health challenges faced by students can range from situational stress due to academic, ecological, and/or inter-/intra-personal factors to more severe impairments including suicidal ideation, or even the completion of suicide. While college students may present with different challenges, the need for services for depression and anxiety comprise the majority of collegiate mental health services and needs for these services have been in an upward trend in the last five years (The Center for Collegiate Mental Health, 2017). Similar trends are also documented by the Healthy Minds Study (2007-2018), an annual survey which has been fielded at over 180 colleges and universities, with over 200,000 total survey respondents.

Results from the Healthy Minds Study
Percentage of students who reproted the following in the 12-months prior to completing the survey

Legend: ■ 2007 ■ 2010 ■ 2012 ■ 2014 ■ 2017 ■ 2018
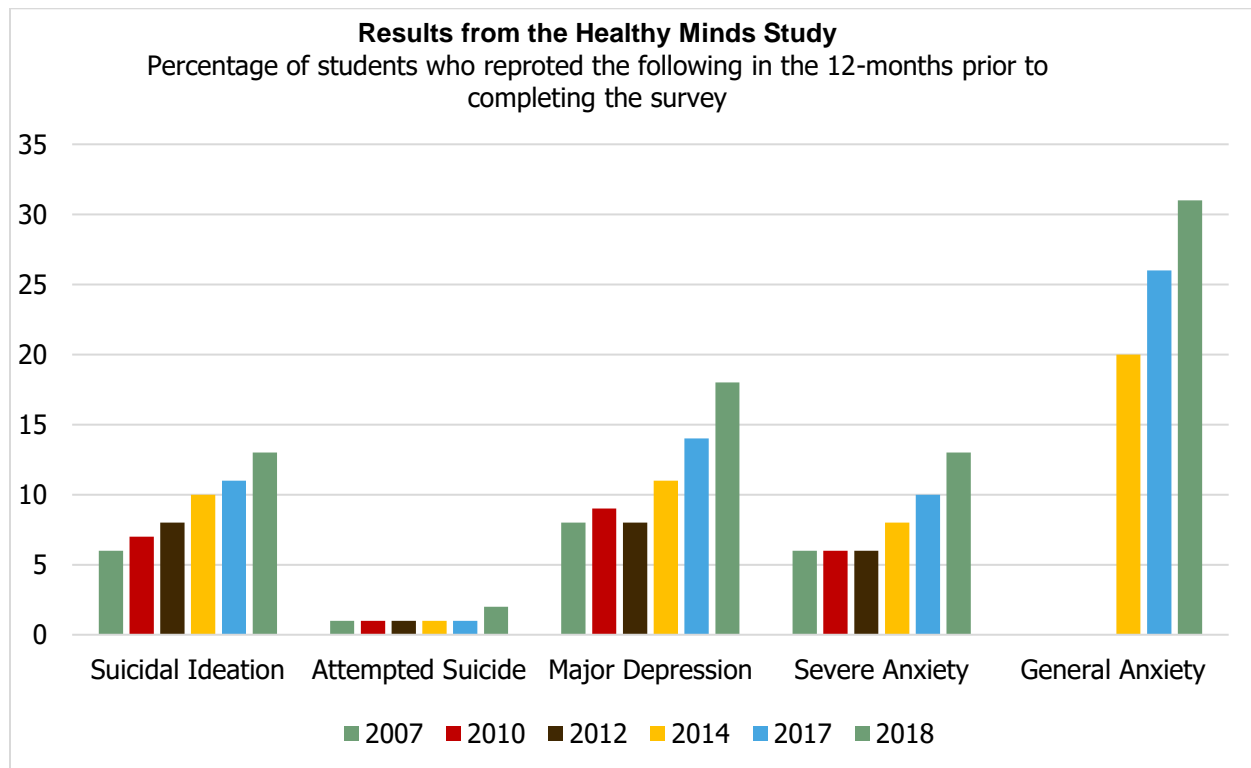
STATITICS ON MENTAL HEALTH

Epidemiological studies estimate that between 12-50% of college students meet criteria for a mental health disorder.

(Blanco et al., 2008; Hunt & Eisenberg, 2010)

More than 75% of individuals report experiencing mental health challenges before the age of 24.

(National Alliance on Mental Illness, 2013)

In a national sample, **suicide is the second leading cause of death for college students.**

(Turner, Leno, & Keller, 2013; ACHA, 2016)

Case Study: University of Oregon 2016 compared to National Data

(American College Health Association, 2016-2017)

Students reported the following:	National %	University of Oregon %
Being diagnosed with:		
depression or mood disorder	23	27
anxiety disorder	24	25
psychosis	0	1
substance abuse disorder	2	2
In the last 12 months experienced:		
suicidal ideation	11	13
attempted suicide	1	1

In 2018, the University of Oregon was awarded for their work on campus Mental Health promotion by the Active Minds organization; an organization focused on supporting mental health awareness and education for students. Yet, even for an exemplar institution in the state, students still struggle.

Oregon National Rankings

#48
Oregon ranking of mental healthcare access

#51
Oregon ranking of prevalence of mental illness

Top 10
Crisis line calls for suicidal thoughts:
Oregon is ranked in the top 10 nationally.

We need **education**, we need **advocacy**, we need **access**.

- *Counselor, Oregon University*

STATISTICS ON SUBSTANCE USE

Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. Substance abuse is a common issue in higher education and has received increasing attention.

- In a national sample, 43% of male and 32% of female college students participated in binge drinking in a 2-week period of time (White & Hingson, 2013).

- In addition, **context matters**, as community and technical colleges serve different populations (e.g., higher rates of diverse, low income, non-traditional students) and face different concerns with substances, including increased use of illicit drugs, but decreased use of alcohol (Eren & Keeton, 2015).

Rising concern of opioids: From 1993-2005 the use of opioids among college students increased by over 300% and 1 in 4 institutions report that over 10% of students report using them (Malone, 2017). In 2016, the American College Health Association identified opioids on campus as an emerging problem and developed guidelines for campus providers as part of a comprehensive approach to prevention and outreach.

1 in 7 **full-time students ages 18-22 were classified as having** drug/alcohol dependence. **(National Survey on Drug Use and Health, 2017)**	1 in 69 **students were classified with an alcohol use disorder.** **(National Survey on Drug Use and Health, 2017)**	**For alcohol and drugs,** self-medication was identified as a factor in substance use among college students **(College Prescription Drug Study, 2015)**

Substance abuse brings challenges to students, campus staff, and surrounding communities. In a 2017 SAMHSA report, Oregonians report a higher prevalence of mental health concerns and substance use that begins before students even pursue higher education. For example, in 2014-2015 youth age 12-17 in Oregon consumed alcohol at higher rates (12% compared to 11% nationally) and consumed marijuana at a higher rate than their peers (9.4% compared to 7.2%). Further complicating the matter is that students are more likely to report a traumatic event than drug or alcohol treatment (Center for Collegiate Mental Health, 2017).

Impact of substance use

#1
Alcohol is the biggest contributor to college student mortality

1.5%
of college age students said they attempted suicide as a result of drinking or drug use

646,000
college students are assaulted by another student who has been drinking

2.7 million
college age students drive under the influence
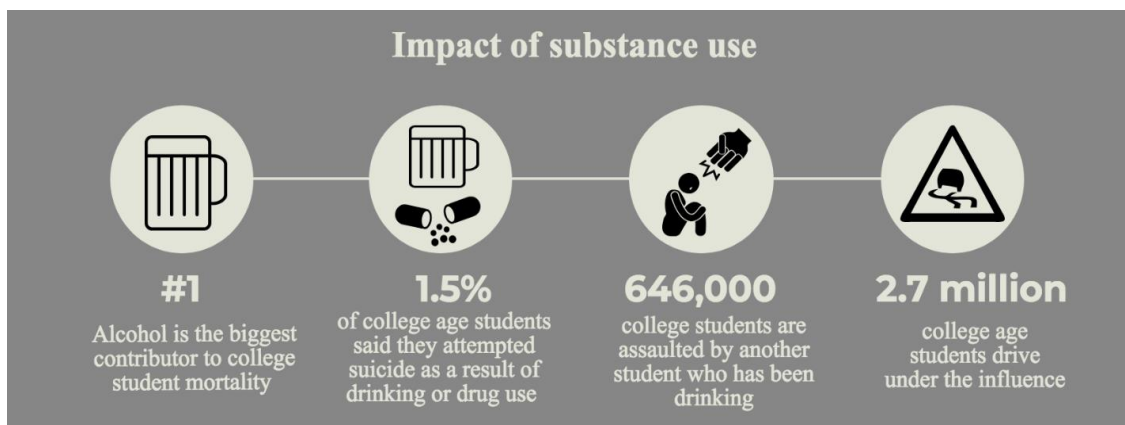
Impact on retention and graduation
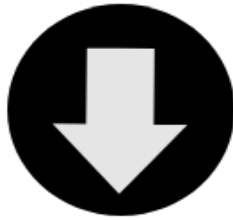
reduced attendance, assignment completion, participation and productivity

challenges with functioning

.2/.3 GPA
lower grades

Up to 64% withdrawal
drop-out

Mental health and substance abuse challenges can greatly impact an individual's success in higher education.

In one study, mental health disorders were found to be associated with school dropout at all four educational milestones (primary school graduation, high school graduation, college entry, college graduation), with approximately 10% of high school drop outs attributed to a mental health concern (Breslau, Lane, Sampson, & Kessler, 2008). Such needs remain after one's tenure in K-12 education. Other research reports that **college students with mental disorders are twice as likely to drop out** without obtaining a degree (Kessler et al., 1995; Hartley, 2010).

Mental health concerns also impact youth entering and persisting in college. First year college students who screen positive for an internalizing or externalizing mental health concern in the past 12-months were found to have negative impacts on academic outcomes compared to peers (Bruffaerts et al., 2018).

Substance use also impacts success in higher education. In a study of 946 undergraduate students, Bolin, Pate, & McClintock (2017), found that both **increased use of alcohol and/or marijuana was associated with lower grade point averages.** In a recent longitudinal study identified that **frequent binge drinking and marijuana use during one's freshman year predicted delayed college graduation** (Wilhite, Ashenhurst, Marino, & Fromme, 2017).

Student Voice: Recruitment, Retention, and Graduation

Recruitment: "I know a lot of students who don't go to school because they're afraid of what might happen in the process. That's one reason why I didn't go to school for a while."
Student, Oregon Community College

Retention: "I feel like a lot of my mental health affected my grades because sometimes I get really anxious so I don't go to class. I feel like if I had somebody, I would have not failed so many classes."
Student, Oregon University

Graduation: "I actually dropped out of high school. I did not graduate. I got my GED right away and started college because I didn't think high school was for me. I thought if I started going to college it would make everything different. And that was not the case. It was actually harder. I wasn't prepared. I wasn't prepared for what it was going to take to be a good student."
Student, Oregon Community College

COLLEGIATE COUNSELING AND RECOVERY SERVICES

Counseling centers have reported an increase of students who experience a mental health concern or diagnosis entering college campuses. Specifically, 91% of respondents to an annual survey of college counseling center directors reported that there was a trend towards more students on campus experiencing severe psychological problems (Gallagher, 2010; Locke et al., 2012; Locke et al., 2016). While fulfilling the increased demand to support student mental health may be difficult, a recent survey has reported that campus services are beneficial to student success.

69% believe counseling services helped with student academic performance.

The Association for University and College Counseling Center Directors, 2017

65% believed counseling services helped students stay in school.

The Association for University and College Counseling Center Directors, 2017

27% of students report they do not know or are unsure how to seek professional help for mental or emotional health on their campus.

Healthy Minds Study, 2017

Recovery centers in higher education are less common. In Oregon, only three public universities have a recovery center and services related to recovery are not often available in community college settings.

Oregon State University is one of the three public institutions in Oregon offering a comprehensive Collegiate Recovery Program.

Talking Recovery in Oregon Higher Education

I think the collegiate recovery has just been a huge success story, a really wonderful program. **We have students who decided to attend our university because they knew there was a recovery program.**

Recovery Center Director, Oregon University

We see a significant number of students coming in that **want to get into recovery programs.**

Mental Health Specialist, Oregon University

There's a lot more students coming who are in recovery or who are struggling with their addiction and wanting support **so they can be successful in school.**

Clinical Training Director, Oregon University

SPOTLIGHT ON SPECIAL STUDENT POPULATIONS

Understanding the diverse needs and experiences of students was an important consideration to the Task Force. Researchers have identified certain groups that may be more vulnerable to mental health and substance use challenges while enrolled in higher education (Brown, Rice, Rickwood, & Parker, 2015).

Some Oregon students are at elevated risk

Why?

- discrimination
- stigma
- cultural mistrust
- feelings of isolation
- contextual stress
- organizational identity

In addition to a lack of access to services, overall campus climate can be challenging for students from minority or marginalized groups.

- African American college students are twice as likely than White peers to rate the campus racial climate as poor (Hunt, Eisenberg, Lu, & Gathright, 2015).

- Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQIA) students are more likely to experience incivility, a mediator of alcohol and drug use (Woodford, Krentzman, & Gattis, 2012).

- Brown and colleagues (2015) found that certain young adults including indigenous youth, self-identified LGBTQIA youth, and youth who experience homelessness shared common barriers (e.g., stigma, lack of awareness, poor motivation, and negative past experiences) to accessing health care.

- **Culture counts in mental health care.** Over 60% of students of color think their campus has a one-size-fits all approach to student engagement compared to 36% of white students (Cokley, Smith, Bernard, & Roberts, 2017; Hunt, Eisenberg, Lu, & Gathright, 2015).

Student Voices Across Oregon

"I have a military background and know how our veterans are impacted and how this personally impacts myself." -Student, Oregon Community College

"I was a first-gen college student and an only child, single mom, and so being at college and **not knowing how to navigate was really, really challenging.**" -Student, Community College

"I think the counselor I got matched up with wasn't the best just because **he was a white man and I am a person of color and a woman**." -Student, Oregon University

"I wanted to feel comfortable talking with students, people like myself, **people I can relate**."
-Student, Oregon University

"But I feel like **there's a lot of students who don't necessarily feel like there's someone there that they really identify with** and someone there that would, understand their problems." -Student, Oregon University

Practitioner Spotlight

Mark Harris, MSW
Substance Abuse Counselor
Lane Community College

Let's define mental health, not so much as the absence of disease but also the expression of health and wellbeing.

On barriers to support: You've got to learn to negotiate the obstacles that are in your way because let's be up front about this, higher education places obstacles in your way and it's kind of like a game of chess where there's hidden rules. So that means that you have to acquire this knowledge that builds and builds and builds until you can basically speak the language of power.

Reconsidering a conceptual framework to recovery: What would a scientifically-based, non-racist, non-sexist, non-homophobic, non-classist recovery-friendly cultural framework look like?

Taking action: Let's fund substance abuse prevention in all 17 community colleges plus all publicly funded four-year schools. Everywhere.

Photo provided by Mark Harris

Student Spotlights

Student voices from universities and community colleges across Oregon

Mental health resources need to be improved on campus. Period. We need **more education and awareness**. You can't have too much of that.
Student, Community College

Not one person's mental health journey looks like everybody else's.
Student, University

I think mental health in our state, especially for college students, is super important.
Student, University

I think so many students, more than not, deal with mental illness.
Student, Community College

Photos provided by students from:
Linn Benton Community College,
University of Oregon,
Umpqua Community College, and
Southern Oregon University

BARRIERS TO CARE

Research has identified a variety of individual and institutional barriers that may impact a student's access to care for a mental health or substance abuse challenge. Many barriers identified in the empirical literature were also mentioned in our interviews with Oregon students currently enrolled in public higher education across the state. Presented below are a summary of empirical findings and selected quotes from Oregon students.

Individual and institutional barriers

Social and self stigma

Concerns with disclosure and confidentiality

Deficit in student and faculty awareness

Need for improved campus cultural competence

Students are more likely to screen positive for mental health challenges at institutions that are public, large, or non-residential.

Oregon Students Speak

Mental health is just something that **we don't talk about enough**.
Student, University

I feel like **there's still a lot of stigma around mental health**.
Student, Community College

I have to basically create this wall of separation between my personal life at school and **I have to be very, very careful about what I disclose**.
Student, University

I think **training professors and staff to have full campus buy-in** because it shouldn't be up to the students to talk about mental health. -
Student, University

I think the number one barrier is **letting students know that there are services available no matter how limited they may be**.
Student, Community College

OVERVIEW OF PROMISING PRACTICES

Colleges and universities must find effective and feasible ways to address the mental health and substance use challenges on their campuses. Although the need for improved mental health supports is not new, the identification of evidence-informed practices in a higher educational context is still in its infancy. Therefore, colleges and universities must consult with up-to-date research as well as promising and innovative practices to appropriately meet the increasing needs of their student population.

Prior to identifying promising practices, the framework or orientation upon which a challenge is conceptualized is equally as important. In this instance, the research suggests adopting a multi-tiered framework that aligns with the public health model. According to the Center for Disease Control, the implementation of a public health approach is identified as the best way to adequately address mental health and behavioral health needs (David-Ferdon et al., 2016). Likewise, the National Association of School Psychologists note that a multi-tiered framework can facilitate improved prevention, intervention, access to support and collaboration between agencies (2016).

As more research emerges, it is critical to understand that each campus has their own unique context and a one-size fits all approach will not provide the infrastructure for meaningful, sustainable change. The following section presents findings from a meta-analytic review, a comprehensive exemplar to address challenges while accounting for different campus contexts, and a description of findings from a similar Task Force from the state of Washington. A list of prevention and intervention strategies that may benefit one's campus are listed in Appendix B.

Emerging Evidence

Mental health and substance abuse research on college campuses has focused on either psychoeducational (i.e., knowledge acquisition about the problems and ways to address them) or skills training (i.e., explicitly taught skills to combat negative psychological states). Some of these practices focus on particular issues such as suicide prevention, stigma reduction, or binge drinking. Other practices focus on larger issues such as service delivery systems or improving partnerships and collaboration with different agencies across campus systems (e.g., accessibility services, counseling center, health center).

According to a recent review of interventions to address help-seeking behaviors for students in higher education, Eisenberg, Hunt, and Speer (2012) noted the most common strategies included:

1) Knowledge and stigma reduction: known on campuses as "outreach"

2) Screening and linkage: campus screening system for mental health or substance abuse, connecting students to appropriate campus supports

3) Gatekeeper training: training for campus stakeholders to identify individuals in need and refer to services

Knowledge

Screening /linkage

Gatekeeper training
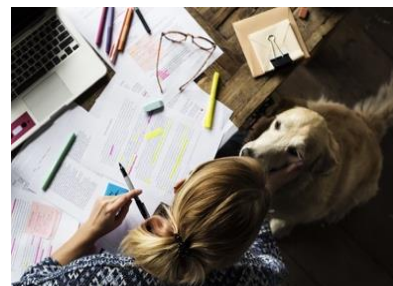
Exemplar Organization: Jed Foundation

Jed Campus is a non-profit organization that has helped university and college campuses across the United States tackle mental health and substance abuse issues from a multi-tiered and comprehensive campus approach targeting policy, personnel, and students. Jed campus uses a strategic planning system, informed from a public health approach, that focuses on development of student life skills, promoting social connectedness, identifying students at risk, increasing help-seeking behaviors, providing health and substance abuse services, follow crisis management procedures, and restrict access to potentially lethal means.

Once JED Campus is connected to a university or community college they begin providing technical assistance and a coordinated needs assessment to identify needs unique and individualized to that school. Jed Campus helps school teams identify areas of need that are on a systemic level as well as student level. They apply an equity framework to ensure vulnerable students are identified and considered throughout the strategic planning process. In addition, schools that utilize Jed receive access to their compilation of practices and resources that are research based and have been successfully implemented on other college campuses.

Washington State Task Force on Mental Health and Suicide Prevention, House Bill 1138

In 2016, the state of Washington completed a comprehensive state-wide assessment on mental health and suicide prevention on university, community, and technical college campuses. Findings from this Task Force determined that campuses needed improved infrastructure and capacity to address the mental health challenges. Recommendations included bolstering resources and technical assistance for campuses across the state. This included creating a centralized organization to help campuses disseminate information on mental health, collect assessment information to track progress, and ensure that the schools implementing Jed Campus were able to sustain their progress over time. In 2018, the recommendations of the Task Force were used to inform Senate Bill 6514 which included: creating a publicly available statewide resource for postsecondary institution, development and centralizing of data collection, and the creation of a grant program for resource-challenged institutions to help develop suicide prevention programs.

IMPACT ON OREGON COMMUNITIES

Economically, it has been determined that providing supports for students experiencing mental health challenges and keeping them engaged in college likely outweighs the cost of student dropout. Campuses should have a comprehensive plan for mental health and substance abuse including screening, prevention, promotion of positive behaviors, and intervention to capitalize on college student recruitment, retention, and graduation.

Some research has identified that for college students, engaging in heavy drinking significantly predicted full-time employment at graduation and each additional episode of heavy drinking per month was associated with a 1.4% decrease in the likelihood of full-time employment one month after graduation (Bamberger et al., 2017). Further, some research has even identified that those with a **delayed graduation were more likely to have lower incomes and future alcohol-related challenges** (Wilhite et al., 2017).

Mental health promotion is good for Oregon communities

Every dollar invested in effective mental health programs would be expected to yield at least $2 in tuition revenue and more than $4 in *productivity and earnings for the student and society.*

(Eisenberg, Golberstien, & Hunt; 2009)

Mental health prevention is good for Oregon communities

There is a fiscal benefit to universities of $6.49 for every dollar invested in prevention and intervention.

(MHCC, 2017, p.27)

Challenges with mental health in higher education may equal future occupational challenges

Mental health challenges in post-secondary education have *long-term implications for future challenges:* missed work, reduced job performance, and unemployment.

(Haller, Cramer, Lauche, Gass, & Dobos, 2014)

Student enrollment in Oregon's public higher education institutions is ever changing. Preventative policies, infrastructure, and services that are culturally responsive may ensure colleges and universities are meeting the needs of all students, and supporting their success throughout their academic career. Preventative measures allow for universities to reduce the number of reactionary changes or services needed after crises.

Student Voice on Community Impact

I think that if we start this change at the college level it can also **help spread a statewide change that gets our communities even more involved** and we can work better with our communities to support our colleges.
Student, Oregon Community College

Having avenues to be able to deal with that stress or crisis is vital in order for people to succeed, **otherwise there's just going to be debt and no success**.
Student, Oregon University

We are community colleges and **we do want to take care of our community that we support and that supports us**.
Student, Oregon Community College

STATE-WIDE ASSESSMENT OF OREGON HIGHER EDUCATION CAMPUSES

PURPOSE

The Oregon State Task Force on Student Mental Health Support first convened on July 18, 2018. The initial meeting established a work plan and goals and objectives to fulfill the requests and mandates of Oregon Senate Bill 231, which were to (a) gain a better understanding on the impact of mental health and substance abuse disorders have on college recruitment, retention, and completion; and (b) understand how mental health issues and substance abuse disorders differ across different communities in this state.

Capturing the lived experiences of students in Oregon's higher education institutions was at the forefront of all data collection methods.

PROCEDURES

The Task Force selected two primary methods for gathering information related to the charges of SB 231. Specifically, a sequential mixed methods design was chosen for gathering both quantitative and qualitative information related to the needs, current practices and supports, and lived experiences of individuals with mental health challenges enrolled in Oregon public higher education. Mixed methods are often cited as a best practice approach to policy related research (e.g. Creswell & Clark, 2017).

First, the Task Force developed **surveys** to acquire a breadth of responses from different communities and individuals across the state of Oregon. Two surveys were created, the first survey was focused on the student experience with mental health services and overall connection to their campus. The second, was directed towards campus administrators and personnel to gather information on services, supports, and needs on campuses throughout the state related to mental health and substance use. Qualtrics was used as the secure survey platform for gathering survey information.

Next, follow-up semi-structured **interviews and focus groups** were conducted with students and administrators to gather information to bring voice and depth of understanding to findings in the surveys. Specialized software (i.e., Atlas TI) was used for accuracy during the interview coding process.

SURVEY DEVELOPMENT AND DISSEMINATION

Survey development was informed by a review of the literature, the Healthy Minds Study annual survey, a similar work group commission by the state of Washington, a cross-regional survey on institutional mental health policy from Canada (De Somma, Jaworska, Heck, & MacQueen, 2017), and expertise provided by Task Force members. The final administrative survey was comprised of 69 questions broken down into over 100 items. The final student survey was comprised of 58 questions, broken down into about 80 items. A copy of both the student and administrative survey results are located in Appendix (C and D).

Survey dissemination was conducted using targeted (purposive) and snowballing (ongoing referrals) techniques. Initial dissemination focused on targeting individuals on college campuses who would understand campus mental health services or lack thereof. The Task Force then used a snowball method for recruitment and communicated to individuals that they could share the link with others on their campus who may also be knowledgeable and willing to complete the survey. Student surveys were distributed through student campus groups, referrals, personal contacts, the Oregon Student Association, National Association on Mental Illness - Oregon, and Early Assessment and Support Alliance - Oregon.

The final question of each survey asked all participants if they were interested in participating in an interview or focus group to extrapolate further on their experience and capture information that is relevant to the Task Force charges. The facilitation team followed up via email inviting those expressing interest to participate in an interview or focus group.

INTERVIEW AND FOCUS GROUP DEVELOPMENT

The second method utilized semi-structured interviews with students and relevant personnel in higher educational settings (e.g., counselors, deans, faculty). The interview questions were developed through a phenomenological approach in order to gather student lived experiences according to the charges of SB 231. Questions were formulated to gather additional, in-depth information beyond the survey related to specific needs of communities and individuals throughout the state of Oregon. The same questions were used for both interviews and focus groups. Interviews and focus groups were conducted via phone and in person based on participant availability and location.

DATA SOURCES

Surveys
Surveys from students were acquired from six four-year institutions and 17 two-year institutions, representing 86% of Oregon public universities and 100% of Oregon community colleges. Surveys from administrators were acquired from 100% of four-year institutions and 94% of community colleges.

In total, 564 students completed the survey. The number of survey responses per school varied considerably and ranged from 1 to 285. To provide equitable representation across institutions, we included up to 15 responses per institution. For schools with more than 15 participant responses, a random sample of 15 surveys were selected. This resulted in a final sample of 182 student surveys across 23 public higher education institutions.

A total of 49 surveys were submitted from administrators across Oregon's public higher education institutions. For any institution that had more than one respondent, procedures were put into place to select a "best-informant" from each university and community college. The positions in which administrators held were categorized and prioritized. Counselors were deemed best-informant, followed by administrators or directors, then faculty and staff. If more than one of the same positions was held from the same institution, data from the individual with the most complete survey was reviewed. This technique resulted in 23 administrators in the final sample.

Interviews & Focus Groups
Twenty-five interviews and focus groups were conducted across 18 universities and community colleges throughout the state of Oregon. Twenty-two were individual interviews consisting of 10 student and 12 administrator interviews. Three student focus groups were also conducted with group sizes ranging from three to 15 students.

Best practices in qualitative research were used throughout the qualitative analysis in order to most accurately reflect the charges of SB 231 and gather student lived experiences (Raskind et al., 2018). This includes but is not limited to triangulation, dual coding, memoing, and member checking with experts/task force appointees, etc. Qualitative responses from interviews and focus groups were analyzed using a phenomenological approach to capture lived experiences. All interviews were transcribed and checked for accuracy. Content analysis (both qualitative and quantitative) was used to examine all interviews and focus groups. Both deductive (derived from particular charges according to SB 231, such as retention and graduation) and inductive codes (emerged from the qualitative data) were used. Expanded coding procedures are available upon request.

SUMMARY OF FINDINGS

STUDENT SURVEY HIGHLIGHTS

For a comprehensive list of results from the student survey, please refer to Appendix C.

Reported Prevalence

Oregon students are struggling with mental health more so than physical health.

- While about 83% report at least good physical health, only 69% reported at least good emotional and mental health.
- 64% of students report mental illness is prevalent at their institution.

OREGON STUDENT REPORT OF SUICIDAL IDEATION AND ATTEMPTED SUICIDE IS UNACCEPTABLE

- 30.4% of students in the sample reported seriously considering suicide.

Have you ever seriously considered attempting suicide?
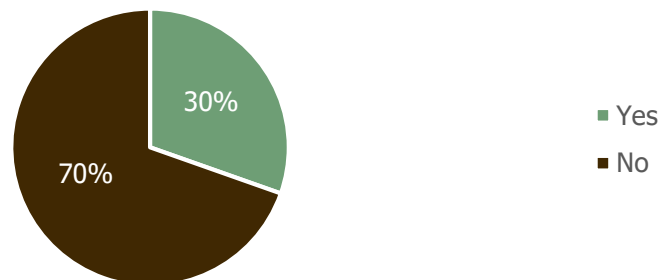
- **Approximately 19% of students in the final sample reported they had attempted suicide in the last 12 months.** Although the sample of students was likely over-represented by students who are experiencing mental health or substance abuse challenges, this finding is particularly troubling.

Perception of Institutional Responsibility
- 46% of students DO NOT believe that their institution currently has effective programs in place to identify, treat, and prevent mental illness.
- 77% of students believe it is the institution's responsibility to provide care for students with mental illness.
- Approximately 49% of students reported that their emotional and mental health care needs were not met in the last 12-months.

Substance Abuse

Promotion and intervention: Results demonstrated that only 30% of university students and 15% of community college students said their institution promotes programs targeted towards substance abuse. Even less common are promoted social supports including substance use disorder recover groups with 22% of university and 12% of community college students reporting awareness of services.

Screening: Results indicated that screening for problem drinking or substance use disorder is not commonly implemented. Overall, only 17% reported their institution screens for problem drinking while approximately 20% institutions screen for substance abuse.

Access to services: About 10% of students communicated they have access to on-campus medical services including a chemical dependency counselor. These results were consistent across institutional types and urban and rural locations.

Promotion and Outreach

Oregon students report more services and supports should be implemented.
- 82% of students reported their institution could benefit from expanding its mental health promotion and outreach programs.

- About 45% students reported they are NOT aware of mental health outreach initiatives on their campus.

- The most reported programs promoting good mental health on campus include: counseling centers (48.4 %), students accessibility office (34.1 %), student associations (26.4 %), and campus medical services (26.4 %).

- The top reported outreach programming for specific campus populations included (1) students who identify as LGBTQIA (28.6 %), (2) female students (18.1 %), (3) students with disabilities (15.4 %), (4) veterans (14.3%), (5) male students (14.3%), (6) students of color (12.6%), and (7) international students (12.6 %).

Stigma and Attitudes
- Only 46% agree faculty/staff are comfortable with the idea of having students with severe mental illness in their classes.

- 52% of students reported that they felt top administration were committed to improving mental health at their institution.

- Almost 35% of students believe that their institution IS NOT accommodating and accepting of students with mental illness.

Perceptions Regarding Accommodations for Mental Illness:

- Only 42% of students reported they agree that most students requiring accommodations due to mental illness are receiving them.

- 47% of students feel accommodations offered at their institution are effective and help individuals achieve academic success.

The accommodations for students with mental illness at my institution are effective and help individuals achieve academic success.

- Agree
- Disagree

Mental Health Programming

- Top five student reported programs promoting mental health include those dedicated to (1) anxiety/stress, (2) depression, (3) suicide, (4) substance abuse, and (5) eating disorders. Differences across institution types and communities are shown below.

Mental Health Promotion Programming Available at Institution Type

University   Community College   Urban   Rural
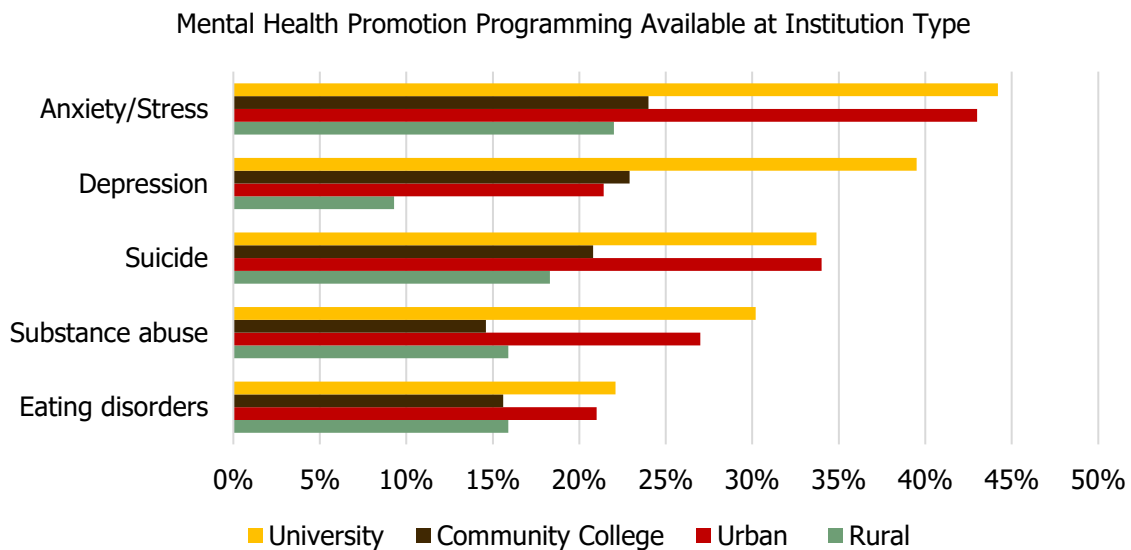
- Results indicated that many students are not aware of services available on their campus. About 19% of students said that either there weren't or they didn't know if counseling services were offered on their campus.

ADMINISTRATOR SURVEY HIGHLIGHTS

For a comprehensive list of results from the administrator survey, please refer to Appendix D.

Reported Prevalence
- The majority of campus personnel believe mental health challenges are prevalent on their campus at 74%.

Perception of Institutional Responsibility
- Approximately 52 % of administrators believe that students are NOT receiving the accommodations they need.

- Most administrators (81%) agree that the accommodations for students with mental illness at their institution are effective and help individuals achieve academic success.

- All institutions have accessibility services and 81% reported that the student accessibility center can work with a student experiencing mental illness.

Substance Abuse

Promotion and intervention: Promotion programs targeted specifically toward substance abuse were identified at 83% of universities but only 41% of community colleges. Substance use disorder recovery support systems are reported less often, with 26.1% of institutions reporting they are present. Yet only 7% of rural institutions reported recovery support systems are present.

Screening: Only about 26% of institutions have system for collecting data related to substance abuse for enrolled students. Screening for problem drinking is used to identify students in distress by only about 9% of institutions. 34.8% institutions do not have any policies regarding intervention and coordination of care when signs of mental health and substance abuse problems emerge.

Access to Services: A chemical dependency counselor was reported at 50% of universities and 18% of community colleges and only at 7% of rural institutions.

Promotion and Outreach
Stakeholders overwhelmingly agree that promotion and outreach should be expanded.

Our insitution would benefit from expanding its mental health promotion and outreach programs

- 91% Agree
- 9% Disagree

- Only, 48% reported their institution currently has effective promotion programs for students with mental illness.

- Top five promotion programs reported were (1) anxiety/stress, (2) substance abuse, (3) suicide, (4) depression, and (5) mental health as a whole.

Mental Health Promotion Programming Available at Institution Type
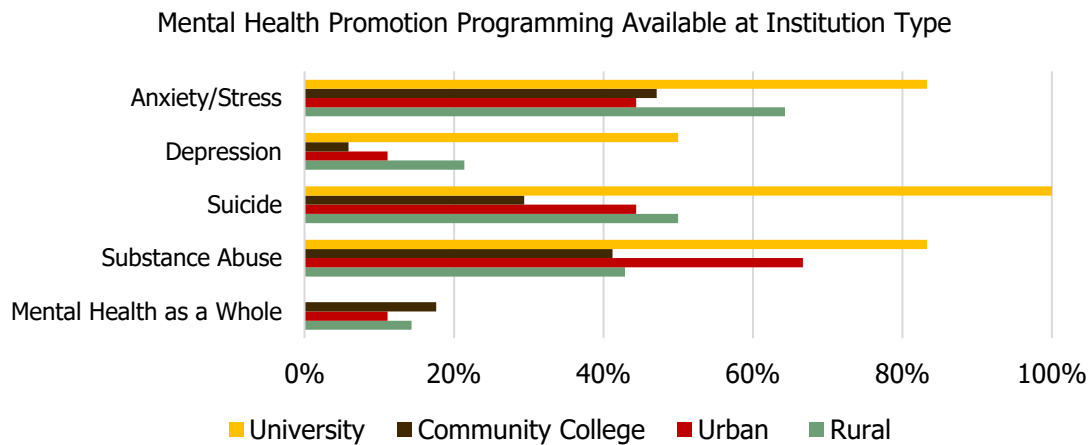
Campus Implementation Challenges
- Only 18% of administrators reported that their institution conducts its own assessment of student mental health on campus and 8% reported that their institution conducted its own research on new or improved mental health interventions for their students

- The biggest reported barriers to collecting mental health data are: (1) time, (2) funding, and (3) difficulty sharing data across campus.

- Only 35% reported their institution has any gatekeeper training initiatives.

- 56.5% reported that they either are unsure or don't think mental health programs are being evaluated to determine if objectives are being met.

- 35% reported data related to mental health is currently a campus priority.

Stigma and Attitudes – Campus Personnel

- 78% administrators believe it is the campus responsibility to provide care for students with mental illness.

- Administrators believe (21.7%) that faculty/staff are comfortable with the idea of having students with severe mental illness in their classes.

- Only 61% percent of survey respondents agreed that top administrators are committed to improving mental health at their institution.

NOTABLE DIFFERENCES BASED ON INSTITUTIONAL TYPE OR COMMUNITY CONTEXT

Student Perception

When asked if mental illness is prevalent on their campus, 75% of students attending in an urban area agreed while 51% of students from rural institutions agreed.

Emotional health is rated lower by students attending an institution in an urban area or attending a 4-year university. Surprisingly, more students from urban institutions reported their mental health care needs were not being met than those from rural locations, 56% compared to 40% respectively.

Students attending community colleges reported feeling sad or hopeless at a higher rate than those attending a university (54% compared to 36%).

Students from universities reported effective programs to mental health on their campus at a higher rate (65.1%) than those from community colleges (44.8%).

Students from rural institutions agreed less (59.8%) than urban students (70.0%) when asked if their institution is accepting of students with mental illness. Yet, rural students felt that the top administration were more committed to improving mental health than in urban schools (43.4% urban compared to 62.2% rural).

Mental health promotion programs targeting mental health are more likely to be reported by students attending a program in an urban area or attending a university. Similar findings occurred when asked about programs targeted at substance abuse and substance use disorder recovery supports.

Overall, students at Universities reported more service options than community college students. The differences between urban and rural students were less pronounced.

Administrator Perception

While the majority of institutions located in an urban area or 4-year universities have procedures in place for suicide threats or attempts, 40% less of the stakeholders at rural institutions or community colleges reported these policies were in place (see table below).

	University	**Community College**	**Urban**	**Rural**	**Total**
Students who have attempted/are threatening to attempt suicide	83.3	41.2	77.8	35.7	52.2

Universities were more likely than community colleges to collect, evaluate, and be comfortable with innovation and change of mental health programs.

Community colleges had a higher report of faculty being accepting of accommodations for students experiencing mental illness (93.3%) than universities (50.0%). Yet, faculty from universities are more comfortable with the idea of having students with severe mental illness in their classes compared to faculty from community colleges as the data presented below shows.

	University	**Community College**	**Urban**	**Rural**	**Total**
Faculty/staff are comfortable with the idea of having students with severe mental illness in their classes	50.0	11.8	11.1	28.6	21.7

Programs targeted at substance abuse are reported less as occurring on community college or rural campuses.

INTERVIEW AND FOCUS GROUP HIGHLIGHTS

Content analysis resulted in a total of 1213 quotations that were coded and a summarization of findings from the conducted interviews are presented in this section. Of the total number of quotations, 613 were from students and 600 were from administrators. Representation included 41 students and 12 administrators from 18 universities and community colleges throughout the state of Oregon (see Figure 1).

Number of Interviewees by Institution Type

■ University ■ Community College ■ CC & University
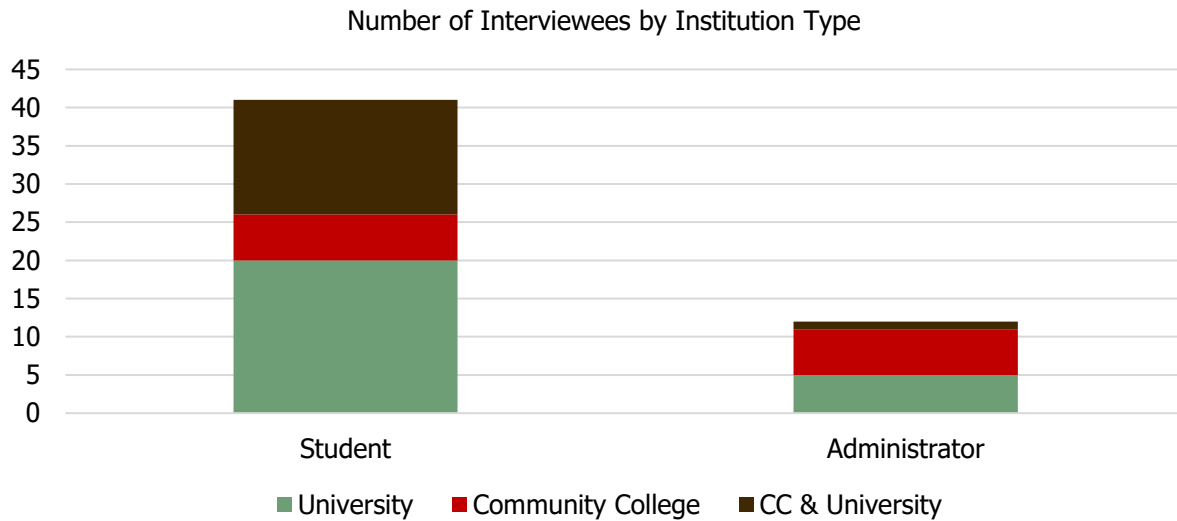
Qualitative analysis included both deductive and inductive codes. We utilized the specific charges of SB 231 to create a list of deductive codes that included identification of issues regarding recruitment, retention, and graduation across all interviews. Other deductive codes were based on mental health and substance abuse service delivery across campuses, which included areas of promotion, prevention, intervention and postvention. Inductive codes were allowed to emerge, in order to capture the lived experience of Oregon's college students (another charge of SB231). Some inductive codes included the prevalence of mental health and substance abuse across campuses, barriers and supports to accessing services, as well as success stories.

From our deductive codes, only a small number of quotes by students and administrators were related to recruitment, retention, and graduation. This may be interpreted as a potential lack of attention on and connection between mental health, substance abuse, and recruitment, retention, and graduation.

Related to recruitment one student indicated a lack of promotion with mental health services and supports when considering schools stating, **"Um, and in terms, mental health, support, I don't think, to be honest that wasn't part of my decision at all. It wasn't really something that crossed my mind while I was applying or looking at other schools since it was something I kind of learned from experience about later on in college."** – Student #6.

Although retention quote numbers were higher than graduation and recruitment quote numbers, the retention quotes often reflected barriers related to maintaining school attendance including a theme related to fears of no longer being allowed to attend school, particularly when there were issues related to psychosis. One student shared their experience related to this fear stating, **"By kicked out I mean put on kind of a leave, you know, forced to drop classes, it's something that's happened to me at other schools. It's something I'm very mindful about…which is why I don't disclose to anyone."** – Student #2.
Overall, findings from the interviews indicate a potential need for more supports and services specifically aimed at improving recruitment, retention, and graduation in populations experiencing mental health and substance use disorders. **"Having avenues to be able to deal with that stress, with crisis or anything like**

that is vital in order for people to succeed, otherwise there's just gonna be debt and no success." – Student #7.

When probing for information regarding mental health and substance abuse promotion, prevention, intervention, and postvention, the majority of responses were related to intervention, followed by promotion, prevention, and very few responses related to postvention.

The lack of responses regarding postvention, highlights a potential gap in services and knowledge on how to support a campus after a mental health related crisis. Yet it is critical for a campus to be prepared after a crisis. One administrator stated: **"[If] a student ultimately has a disorder that requires hospitalization or residential treatment, they shouldn't be penalized. They should be able to have sort of a leave of absence, if you will, whether it's for a semester or a part of a semester or quarter without penalty to their academics so that when they stabilize, when they're in a more recovery mode they can return to campus"** – Admin #2. This is important to consider because if students are not able to re-enter successfully after a crisis, which often requires postvention services, there is risk of higher rates of dropout, increased numbers of school transfers, and decreased rates of graduation.

Results from our interviews also indicate a potential need to explore the use of a more comprehensive and coordinated approach to interventions that includes all levels of mental health and substance abuse promotion, prevention, intervention, and postvention. **"The complex issues the students are coming here with…they need a lot of wraparound services…we're trying to address one at a time but it would be nice if we had—we don't have any case management."** – Admin #6.

Student's lived experience across Oregon's higher education institutions demonstrated a range of successes and needs. Unfortunately, student's experiences are more captured by the barriers they experienced obtaining and interacting with mental health and substance abuse services on campus rather than successes. The same pattern emerged from administrator interviews as well.

Due to the large number of codes that were identified as needs and barriers, sub-coding was used to help make sense of the large coded category, and in all, nineteen sub-codes emerged. See Appendix F for needs/barriers sub-code definitions and frequencies. Top overarching barriers were identified by the highest number of total count frequencies of student and administrator quotes. Top barriers included a range of areas of needs.

First, interviewees identified a large need related to having a long wait time to access services or not being able to access enough services. **"We only have one person that is a counselor that you can go to, to speak about any traumas or family issues, or anything. We have one person, but she's really busy"** – Student #7.

"The wait time was a bit much. Like, I think I had to wait two weeks for an appointment…I wasn't in crisis but for some students who are in crisis that could be a big deal" – Student #5.

Systemic barriers also were a strong theme and included needs related to lack of coordinated services either within the higher education institution or with community partners, having to call versus being able to make an appointment on-line, and staff turnover, which hinders the continuation of care. **"We don't have any sort of like, online way to request an appointment so and it's kinda like, a barrier for me"** – Student #10.

Stigma and/or discrimination issues related to mental health or substance use disorders also emerged as a top theme. **"But anything serious involving hospitalization, voluntary commitment, that kind of stuff, you have to hide that. You have to guard it very closely or you won't even get into [graduate] school. Once you get in you have to keep that secret or else you'll be kicked out, and that's just the reality of the legal profession. It's the reality of, you know, social prejudice against people with a disability."** – Student #2.

"There's definitely a stigma" – Student #6.

The need for supports for special populations such as first-generation college students, students experiencing homelessness, LGBTQIA, Greek student life, athletes, and underrepresented populations also emerged. **"We only have…one person of color who's working in our counseling services. So like, having more staff of color is a pretty major one, especially on a campus that is predominantly white."** – Student #4.

"I was a first-gen college student and um, an only child, single mom, and so being at college and not knowing how to navigate was really, really challenging" – Student from focus group 3.

In addition, major themes were found related to:
- Difficulty finding or knowing about services,
- The need for faculty awareness and support related to mental health and substance use disorders,
- The need for funding to support more services and supports, and
- The need for increased screening and early identification of mental health and substance use disorders.

PRIMARY CODE FREQUENCY TABLE

	Student Quote Counts	Administrator Quote Counts	Total
Promotion	128	52	180
Prevention	19	49	68
Intervention	101	116	217
Postvention	3	6	9
Recruitment	5	11	16
Retention	49	38	87
Graduation	9	16	25
Needs/Barriers	394	297	691
Supports	100	75	175
Incidence rates and overall need	44	23	67

Student Specific Barriers

Students had a strong theme of difficulty finding and knowing about services. **"If I needed to seek help if I was having an anxiety attack or a panic attack or mental breakdown or something like that I would not know where to go at school."** – Student #8.

Students also had a very strong theme of relationships, particularly needing individuals they could trust and/or relate to. **"But I feel like there's a lot of students who don't necessarily feel like there's someone there that they really identify with and someone there that would understand their problems"** – Student #6.

This need was particularly noted by special populations: **"90% of the people on campus are white and that's reflected in the demographics of the therapists at the Counseling Center"** – Student #6.

Students had a strong theme for a need for accommodations related to mental health concerns as well as a need for family and/or peer supports. For example, a student from focus group #3 stated, **"Maybe the university should be looking at how they emphasize facilitating connection and building relationships among students because our campus is huge and we're very, very disconnected as a whole."** Another student discussed the lack of support groups and opportunities to connect with peers stating, **"there weren't any sort of support groups on campus"** – student #8.

Students also had strong themes of fear of not being allowed to continue at school, particularly in populations experiencing psychosis. **"So if you tell them you're hearing voices that other people can't hear they see that as a reason in and of itself to kick you off campus or to find reasons to get you out of campus."** – Student from focus group #2.

Lastly, students wanted more equal access to services throughout the term and year. Specifically, it was noted that services often were unavailable in the summer, appointment openings for counseling decrease heavily by the end of term, and services being of lower quality at the end of the day due to staff being overworked. **"With the in-house counselor for Student Support Services, they actually, they don't have limits, it's just whatever I feel like, but during the summer it is really difficult actually because, the university kind of shuts down"** – Student #5.

"The earlier appointments in the day are usually better because the psychiatrists do work all day and I have noticed a deterioration in the quality of the appointments if I schedule in the evening." – Student #9.

UNIQUE STUDENT NEEDS/BARRIERS

Theme	Student Quote Counts	Administrator Quote Counts	Total
Difficulty finding and knowing about services	83	10	93
Relationships/needing individuals they could trust and relate to	26	3	29
Need for accommodations related to mental health concerns	21	0	21
Need for family and/or peer supports	18	1	19
Fear of getting kicked out – particularly in populations experiencing psychosis	9	1	10
Temporality - needing services throughout the year-temporality	8	1	9

Administrator Specific Barriers

Administrators reported a need for new/innovative approaches to services. One idea included arranging the broad array of services and supports within a tiered approach. **"How the system can be improved is by increasing systemic emotional and pharmacological literacy rather than just doing Freud's talking cure."** – Admin #4.

"We need to be focusing on the prevention, the skills, the education, changing the conversation on campus." – Admin #5.

Interestingly, only one administrator questioned whether it is the university's role to address student mental health. **"I just don't know that I believe that institutions of higher ed are really responsible for students' mental health."** – Admin #8.

This is in contrast to student perception and the majority of administrators who identified the need to increase campus mental health and substance abuse services and supports. **"We probably need a mental health professional kind of within our traditional undergraduate program like maybe even within the dorms."** – Admin #7.

"Getting counseling off campus, having to like leave campus and go whenever you can, because like during the week it's really busy and you know, during the weekend nothing's really open." – Student #5.

Last, there were themes of provider stress, lack of supports, and multiple role changes with providers often taking on a complexity of roles and duties. **"I don't have supervision like supervision in terms of clinical supervision where you can basically kind of de-stress and staff cases"** – Admin #4.

"The burn out rate for folks in university counseling center now I know is really, really high and people are just, the psychologists are leaving to go into private practice. I mean, there's so many openings right now in the different universities and they're not able to fill them." – Admin #8.

"I feel like we have such an approach of overload, every employee with multiple responsibilities, multiple initiatives and projects that you know, you're not working hard enough if you're not drowning in work." – Admin #11. This again links back to the aforementioned needs related to lack of services/providers and lack of funding to support such roles.

UNIQUE ADMINISTRATOR NEEDS/BARRIERS

Theme	Student Quote Counts	Administrator Quote Counts	Total
Need for new/innovative approaches to services	0	34	34
Theme from some admin (but not all) that it was not the university role to address mental health – represents very diverse ideals on this issue across organizations and providers	0	12	12
Theme of provider stress	0	8	8
Theme of provider needing to wear multiple hats	0	1	8

Successes

Fortunately, students and administrators also had success with the services provided at their institution. Some successful strategies mentioned related to positive school outcomes included peer supports, accommodations for mental health and substance use disorders, getting connected with services, and coordinated services.

"I love it because then it's all in one like, it's all centralized. Like, she is my advisor but she's also my counselor." – Student #5.

"Mental health isn't about just being in the constant crisis, but finding that you know the coping skills, which I think that's something that's learned over time with life experience. That is really helpful because without that experience and reaching out and talking to my doctors and things like that I wouldn't be in graduate school, wouldn't have published research, I wouldn't have done like the cool things I've done today" – Student #2.

RECOMMENDATIONS

The mission of this Task Force is to improve access to equitable services and reduce barriers for Oregon students with or at-risk for mental health challenges or substance use disorder enrolled in higher education. To accomplish this mission, four recommendations were selected as a means to achieve the charges of Senate Bill 231. These recommendations were informed by over 200 years of combined professional experience (see affiliations and credentials in Appendix A), a review of empirical literature, and a state-wide assessment of student and administrative voice which was implemented by a team from the University of Oregon during September and October of 2018. These recommendations align with many of the objectives of the Higher Education Coordinating Commission (HECC) Strategic Plan and the Oregon Health Policy Board CCO 2.0 Recommendations which were developed in collaboration with Oregon Health Authority (OHA) and the Oregon Health Policy Board (OHPB). Additionally, these recommendations align with current OHA Policy Option Packages and legislative actions aimed at improving mental health promotion, substance abuse prevention acute care services for young people, and suicide prevention in K-12 schools.

A Vision for the Recommendations

These recommendations are intended to improve promotion and prevention services on all Oregon public university and community colleges related to mental health or substance abuse while removing any barriers that may impact recruitment, retention, and graduation.

They are reflected within the Task Force's vision that all Oregon public universities will have the capacity and agency to improve student behavioral health as a pathway to improving overall student success.

Under this vision are the following objectives for all of Oregon's public higher education institutions:

1. Promotion of students' health choices, knowledge, and information,
2. Prevention of the negative impact of mental health or substance use challenges on scholastic engagement and success, and;
3. A collaborative approach to sharing information, resources, policies, and practices.

Education is a social determinant of health. The following recommendations provide strategies to meet these objectives, promoting health equity across vulnerable and traditionally marginalized populations, and incorporating the unique needs of institutions in both rural and urban communities across Oregon. The recommendations are broken down over time and include key partnerships to provide technical assistance, resource development, all with the explicit aim of improving campus infrastructure related to mental health and substance abuse prevention and promotion efforts.

From the information we collected as part of statewide assessment on mental health and substance use on Oregon's public higher education institutions, the Oregon Task Force for Student Mental Health Support put forth four specific recommendations. These recommendations are encouraged to be viewed through a specific lens that focuses on equitable outcomes for the wide range of students and campuses that inhabit the state of Oregon. Please consider the following as you read through the recommendations:

1. The Task Force is committed to supporting the needs of all students who are experiencing a mental illness or substance use disorder.
2. The Task Force supports the idea that there is a synergistic epidemic between substance use and mental health, in which case these two issues must be addressed together, not separately.
3. There is a critical need to ensure vulnerable populations are a focus when implementing the following recommendations.

Recommendation 1 – (Years 1-5)

The State of Oregon will create a permanent state-wide Mental Health Task Force to facilitate the implementation of the recommendations provided by the Oregon Task Force for Student Mental Health Support created by Senate Bill 231.

Tasks for the state-wide Mental Health Task Force include:

- Convene a body of experts to assist campus-level mental health and substance use personnel with issues pertaining to mental health and substance use infrastructure, assessment, and data-informed decision making for all Oregon public universities and community colleges.
- Oversee the state-wide campus mental health initiatives.
- Recommend an infrastructure for assessment, progress monitoring of mental health and substance use on Oregon's public higher education institutions.
- Provide a 5-year plan to address mental health and substance use on Oregon's public higher education institutions aligned with the agency visions and objectives of the Higher Education Coordinating Commission and the Oregon Health Authority.
- Provide recommendations to college campuses on how to support mental health and substance use based on institutional type, geographic location, and considerations to vulnerable student populations.
- Oversee the implementation of the JED Foundation Campus strategic action planning process for Oregon's public higher education institutions.
- Report to the legislature each year about progress made at the state and individual campus level.
- Continual review and revision of the 5-year plan to maximize positive outcomes.
- The Mental Health Task Force will explore grant options for each of Oregon's public higher education institution to apply for to implement practices to support mental health and substance use programming.
- Oregon Health Authority full-time (1.0 FTE) staff position knowledgeable about student mental health to coordinate the task force activities and assist with the implementation and monitoring of the plan.

Cost associated with Recommendation 1 - One full-time position at Oregon Health Association.

Alignment with HECC Strategic Plan (2016-2020) Strategy 1: Goal Setting
This recommendation is aligned with two critical components of this strategy. The creation of a state-wide task force will conduct reporting in *a systematic way and with an equity focus* and will improve the state and institutional capacity for *collecting, analyzing, and reporting* on mental health and substance abuse disorder and recruitment, retention, and graduation. Alignment with Strategy 1 will assist with promotion of meeting the 40-40-20 goal.

Alignment with Oregon Health Policy Board CCO 2.0 Recommendations (2016-2020)
Vision 1: Improve the behavioral health system and address barriers to access and integration of care.
As noted in the OHPB report, *behavioral health encompasses mental health and substance use disorder services for individuals and families throughout the lifespan.* This recommendation is aligned with this vision with an emphasis on the 2 or more years a person pursues their goals with the pursuit of higher education. Likewise, this recommendation will also assist with the mission to *improve behavioral health for Oregonians and remove the barriers that keep patients from receiving care in the right place at the right time.*

Recommendation 2 – (Years 2-5)

Provide funding for JED Campus strategic action planning process at every Oregon public higher education institution (including all seven public universities and seventeen community colleges).

Funding for JED Campus strategic action planning provides campuses with:
- Baseline assessment of student level mental health and substance use using the Healthy Minds Study.
- A campus wide needs assessment on mental health and substance use on a systems level, that occurs during the first and fourth years of JED Campus involvement.
- Access to innovative and promising practices that can be recommended for implementation based on the individualized analysis of campus and student baseline information or preliminary findings.
- Access to JED Campus recommendations and innovations that have been framed and organized using an equity-based approach to ensure consideration of minority populations on college campuses.
- Campus teams will work with JED Campus to ensure their use of an equity framework to ensure vulnerable populations are supported.
- A JED Campus advisor that is directly assigned to each campus and provides an overview of information collected by JED campus, including individualized technical assistance to help guide the implementation of innovations and interventions for each college campus. Technical assistance is provided throughout the four years of the contract.
- A JED Campus collection of promising practices and innovations that are currently occurring on college campuses across the United States.
- Post- JED Campus involvement assessment of student level mental health and substance use using the Healthy Minds Study.
- JED Campus' willingness to partner with the state to create a sustainable process similar to a Train-the-Trainer model to ensure sustainability and fidelity of implementation after JED Campus.

Cost associated with Recommendation 3 - $264,000 per biennium AND $528,000 total for all four years of partnership.

Alignment with HECC Strategic Plan (2016-2020) Strategy 4: Student Support
This recommendation is aligned with two critical components of this strategy. First, this recommendation will assist with the development of an infrastructure so that higher education institutions can *invest in student safety and success*. Similarly, these funds allocated for the JED campus strategic action planning will *support statewide, collaborative, university-led initiatives focused on improving student success* through the lens of mental health and substance use. Partnership with the JED foundation will also *support the development of center(s) to research, develop, and disseminate best practices for student safety and success*.

Alignment with Oregon Health Policy Board CCO 2.0 Recommendations (2016-2020)
Vision 3: **Focus on social determinants of health and health equity**. As noted in the OHPB report, *to truly achieve health for all people in Oregon – and not just the absence of disease – the health care system and its partners need to focus equally on the factors that affect health outside the clinic walls. There's also an increasing recognition that social determinants of health such as housing and* **education have a significant impact on health disparities**. This recommendation is also campus community-driven, as collaboration with JED ensures individualized assessment and recommendations based on the diverse needs of students across the state which aligns with the CCO 2.0: *community-driven focus on health disparities and the social factors contributing to those disparities will help lead to decreased inequities between rural and urban communities across the state.*

Recommendation 3 – (Years 2-5)

Every Oregon public higher education institution will have a designated mental health and substance use liaison to help promote and intervene on mental health and substance use on their individual campus. Each institution will work with the Task Force to appoint or hire an individual to act as a coordinator between JED Campus (as described in Recommendation 3) and the newly created Mental Health Task Force (as described in Recommendation 1).

The liaison will:
- Implement and oversee JED Campus strategic action planning process over four years.
- Oversee mental health campus assessments (i.e., the JED Campus assessment and Healthy Minds Study assessment).
- Collaborate with JED Campus and implement individualized recommendations.
- Each campus task force will be multidisciplinary including the appointed liaison, administration, cross department collaboration, cross services collaboration, and student representation.
- Oversee the implementation and monitoring of specific evidence-based and emerging practices that occur on campuses.
- Oversee the reporting of collected information to the permanent Mental Health Task Force.

Recommendation 4 – (Years 1-5)

Create an implementation and evaluation partnership to consult and provide services to the Mental Health Task Force (created in Recommendation 1) and local mental health task forces (created in Recommendation 2).

The partnership will:
- Work with campus level teams to identify and solve issues of practice in regarding mental health and substance use on their campus
- Work to provide technical assistance to campuses, support campus mental health and substance use assessment and progress monitoring throughout each campus' involvement with JED Campus.
- Support campus' implementation of mental health and substance use programming and support the progress of programmatic outcomes.
- The liaison (created in Recommendation 2) will provide a biannual report on each individual campus to the state Mental Health Task Force.
- Provide access to experts in implementation science, program evaluation, data and information management, and analysis.
- Use an equity-based lens to ensure issues that vulnerable populations are facing are identified.
- Report to the state level Mental Health Task Force (created in Recommended in 1) and will leverage scientists and graduate student researchers to ensure that promising and evidence-based practices are promoted on college campuses, and to ensure that innovations being implemented on college campuses are done with fidelity and can be sustained.
- Participate in a biannual conference to share innovations, practices, and any other relevant information related to improve mental health related outcomes for Oregon students enrolled in public higher education. This conference will also provide opportunities for campuses to collaborate and share what has been successful on their campus.
- Work with the state Mental Health Task Force (created in Recommendation 1) to provide a centralized resource portal (i.e., website) for all Oregon public higher education institutions to share practices, programs, and data.
- Provide synthesized annual progress reports to the state Mental Health Task Force on the implementation of the 5-year plan.

Alignment with HECC Strategic Plan (2016-2020) Strategy 1: Goal Setting
This recommendation is aligned with two critical components of the goal setting strategy. The creation of a state-wide task force will conduct reporting in *a systematic way and with an equity focus* and will improve the state and institutional capacity for *collecting, analyzing, and reporting* on data related to mental health and substance abuse disorder and recruitment, retention, and graduation. Alignment with Strategy 1 will assist with promotion of meeting the 40-40-20 goal.

Alignment with Oregon Health Policy Board CCO 2.0 Recommendations (2016-2020) Vision 3: **Focus on social determinants of health and health equity.** This recommendation is particularly aligned because it promotes an emphasis of creating and sustaining **communication** *and* **partnerships** between institutional communities across the state as well as **facilitate collaboration of resource sharing** to **promote health and health equity** for the 367,292 students enrolled in Oregon a public university or community college.

FINAL CONSIDERATIONS

The creation of the Oregon State Task Force on Student Mental Health Support is the first step of a long-term comprehensive plan to address the mental health and substance abuse needs impacting students enrolled in Oregon's public higher education institutions. The information presented in this report should be used as a springboard to continue the necessary work by a permanent Task Force to improve the supports for mental health and substance abuse challenges. Such improved support has implications for student enrollment, retention and graduation. The implementation of these recommendations are a pathway for Oregon's public higher education institutions to establish a mental health and substance abuse infrastructure that is preventative and sustainable.

Limitations

While this report provides an overall state-wide assessment of mental health and substance abuse issues on Oregon's public higher education institutions, some limitations should be acknowledged:

- **Student sample:** Given the recruitment strategies that were used to gather input from the student population, the assessed sample should not be considered as a representative sample of Oregon college students. In this convenience sample, there is likely an over representation of students who have experienced a mental health or substance abuse challenge so some results, in particular suicide or suicidal ideation, may have resulted in higher rates compared to a random sample of the student population. However, a key purpose of the assessment was to obtain information regarding the lived experiences of students with mental health challenges across Oregon campuses.

- **Time to complete the charges of SB 231.** The Task Force first convened on July 18, 2018 and information was challenging to gather (from both student and administrators) until the start of the academic year in late September. Therefore, the window to collect surveys, conduct interviews, and write the report had to occur in a very limited time span (2.5 months).

- **Representation of information on substance abuse**: Throughout the process, identifying information on university services for substance abuse was more challenging than accessing information on mental health.

Future Directions

Despite these limitations there is a convergence of findings across multiple national sources as well as from this state-wide assessment. There is no question that mental health and substance abuse is occurring at high rates, and students are increasingly entering college with complex needs. The recommendations put forth by the Task Force provide a multi-year blueprint to better support our students, and in turn support the mission of Oregon's 40-40-20 education goal (ORS 350.014). It is essential that the foundation is put in place to support university and community college campuses, and that an infrastructure is built for maximizing the sustainable implementation of preventative practices.

APPENDIXES

APPENDIX A: TASK FORCE TEAM MEMBERS AND AFFILIATIONS

MEMBER	AFFILIATE	NAME AND CREDENTIALS
Faculty Member	Lane Community College	Mark Harris Coordinator, Substance Abuse Prevention
Faculty Member	Portland State University	Dr. Ryan Melton Ph.D., LPC, ACS Senior Research Associate/EASA Clinical Training Director Regional Research Institute (RRI)
Counseling Director	Portland State University	Lisa Aasheim, PhD, LPC, NCC, ACS Associate Professor Chair, Counselor Education Department
Substance Abuse Disorder Practitioner	Oregon Health Authority	Marisha Elkins (SME-OHA) DUII Coordinator
Mental Health Practitioner	University of Oregon	Al Siebel, MA, LPC, CADC-III Senior Staff Therapist AOD Coordinator Director, Collegiate Recovery Center
Mental Health Practitioner	Lane Community College	Laura Greene Nurse Practitioner
Representative of the Oregon Health Authority	Oregon Health Authority	Jean Lasater, MA Coordinator, Young Adult Services Health Systems Division

TASK FORCE FACILITATION TEAM

Affiliate	Members
University of Oregon	John Seeley, PhD, Chris Knowles, PhD, Sondra Stegenga, MS, OTR/L, M.Ed., Sloan Storie, M.A., James Sinclair, PhD
Higher Education Coordinating Commission	Anthony Medina, Operations Policy Analyst, Office of University Coordination

ACKNOWLEDGEMENTS

Special thanks to those who have supported the creation of this report
Don Tennison, Oregon Health Authority; Kimberlee Barker, University of Oregon; Christina Wall, EASA; Jeanne Beck, NAMI; Patty Hamel, University of Oregon; Mary Elizabeth Hamilton, University of Oregon; Jeff Gau, University of Oregon

APPENDIX B: PROMISING PRACTICES

Technologies:
1. Crisis Text Line[i]
2. Mood apps (e.g., Pacifica)[1]
3. The BetterMynd tool (works with counseling centers to contract with local providers who offer virtual counseling for students)[ii]
4. Buddy Project (connect peers with individuals who are struggling through Twitter)[2]
5. Runaway App (create happiness zones with peers)[2]
6. Project Lighthouse (Georgetown University Peer-to-peer mental health support via the internet)[2]
7. The Mental Elephant (East Carolina University, thementalelephant.com is an online resource and a series of digital outlets and community-based events used to promote mental health across the country)[2]

Suicide:
1. Air Force Suicide Prevention Program[iii]
2. Zero Suicide Initiative[3]
3. Hiring a men's resilience specialist[3]
4. Developing a protocol for postvention[3]
5. Mandating the "Mandated Assessment of Risk of Suicidality and Self-Harm Protocol[3]
6. Having policies and practices to limit student exposure to lethal means[3]
7. Multi-tiered suicide prevention activities (Applied Suicide Intervention Skills Training ASIST; One Too Many leadership initiative)[iv]
8. Hiring a full-time suicide intervention coordinator[3]
9. JED Campus Framework[3]

Service Delivery Innovations:
1. Patient-Centered Medical home model[3]
2. Get students in a preliminary 2-3 session group prior to intensive counseling[3]
3. Hiring case managers[3]
4. Duck Nest Wellness Center (mental health workshops/presentation in central part of campus[4]
5. Student Health and Wellness Champions (student voice for university health center improvement)[4]
6. Use of social media to reach students[4]
7. Off-campus therapy stipend (at Georgetown University, students may apply for a financial stipend of $500 to help them start with therapy for outside therapeutic services)[2]

Substance Abuse:
1. Providing interventions to students admitted to the ED[3]
2. Live Free (student organization whose mission is to confront addiction through education, outreach, and access to recovery resources, group meets regularly to discuss the challenges and opportunities of being a college student in recovery)[2]
3. Other Substance Abuse Resources and Interventions Healthy People 2020: https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse/ebrs

Systems:
1. Have counselors attend student conduct meetings to match them with services if needed[3]
2. Developing a protocol for postvention – after suicide[3]
3. Offering a course for credit on resilience to students[3]
4. Having faculty use their course syllabi to talk about behavioral health[3]
5. Referral to the Accessible Education Office (AEC)[4]
6. IntroDUCKtion (health and wellness discussions during orientation[4]

7. Policy considerations for disability supports ("Recommendations include improving leave of absence policies, addressing concerns about losing financial aid and scholarships, and better engaging student around their rights and resources")[2]
8. Course promoting well-being (University of Illinois – Chicago 2-credit course on well-being)[2]

Targeted Populations:
1. Offer groups to support under-represented student populations[3]
2. Sexual Wellness Advocacy Team (student group addressing sexual assault and relationship violence)[4]
3. Black Mental Health Ambassadors (Advocates for the mental health needs of the black communities at Emory University. Connect them with spiritual, mental and emotional resources, believes in wholistic wellbeing).[2]

Practices:
1. Supervision and debrief for self-care[3]
2. Incorporating mindfulness in classroom environments[3]
3. Promoting social networks[3]
4. Offering suicide recognition training for faculty and students[3]
5. Running MH Awareness events and fairs[3]
6. Drop-in wellness workshops[4]
7. Group therapy[4]
8. Short term individual therapy[4]
9. Active Minds Campus groups[4]
10. Wolverine Support Network (Peer-to-peer support network that offers weekly groups and discussion to support each other's identities, mental well-being, and day-to-day lives)[2]
11. Mental Health Ambassadors (UNC Chapel Hill mental health first aid trained students support students through dialogue, outreach, and resource publications, also provides 30-45-minute skills training)
12. Other Mental Health Resources and Interventions Healthy People 2020: https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders/ebrs

APPENDIX C: STUDENT SURVEY FINDINGS

Table 1

What institution do you primarily associate with?

	Urban	Rural	Total (%)
University			
Eastern Oregon University		6	3.3
Oregon Institute of Technology		15	8.2
Oregon State University	15		8.2
Portland State University	15		8.2
Southern Oregon University	10		5.5
University of Oregon	15		8.2
Western Oregon University		7	3.8
Community College			
Blue Mountain Community College		8	4.4
Central Oregon Community College	5		2.7
Chemeketa Community College	10		5.5
Clackamas Community College	10		5.5
Clatsop Community College		2	1.1
Columbia Gorge Community College		7	3.8
Klamath Community College		2	1.1
Lane Community College	2		1.1
Linn-Benton Community College		6	3.3
Mt. Hood Community College	2		1.1
Oregon Coast Community College		4	2.2
Portland Community College	14		7.7
Rogue Community College		1	0.5
Southwestern Oregon Community College		1	0.5
Tillamook Bay Community College			0.0
Treasure Valley Community College		6	3.3
Umpqua Community College		15	8.2

Table 2

What type of student are you?

	University	Community College	Urban	Rural	Total
Full-time	24.2	30.8	31.3	23.6	54.9
Part-time	2.7	7.1	4.9	4.9	9.9
Undergraduate	30.8	29.1	30.2	29.7	59.9
Graduate	11.5	7.7	13.2	6.0	19.2
Non-traditional	6.0	7.7	7.7	6.0	13.7
Transfer	5.5	12.6	8.8	9.3	18.1
Distance learner	3.3	5.5	4.4	4.4	8.8
1st generation	10.4	12.1	12.1	10.4	22.5
Recent graduate	6.6	3.8	6.63	3.8	10.4

Table 3

What ethnicity or race do you identify with?

	University	Community College	Urban	Rural	Total
White	34.6	39.6	39.6	34.6	74.2
Black or African American	1.6	1.1	6.1	00.0	2.7
American Indian or Alaska Native	0.5	3.3	2.2	1.6	3.8
Asian	6.0	3.8	7.7	2.2	9.9
Native Hawaiian or Pacific Islander	0.5	1.1	1.6	00.0	1.6
Hispanic or Latinx	9.9	8.2	8.8	9.3	18.1
Multiracial	3.3	2.7	3.3	2.7	6.0
Other	00.0	1.1	1.1	00.0	1.1
Rather not say	00.0	1.9	1.9	00.0	1.6

Table 4

Do you consider yourself a member of the LGBTQIA community?

	University	Community College	Urban	Rural	Total
Yes	23.3	37.9	35.4	25.6	30.8
No	74.4	58.9	60.6	73.2	65.9
Prefer to self-describe	1.8	3.2	4.0	1.2	2.2

Table 5

How do you identify?

	University	Community College	Urban	Rural	Total
Female	65.1	50.0	59.0	54.9	57.1
Male	27.9	45.8	33.0	42.7	37.4
Transgender	1.2	0.0	1.0	0.0	0.5
Gender fluid	1.2	1.0	1.0	1.2	1.1
Prefer not to identify	0.0	1.0	1.0	0.0	0.5
Prefer to self-describe	1.2	0.0	1.0	0.0	0.5
Gender non-conforming	3.5	1.0	4.0	0.0	2.2
Unsure	0.0	1.0	0.0	1.2	0.5

Table 6

In general, during the past 12 months…

	University	Community College	Urban	Rural	Total
Would you say your general physical health is…					
Good	84.9	81.3	81.0	85.4	83.0
Poor	15.1	18.8	19.0	14.6	17.0
Would you say your emotional health is…					
Good	61.6	76.0	64.0	75.6	69.2
Poor	38.4	24.0	36.0	24.4	30.8

Did you have any physical health care needs that were not met?					
Yes	34.1	53.1	43.4	45.1	44.2
No	65.9	46.9	56.6	54.9	55.8
Did you have any emotional or mental health care needs that were not met?					
Yes	47.7	50.0	56.0	40.2	48.9
No	52.3	50.0	44.0	59.8	51.1
During the past seven days, on how many days were you physically active for a total of at least 60 minutes per day?					
Zero to three days	59.0	61.4	54.4	67.1	54.9
Four to seven days	41.0	38.6	45.6	32.9	45.1
On an average school day, how many hours do you watch TV?					
Zero to two hours	84.6	81.8	82.2	84.2	75.8
Three or more hours	15.4	18.2	17.8	15.8	24.2
On an average school day how many hours do you play video/computer games or use a computer for something that is not school work?					
Zero to two hours	60.3	48.9	54.4	53.9	49.5
Three or more hours	39.8	51.1	45.5	46.1	50.5
Did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?					
Yes	36.0	54.2	47.0	43.9	45.6
No	64.0	45.8	53.0	56.1	54.4
Did you ever seriously consider attempting suicide?					
Yes	23.3	36.8	34.0	25.9	30.4
No	76.7	63.2	66.0	74.1	69.6
How many times did you actually attempt suicide?					
Zero	93.0	69.8	80.0	81.7	80.8
One time	2.3	9.4	5.0	7.3	6.0
Two or more	4.7	20.8	15.0	11.0	13.2

Table 7

How true are the following for you:

	University	Community College	Urban	Rural	Total
I can do most things if I try					
True	88.4	87.5	89.0	86.6	87.9
False	11.6	12.5	11.0	13.4	12.1
I volunteer to help others in my community					
True	74.4	65.6	69.0	70.7	69.8
False	25.6	34.4	31.0	29.3	30.2
I can work out my problems					
True	83.7	71.9	76.0	79.3	77.5
False	16.3	28.1	24.0	20.7	22.5

Table 8

Current health or learning conditions:

	University	Community College	Urban	Rural	Total
Are you deaf or do you have serious difficulty hearing?					
Yes	2.3	19.8	11.0	12.2	11.5
No	97.7	80.2	89.0	87.8	88.5
Are you blind or do you have serious difficulty seeing, even when wearing glasses?					
Yes	2.3	9.4	7.0	4.9	6.0
No	97.7	90.6	93.0	95.1	94.0
Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?					
Yes	26.7	35.4	35.0	26.8	31.3
No	73.3	64.6	65.0	73.2	68.7
Do you have serious difficulty walking or climbing stairs?					
Yes	3.5	14.6	8.0	11.0	9.3
No	96.5	85.4	92.0	89.0	90.7
Do you have difficulty dressing or bathing?					

Yes	1.2	15.6	9.1	8.5	8.8
No	98.8	84.4	90.9	91.5	91.2
Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a physician's office or shopping?					
Yes	10.5	29.2	18.0	23.2	20.3
No	89.5	70.8	82.0	76.8	79.7

Table 9

To what extent do you agree/disagree with the following statements:

	University	Community College	Urban	Rural	Total
Mental illness is prevalent among student population at my institution					
Agree	65.1	63.5	75.0	51.2	64.3
Disagree	25.6	30.2	21.0	36.6	28.0
Unsure	9.3	6.3	4.0	12.2	7.7
It is the institutions responsibility to provide appropriate care for students with mental illness					
Agree	89.5	65.6	82.0	70.7	76.9
Disagree	10.5	34.4	18.0	29.3	23.1
Unsure	00.0	00.0	00.0	00.0	0
My institution currently has effective programs in place to identify, treat, and prevent mental illness					
Agree	65.1	44.8	58.0	50.0	54.4
Disagree	20.9	35.4	32.0	24.4	28.6
Unsure	14.0	19.8	10.0	25.6	17.0
The institution is accepting of and accommodating to students with mental illness					
Agree	66.3	64.6	70.0	59.8	65.4
Disagree	22.1	26.0	23.0	25.6	24.2
Unsure	11.6	9.4	7.0	14.6	10.4
Top administrators are committed to improving mental health at my institution.					
Agree	48.2	55.2	43.4	62.2	51.9
Disagree	36.5	30.2	43.4	20.7	33.1
Unsure	15.3	14.6	13.1	17.1	14.9
Faculty are comfortable with the idea of having students with severe mental illness in their classes					

Agree	45.3	46.9	45.0	47.6	46.2
Disagree	34.9	36.5	40.0	30.5	35.7
Unsure	19.8	16.7	15.0	22.0	18.1
The institution is open to innovation and change when it comes to new programs, initiatives and policy regarding mental illness					
Agree	54.7	52.1	54.0	52.4	53.3
Disagree	27.9	33.3	31.0	30.5	30.8
Unsure	17.4	14.6	15.0	17.1	15.9

Table 10

Mental health promotion on campus

	University	Community College	Urban	Rural	Total
Does your institution currently carry out any mental health promotion?					
Yes	76.7	63.5	80.0	57.3	69.8
No	23.3	37.5	20.0	42.7	30.2
What programs at your institution are promoting mental health?					
Counseling center	67.4	31.3	59.0	35.4	48.4
Student affairs office	32.6	21.9	31.0	22.0	26.9
Student accessibility office	45.3	24.0	42.0	24.4	34.1
Student's association	25.6	27.1	32.0	19.5	26.4
Student clubs	33.7	18.8	17.6	18.3	25.8
Student health volunteer	30.2	11.5	28.0	11.0	20.3
Residence staff/advisors	29.1	12.5	28.0	11.0	20.3
Campus medical services	28.4	15.6	35.0	15.9	26.4
What are the purposes of the mental health promotion programs at your institution					
Educate students about mental health disorders	58.1	25.0	48.0	31.7	40.7
Reduce the stigma of mental illness on campus	47.7	33.3	52.0	25.6	40.1
Educate students on how to recognize mental illness in other and how to help those who may be in need	47.7	34.4	48.0	31.7	40.7

Inform students of the mental health services available at their institution and where to go if they need help	61.6	34.4	58.0	34.1	47.3

Table 11

Mental health promotion for specific issues…

	University	Community College	Urban	Rural	Total
Does your institution run any promotion programs targeted specifically towards any of the following:					
Substance abuse	30.2	14.6	27.0	15.9	22.0
Attention deficit/hyperactivity disorder	10.5	16.7	17.0	9.8	13.7
Eating disorders	22.1	15.6	21.0	15.9	18.7
Depression	39.5	22.9	39.0	20.7	30.8
Bipolar Disorder/Schizophrenia	8.1	10.4	9.0	9.8	9.3
Suicide	33.7	20.8	34.0	18.3	26.9
Anxiety/Stress	44.2	24.0	43.0	22.0	33.5
Trauma Disorders	14.0	9.4	11.0	12.2	11.5
Cognitive Disabilities	10.5	13.5	14.0	9.8	12.1
Mental health as a whole	20.9	12.5	21.0	11.0	16.5
My institution does not run any mental health promotion programs	3.5	2.1	4.0	1.2	2.7

Table 12

Mental health outreach on campus…

	University	Community College	Urban	Rural	Total
Are you aware of any mental health outreach initiatives at your institution?					
Yes	55.8	54.2	64.0	43.9	54.9
No	44.2	45.8	36.0	56.1	45.1
Have you heard about mental health outreach initiatives at your institution?					
Counseling center	38.4	19.8	32.0	24.4	28.6

Student affairs office	15.1	20.8	20.0	15.9	18.6
Student accessibility office	16.3	13.5	17.0	12.2	14.8
Student's association	14.0	14.6	16.0	12.2	14.3
Student clubs	15.1	11.5	14.0	12.2	13.2
Student health volunteer	24.4	15.6	26.0	12.2	19.8
Residence staff/advisors	22.1	7.3	18.0	9.8	14.3
Campus medical services	27.9	6.3	23.0	8.5	16.5
Professors/Faculty	14.0	16.7	17.0	13.4	15.4
Student recreation center	8.1	8.3	11.0	4.9	8.2
I have not heard about any outreach	0.0	1.0	0.0	1.2	.5

Table 13

Mental health outreach for specific issues…

	University	Community College	Urban	Rural	Total
Are there any mental health outreach initiatives specifically focused on the following populations?					
International students	14.0	11.5	17.0	7.3	12.6
Male students	17.4	11.5	17.0	11.0	14.3
Female students	20.9	15.6	23.0	12.2	18.1
Students who identify as LGBTQIA	30.2	27.1	36.0	19.5	28.6
Students of color	14.0	11.5	17.0	7.3	12.6
Veterans	11.6	16.7	14.0	14.6	14.3
1st generation students	7.0	7.3	7.0	7.3	7.1
Students with disabilities	17.4	13.5	18.0	12.2	15.4
Distance learners	3.5	6.3	4.0	6.1	4.9
Low-income students	8.1	7.3	10.0	4.9	7.7
Foster groups	0.0	4.2	1.0	3.7	2.2
Deferred Action for Childhood Arrivals (DACA)	5.8	5.2	7.0	3.7	5.5
Re-entry groups (e.g., post-incarceration)	2.3	6.3	4.0	4.9	4.4
There are no mental health outreach initiatives for any of these populations	5.8	1.0	5.0	1.2	3.3
Unsure	15.1	10.4	12.0	13.4	12.6

Table 14

To what extent do you agree/disagree with the following statements:

	University	Community College	Urban	Rural	Total
Overall, students are informed about mental health and available mental health services on campus					
Agree	66.7	59.6	59.6	67.1	62.9
Disagree	28.4	34.8	36.2	26.3	31.8
Unsure	4.9	5.6	4.3	6.6	5.3
The institution has a "community campus approach" to mental health					
Agree	44.4	46.1	42.6	48.7	45.3
Disagree	42.0	43.8	48.9	35.5	42.9
Unsure	13.6	10.1	8.5	15.8	11.8
The institution is committed to the dissemination of information about mental health					
Agree	58.0	48.3	51.1	55.3	52.9
Disagree	24.7	32.6	31.9	25.0	28.8
Unsure	17.3	19.1	17.0	19.7	18.2
The institution could benefit from expanding its mental health promotion programs					
Agree	82.7	82.0	87.2	76.3	82.4
Disagree	9.9	12.4	8.5	14.5	11.2
Unsure	7.4	5.6	4.3	9.2	6.5
The institution could benefit from expanding its outreach programs					
Agree	90.1	79.3	89.1	78.9	84.5
Disagree	2.5	16.1	7.6	11.8	9.5
Unsure	7.4	4.6	3.3	9.2	6.0
The mental health promotion programs currently in place are effective					
Agree	49.4	39.3	47.9	39.5	44.1
Disagree	29.6	42.7	41.5	30.3	36.5
Unsure	21.0	18.0	10.6	30.3	19.4
The mental health outreach programs currently in place are effective					
Agree	39.5	41.6	43.6	36.8	40.6
Disagree	37.0	39.3	43.6	31.6	38.2
Unsure	23.5	19.1	12.8	31.6	21.2

Table 15

Does your institution have any of the following social supports in place for students?

	University	Community College	Urban	Rural	Total
Peer health educators	38.4	12.5	28.0	20.7	24.7
Peer support	38.4	33.3	36.0	35.4	35.7
Women's center	52.3	36.5	57.0	28.0	44.0
International student's center	48.8	26.0	47.0	24.4	36.8
LGBTQIA meeting space	65.1	41.7	62.0	41.5	52.7
Students of color center	44.2	26.0	48.0	18.3	34.6
Veterans center	41.9	34.4	43.0	31.7	37.9
Sexual assault/Interpersonal violence center	33.7	24.0	34.0	22.0	28.6
Recovery support systems	16.3	11.5	16.0	11.0	13.7
Substance use disorder recovery supports	22.1	11.5	21.0	11.0	16.5
Mental illness recovery groups	15.1	7.3	15.0	6.1	11.0
The institution does not have any of the above supports in place for students	0.0	3.1	2.0	1.2	1.6
Unsure	26.7	24.0	16.0	36.6	25.3

Table 16

Does your institution have the following opportunities for students

	University	Community College	Urban	Rural	Total
Does your institution have programs that train students to be campus leaders for mental health awareness					
Yes	39.0	42.2	42.1	39.0	38.5
No	6.1	22.2	17.9	10.4	13.7
Unsure	54.9	35.6	40.0	50.6	42.3
Does our institution have a curriculum integration program whereby professors can integrate mental health concepts into their courses?					
Yes	21.3	55.1	36.5	42.4	20.3
No	36.2	14.3	31.7	12.1	13.2
Unsure	42.6	30.6	31.7	45.5	19.2
Does your institution offer any of the following to students					
Access to a recreation center/gym	77.9	46.9	67.0	54.9	61.5

Opportunity to participate in a wellness program	57.0	34.4	49.0	40.2	45.1
Access to a meditation center	48.8	29.2	51.0	23.2	38.5
On-campus preventative health care programs (e.g., sexual health programs, nutritional counseling)	67.4	34.4	55.0	43.9	50.0
Programs that facilitate involvement in the community	73.3	50.0	64.0	57.3	61.0
Programs that facilitate involvement within the campus	72.1	49.0	62.0	57.3	59.9

Table 17

Which methods are used at your institution to identify or report students in distress?

	University	Community College	Urban	Rural	Total
Depression screening	19.8	17.7	15.0	23.2	18.7
Problem drinking screening	17.4	16.7	18.0	15.9	17.0
Problem video gaming or online gambling screening	9.3	17.7	13.0	14.6	13.7
Substance abuse screening	19.8	10.4	20.0	19.5	19.8
Problematic eating patterns screening	17.4	15.6	16.0	17.7	16.5
Student "at-risk" committee	10.5	10.4	11.0	9.8	10.4
Information on counseling website	51.2	26.0	45.0	29.3	37.9
Telephone hotline for students in distress	30.2	27.1	27.0	30.5	28.6
Confidential email service	25.6	11.5	16.0	20.7	18.1
Responsibility is on students to self-refer	20.9	25.0	29.0	15.9	23.1

Table 18

Does your institution provide on-campus medical services for students with access to any of the following:

	University	Community College	Urban	Rural	Total
Physicians	52.3	19.8	41.0	28.0	35.2
Nurses/Nurse Practitioners	72.1	30.2	60.0	37.8	50.0
Psychiatrists	29.1	18.8	31.0	14.6	23.6

Psychologists	39.5	21.9	32.0	28.0	30.2
Neuropsychological assessment	7.0	18.8	13.0	13.4	13.2
Chemical dependency counselor	10.5	10.4	9.0	12.2	10.4
None of these services are provided	2.3	14.6	7.0	11.0	8.8

Table 19

Counseling services on campus

	University	Community College	Urban	Rural	Total
Does your institution offer counseling services for students?					
Yes	89.0	72.2	85.3	74.0	75.8
No	1.2	8.9	3.2	7.8	4.9
Unsure	9.8	18.9	11.6	18.2	13.7
What options does counseling services offer students who need immediate help?					
Designated walk-in times	47.7	26.0	38.0	34.1	36.3
Emergency hotline	48.8	39.6	45.0	42.7	44.0
Information available on counseling website	52.3	33.3	47.0	36.6	42.3
Triage system	29.1	11.5	22.0	17.1	19.8

Table 20

How are students able to access counseling services?

	University	Community College	Urban	Rural	Total
They make appointments themselves/drop-in	61.6	35.4	52.0	42.7	47.8
Through disability services	9.3	17.7	15.0	12.2	13.7
Through residential health advisor	12.8	20.8	19.0	14.6	17.0
Through faculty/staff	23.3	21.9	20.0	25.6	22.5
Through other students	11.6	20.8	16.0	17.1	16.5
Through the campus health center	47.7	21.9	36.0	31.7	34.1
Through emergency medical services	9.3	14.6	9.0	15.9	12.1

Through clergy/campus pastors	4.7	5.2	5.0	4.9	4.9

Table 21

Select all options that are available from the counseling services for students seeking help:

	University	Community College	Urban	Rural	Total
Student assistance programs	22.1	18.8	20.0	20.7	20.3
Peer counselors	24.4	24.0	25.0	23.2	24.2
Mental health information available on-line	45.3	31.3	40.0	35.4	37.9
Opportunity for students to talk with a counselor over the phone	33.7	18.8	25.0	26.8	25.8
Self-help programs	18.6	21.9	21.0	19.5	20.3
Group-help programs	34.9	14.6	30.0	17.1	24.2
Referrals to psychiatrists/physicians	30.2	16.7	30.0	14.6	23.1

Table 22

Do counseling services on your campus:

	University	Community College	Urban	Rural	Total
Provide a complete diagnostic, psychosocial and functional assessment during the initial visit					
Yes	40.6	50.8	43.4	48.2	33.0
No	59.4	49.2	56.6	51.8	39.6
Employ DSM-V diagnoses					
Yes	30.4	27.0	31.6	25.0	20.9
No	69.6	73.0	68.4	75.0	51.6
Have a policy/procedure in place for handling students with severe mental illness					
Yes	47.8	50.8	51.3	46.4	35.7
No	52.2	49.2	48.7	53.6	36.8
Provide long-term therapy for students					
Yes	24.6	38.7	26.3	38.2	22.5
No	75.4	61.3	73.7	61.8	49.5

Have procedures in place for notifying parents or responsible parties following a student's psychiatric crisis.					
Yes	37.7	34.9	36.8	35.7	26.4
No	62.3	65.1	63.2	64.3	46.2
Provide students accessing mental health services with clear information as to what options or treatments are available					
Yes	50.7	52.4	51.3	51.8	37.4
No	49.3	47.6	48.7	48.2	35.2
Refer individuals needing further care to the appropriate services off-campus					
Yes	59.4	49.2	57.9	50.0	39.6
No	40.6	50.8	42.1	50.0	33.0
Employ a system of follow-up contacts to ensure that referrals were completed					
Yes	31.9	38.1	27.6	44.6	25.3
No	68.1	61.9	72.4	55.4	47.3
Plan and coordinate with community-based mental health services					
Yes	37.7	34.9	34.2	39.3	26.4
No	62.3	65.1	65.8	60.7	46.1
Have policies in place for missed appointments					
Yes	46.6	49.2	47.4	48.2	34.6
No	53.4	50.8	52.6	51.8	37.9

Table 23

Which of the following services are provided by the Accessibility Services for students impacted by mental illness:

	University	Community College	Urban	Rural	Total
Assessment of needs based on documentation of disability	47.7	34.4	43.0	37.8	40.7
Academic of faculty advisors	38.4	38.5	46.0	29.3	38.5
Development of an individualized service plan	27.9	27.1	32.0	22.0	27.5
Information on and referrals to relevant campus or community services	27.9	35.4	32.0	31.7	31.9
Facilitating classroom accommodations	54.7	37.5	49.0	41.5	45.6

Identification of effective learning and customized study strategies	27.9	27.1	33.0	20.7	27.5
Disabilities counselor or disability-related coaching	27.9	28.1	30.0	25.6	28.0
Substance abuse disorder	5.8	4.2	4.0	6.1	4.9

Table 24

To what extent do you agree/disagree with the following statements about accessibility:

	University	Community College	Urban	Rural	Total
It is common for accessibility services to work with a student experiencing mental illness					
Agree	52.6	51.1	48.9	55.3	51.8
Disagree	17.9	26.1	25.6	18.4	22.3
Unsure	29.5	22.7	25.6	26.3	25.9
Most students who require accommodations due to mental illness are receiving them					
Agree	35.9	47.7	38.9	46.1	42.2
Disagree	34.6	34.1	37.8	30.3	34.3
Unsure	29.5	18.2	23.3	23.7	23.5
Faculty/staff are cooperative and accepting of accommodations for students experiencing mental illness					
Agree	57.7	56.8	57.8	56.6	57.2
Disagree	24.4	29.5	27.8	26.3	27.1
Unsure	17.9	13.6	14.4	17.1	15.7
The accommodations for students with mental illness at my institution are effective and help individuals achieve academic success					
Agree	41.0	52.3	47.8	46.1	47.0
Disagree	26.9	25.0	27.8	23.7	25.9
Unsure	32.1	22.7	24.4	30.3	27.1

APPENDIX D: ADMINISTRATOR SURVEY FINDINGS

Table 25

What institution do you primarily associate with?

	Urban	Rural
University		
Eastern Oregon University		X
Oregon Institute of Technology		X
Oregon State University	X	
Portland State University	X	
Southern Oregon University		
University of Oregon	X	
Western Oregon University		X
Community College		
Blue Mountain Community College		X
Central Oregon Community College	X	
Chemeketa Community College	X	
Clackamas Community College	X	
Clatsop Community College		X
Columbia Gorge Community College		X
Klamath Community College		X
Lane Community College	X	
Linn-Benton Community College		X
Mt. Hood Community College	X	
Oregon Coast Community College		X
Portland Community College	X	
Rogue Community College		X
Southwestern Oregon Community College		X
Tillamook Bay Community College		X
Treasure Valley Community College		X
Umpqua Community College		X

Table 26

What position do you hold at your institution?

	University	Community College	Urban	Rural	Total
Dean	00.0	11.8	11.1	7.1	8.7
Professor	16.7	00.0	11.1	00.0	4.3
Administrator	33.3	29.4	11.1	42.9	30.4
Counselor	16.7	41.2	44.4	28.6	34.8
Other	33.3	17.6	22.2	21.4	21.7

Table 27

What ethnicity or race do you identify with?

	University	Community College	Urban	Rural	Total
White	26.1	60.9	30.4	56.5	87.0
Black or African American	00.0	4.3	4.3	00.0	4.3
American Indian or Alaska Native	00.0	4.3	4.3	00.0	4.3
Asian	00.0	00.0	00.0	00.0	00.0
Native Hawaiian or Pacific Islander	00.0	00.0	00.0	00.0	00.0
Hispanic or Latinx	4.3	4.3	8.7	00.0	8.7
Multiracial	4.3	00.0	4.3	00.0	4.3
Other	00.0	00.0	00.0	00.0	00.0
Rather not say	00.0	4.3	00.0	4.3	4.3

Table 28

How many full-time and part-time students attend your institution?

	University	Community College	Urban	Rural	Total
Less than 5,000	33.3	41.2	00.0	64.3	39.1
5,001 to 10,000	16.7	23.5	11.1	28.6	21.7
10,001 to 30,000	16.7	29.4	55.6	7.1	26.1
30,001 to 50,000	33.3	00.0	22.2	00.0	8.7
More than 50,000	00.0	5.9	11.1	00.0	4.3

Table 29

Does your institution have any policies regarding:

	University	Community College	Urban	Rural	Total
Individuals at-risk	83.3	64.7	55.6	78.6	69.6
Crisis management related to mental health	100.0	70.6	77.8	78.6	78.3
Sharing and collection of mental health data across campus	33.3	23.5	22.2	28.6	26.1
Students who have attempted/are threatening to attempt suicide	83.3	41.2	77.8	35.7	52.2
Re-entry protocols	66.7	17.6	22.2	35.7	30.4
Medical leave of absence for students in crisis for both student initiated and campus initiated withdrawal	83.3	47.1	55.6	57.1	56.5
Intervention and coordination of care when signs of a mental health or substance abuse problem emerge	66.7	64.7	44.4	78.6	65.2
The institution does not have formal policies on any of the above	0.0	17.6	22.2	7.1	13.0

Table 30

What types of funding are currently available for on-campus student behavioral health services?

	University	Community College	Urban	Rural	Total
General funds	33.3	64.7	77.8	42.9	56.5
Grants	33.3	11.8	22.2	147.3	17.4
Donations	16.7	17.6	11.1	21.4	17.4
There are not any funds for student behavioral health services currently	0.0	11.8	0.0	14.3	8.7

Table 31

Does your institution have a data-system for collecting statistics on incidence rates related to mental health or substance abuse in the last year for enrolled students?

	University	Community College	Urban	Rural	Total
Substance abuse	33.3	23.5	33.3	21.4	26.1
Student withdrawal	50.0	23.5	33.3	28.6	30.4
Student drop-out	50.0	17.6	33.3	21.4	26.1
Suicide attempts resulting in ER visits	50.0	11.8	11.1	28.6	21.7
Confirmed suicide deaths	33.3	5.9	22.2	7.1	13.0
Our institution does not track these statistics	0.0	41.2	11.1	42.9	30.4

Table 32

What (if any) barriers exist that prevent the regular collection of data on student mental health and substance use?

	University	Community College	Urban	Rural	Total
Funding	50.0	52.9	55.6	50.0	52.2
Time	50.0	58.8	44.4	64.3	56.5
Difficulty sharing data across campus agencies	50.0	41.2	55.6	35.7	43.5
Data related to mental health is not an institutional priority at this time	50.0	29.4	33.3	35.7	34.8
I do not believe there are barriers to data collection	33.3	0.0	11.1	7.7	8.7

Table 33

In the last five years:

	University	Community College	Urban	Rural	Total
Has your institution conducted its own research focused on assessing the mental health state of your students?					
Yes	33.3	12.5	25.0	14.3	18.2
No	33.3	50.0	37.5	50.0	45.5

Unsure	33.3	37.5	37.5	35.7	34.8

Has your institution conducted its own research focused on testing new or improved mental health interventions for your students?

Yes	16.7	5.9	00.0	14.3	8.7
No	33.3	64.7	55.6	57.1	56.5
Unsure	50.0	29.4	44.4	28.6	34.8

Has your institution implemented any campus-wide initiatives to improve mental health?

Yes	66.7	52.9	33.3	71.4	56.5
No	16.7	17.6	22.2	14.3	17.4
Unsure	16.7	29.4	44.4	14.3	26.1

Table 34

Mental health and substance abuse program evaluation

	University	Community College	Urban	Rural	Total
If your institution currently has mental health programs in place, are these programs evaluated to determine if objectives are being met?					
Yes	66.7	23.5	44.4	28.6	34.8
No	16.7	47.1	44.4	35.7	39.1
Unsure	16.7	17.6	11.1	21.4	17.4
My institution does not currently have any mental health programs in place	00.0	11.8	00.0	14.3	8.7
How is the program evaluation completed?					
Online survey	16.7	5.9	11.1	7.1	8.7
Annual reports	16.7	11.8	22.2	7.1	13.0
How often is the program evaluation completed?					
Once per term/semester	0.0	5.9	0.0	7.1	4.3
Once per year	0.0	5.9	11.1	0.0	4.3
Biannually	0.0	5.9	0.0	7.1	4.3
Unsure	33.3	5.9	22.2	7.1	13.0

Table 35

To what extent do you agree/disagree with the following statements:

	University	Community College	Urban	Rural	Total
Mental illness is prevalent among student population at my institution.					
Agree	83.3	70.6	88.9	64.3	73.9
Disagree	16.7	29.4	11.1	35.7	26.1
It is the institutions responsibility to provide appropriate care for students with mental illness					
Agree	100.0	70.6	77.8	78.6	78.3
Disagree	0.0	29.4	22.2	21.4	21.7
My institution currently has effective programs in place to identify, treat, and prevent mental illness					
Agree	50.0	47.1	44.4	50.0	47.8
Disagree	50.0	52.9	55.6	50.0	52.2
The institution is accepting of and accommodating to students with mental illness					
Agree	66.7	82.4	55.6	92.9	78.3
Disagree	33.3	17.6	44.4	7.1	21.7
Top administrators are committed to improving mental health at my institution.					
Agree	50.0	64.7	66.7	57.1	60.9
Disagree	33.3	29.4	11.1	42.9	30.4
Unsure	16.7	5.9	22.2	0.0	8.7
Faculty/staff are comfortable with the idea of having students with severe mental illness in their classes					
Agree	50.0	11.8	11.1	28.6	21.7
Disagree	33.3	64.7	77.8	42.9	56.5
Unsure	16.7	23.5	11.1	28.6	21.7
The institution is open to innovation and change when it comes to new programs, initiatives and policy regarding mental illness					
Agree	83.3	58.8	66.7	64.3	65.2
Disagree	16.7	29.4	33.3	21.4	26.1
Unsure	00.0	11.8	00.0	14.3	8.7

Table 36

Mental health promotion on campus

	University	Community College	Urban	Rural	Total
Does your institution currently carry out any mental health promotion?					
Yes	26.1	60.9	34.8	52.2	87.0
No	0.0	13.0	4.3	8.7	13.0
What programs at your institution are promoting mental health?					
Counseling center	100.0	76.5	88.9	78.6	82.6
Student affairs office	33.3	47.1	55.6	35.7	43.5
Student accessibility office	0.0	29.4	33.3	14.3	21.7
Student's association	0.0	35.3	22.2	28.6	26.1
Student clubs	16.7	35.3	44.4	21.4	30.4
Student health volunteer	33.3	0.0	11.1	7.1	8.7
Residence staff/advisors	83.3	11.8	22.2	35.7	30.4
Campus medical services	66.7	0.0	22.2	14.3	17.4
What are the purposes of the mental health promotion programs at your institution					
Educate students about mental health disorders	83.3	64.7	88.9	57.1	69.6
Reduce the stigma of mental illness on campus	100.0	76.5	88.9	78.6	82.6
Educate students on how to recognize mental illness in other and how to help those who may be in need	83.3	47.1	77.8	42.9	56.5
Inform students of the mental health services available at their institution and where to go if they need help	100.0	88.2	100.0	85.7	91.3

Table 37

Does your institution run any promotion programs targeted specifically towards any of the following:

	University	Community College	Urban	Rural	Total
Substance abuse	83.3	41.2	66.7	42.9	52.2
Attention Deficit Disorder	0.0	0.0	0.0	0.0	0.0

Eating disorders	33.3	0.0	0.0	14.3	8.7
Depression	50.0	5.9	11.1	21.4	17.4
Bipolar Disorder/Schizophrenia	0.0	0.0	0.0	0.0	0.0
Suicide	100.0	29.4	44.4	50.0	47.8
Anxiety/Stress	83.3	47.1	44.4	64.3	56.5
Trauma Disorders	0.0	17.6	22.2	7.1	13.0
Cognitive Disabilities	0.0	11.8	11.1	7.1	8.7
Developmental Disabilities	16.7	11.8	11.1	14.3	13.0
Other serious mental illness	0.0	11.8	22.2	0.0	8.7
Mental health as a whole	0.0	17.6	11.1	14.3	13.0
My institution does not run any mental health promotion programs	0.0	11.8	0.0	14.3	8.7

Table 38

Mental health outreach on campus…

	University	Community College	Urban	Rural	Total
Are you aware of any mental health outreach initiatives at your institution?					
Yes	100.0	82.4	100.0	78.6	87.0
No	00.0	17.7	00.0	21.4	13.0
Have you heard about mental health outreach initiatives at your institution?					
Counseling center	100.0	64.7	100.0	57.1	73.9
Student affairs office	16.7	23.5	22.2	21.4	21.7
Student accessibility office	0.0	23.5	22.2	14.3	17.4
Student's association	16.7	11.8	11.1	14.3	13.0
Student clubs	33.3	5.9	22.2	7.1	13.0
Student health volunteer	16.7	0.0	11.1	0.0	4.3
Residence staff/advisors	16.7	17.6	22.2	14.3	17.4
Campus medical services	50.0	0.0	22.2	7.1	13.0

Table 39

Mental health outreach for specific issues…

	University	Community College	Urban	Rural	Total
Are there any mental health outreach initiatives specifically focused on the following populations?					
International students	33.3	5.9	11.1	14.3	13.0
Male students	0.0	0.0	0.0	0.0	0.0
Female students	0.0	11.8	22.2	0.0	8.7
Students who identify as LGBTQIA	50.0	29.4	44.4	28.6	34.8
Students of color	33.3	11.8	22.2	14.3	17.4
Veterans	50.0	23.5	44.4	21.4	30.4
1st generation students	33.3	17.6	22.2	21.4	21.7
Students with disabilities	50.0	35.3	22.2	50.0	39.1
Distance learners	0.0	0.0	0.0	0.0	0.0
Low-income students	16.7	23.5	11.1	28.6	21.7
Foster groups	16.7	5.9	11.1	7.1	8.7
Deferred Action for Childhood Arrivals (DACA)	16.7	5.9	11.1	7.1	8.7
Re-entry groups (e.g., post-incarceration)	0.0	17.6	11.1	14.3	13.0
There are no mental health outreach initiatives for any of these populations	0.0	35.3	11.1	35.7	26.1
As far as you are aware, are professors able to request class presentation on mental health?					
Yes	66.7	82.4	77.8	78.6	78.3
No	00.0	11.8	11.1	7.1	8.7
Unsure	33.3	5.9	11.1	14.3	13.0
How often, as far as you know, are these requests made?					
Sometimes	75.0	23.1	50.0	27.3	35.3
Rarely	25.0	69.2	50.0	63.6	58.8
Other	00.0	7.7	00.0	9.1	5.9
Does your institution have a curriculum integration program, whereby professors can integrate mental health concepts into their courses?					
Yes	33.3	6.3	12.5	14.3	13.6

No	33.3	43.8	37.5	42.9	40.9
Unsure	33.3	50.0	50.0	42.9	45.5

Table 40

To what extent do you agree/disagree with the following statements:

	University	Community College	Urban	Rural	Total
Overall, students are informed about mental health and available mental health services on campus					
Agree	100.0	75.0	87.5	78.6	81.8
Disagree	00.0	25.0	12.5	21.4	18.2
Faculty and staff are informed about mental health and the services available for them and students on campus					
Agree	83.3	81.3	75.0	85.7	81.8
Disagree	16.7	18.8	25.0	14.3	18.2
The institution has a "community approach" to mental health promotion and outreach					
Agree	50.0	43.8	25.0	57.1	45.5
Disagree	50.0	56.3	75.0	42.9	54.5
The institution is committed to the dissemination of information about mental health					
Agree	83.3	56.3	50.0	71.4	63.6
Disagree	16.7	43.8	50.0	28.6	36.4
The institution could benefit from expanding its mental health promotion programs					
Agree	83.3	93.8	100.0	85.7	90.9
Disagree	16.7	00.0	00.0	7.1	4.5
Unsure	00.0	6.3	00.0	7.1	4.5
The institution could benefit from expanding its mental health outreach programs					
Agree	83.3	93.8	100.0	85.7	90.9
Disagree	16.7	6.3	00.0	14.3	9.1
The mental health promotion programs currently in place are effective and a good use of campus resources					
Agree	83.3	50.0	75.0	50.0	59.1
Disagree	16.7	50.0	25.0	50.0	40.9
The mental health outreach programs currently in place are effective and a good use of campus resources					

Agree	83.3	50.0	87.5	42.9	59.1
Disagree	16.7	50.0	12.5	57.1	40.9

Table 41

Does your institution have any of the following social supports in place for students?

	University	Community College	Urban	Rural	Total
Peer health educators	50.0	0.0	22.2	7.1	13.0
Peer support	33.3	23.5	22.2	28.6	26.1
Women's center	66.7	17.6	44.4	21.4	30.4
International student's center	66.7	23.5	44.4	28.6	34.8
LGBTQIA meeting space	100.0	41.2	66.7	50.0	56.5
Students of color center	83.3	23.5	55.6	28.6	39.1
Veterans center	83.3	64.7	77.8	64.3	69.6
Sexual assault/Interpersonal violence center	83.3	23.5	55.6	28.6	39.1
Recovery support systems	33.3	17.6	33.3	14.3	21.7
Substance use disorder recovery supports	33.3	23.5	55.6	7.1	26.1
Mental illness recovery groups	16.7	0.0	11.1	0.0	4.3
The institution does not have any of the above supports in place for students	0.0	11.8	0.0	14.3	8.7

Table 42

Student residence

	University	Community College	Urban	Rural	Total
Does your institution have a student residence?					
Yes	100.0	18.8	50.0	35.7	40.9
No	00.0	81.3	50.0	64.3	59.1
Are the residence advisors trained in any of the following areas:					
Mental health first aid	33.3	11.8	11.1	21.4	17.4
Peer counselor	33.3	5.9	0.0	21.4	13.0
Conflict mediation	66.7	11.8	11.1	35.7	26.1

Community development	66.7	5.9	11.1	28.6	21.7
Leadership	83.3	17.6	33.3	35.7	34.8
Campus resources	83.3	17.6	33.3	35.7	34.8
Crisis intervention	66.7	11.8	11.1	35.7	26.1

Table 43

Does your institution have the following opportunities for students

	University	Community College	Urban	Rural	Total
Does your institution have programs that train students to be campus leaders for mental health awareness					
Yes	50.0	20.0	37.5	23.1	28.6
No	33.3	53.3	37.5	53.8	47.6
Unsure	16.7	26.7	25.0	23.1	23.8
Does your institution offer any of the following to students					
Access to a recreation center/gym	33.3	66.7	44.4	55.6	18
Opportunity to participate in a wellness program	60.0	40.0	40.0	60.0	10
Access to a meditation center	50.0	50.0	62.5	37.5	8
On-campus preventative health care programs (e.g., sexual health programs, nutritional counseling)	75.0	25.0	50.0	50.0	8
Programs that facilitate involvement in the community	33.3	66.7	33.3	66.7	18
Programs that facilitate involvement within the campus	30.0	70.0	35.0	65.0	20

Table 44

Gatekeeper training

	University	Community College	Urban	Rural	Total
Does your institution run any gatekeeper training initiatives?					
Yes	50.0	29.4	22.2	42.9	34.8
No	33.3	47.0	44.4	42.9	43.5

Unsure	16.7	23.6	33.4	14.2	17.4
Who participates in this training?					
Faculty	33.3	17.6	22.2	21.4	21.7
Students	33.3	17.6	11.1	28.6	21.7
Coaches	16.7	5.9	0.0	14.3	8.7
Residence Advisors	50.0	11.8	11.1	28.6	21.7
Academic advisors	16.7	17.6	11.1	21.4	17.4

Table 45

Which methods are used at your institution to identify or report students in distress?

	University	Community College	Urban	Rural	Total
Depression screening	50.0	23.5	44.4	21.4	30.4
Problem drinking screening	16.7	5.9	11.1	7.1	8.7
Problem video gaming or online gambling screening	16.7	0.0	11.1	0.0	4.3
Substance abuse screening	33.3	0.0	11.1	7.1	8.7
Problematic eating patterns screening	33.3	0.0	11.1	7.1	8.7
Student "at-risk" committee	83.3	64.7	55.6	78.6	69.6
Information on counseling website	100.0	47.1	66.7	57.1	60.9
Telephone hotline for students in distress	50.0	23.5	22.2	35.7	30.4
Confidential email service	16.7	17.6	22.2	14.3	17.4
Responsibility is on students to self-refer	16.7	47.1	33.3	42.9	39.1

Table 46

Does your institution provide on-campus medical services for students with access to any of the following:

	University	Community College	Urban	Rural	Total
Physicians	50.0	11.8	33.3	14.3	21.7
Nurses/Nurse Practitioners	100.0	11.8	44.4	28.6	34.8
Psychiatrists	50.0	0.0	11.1	14.3	13.0
Psychologists	100.0	11.8	44.4	28.6	34.8

Neuropsychological assessment	16.7	0.0	11.1	0.0	4.3
Chemical dependency counselor	50.0	17.6	55.6	7.1	26.1
None of these services are provided	0.0	52.9	33.3	42.9	39.1

Table 47

Counseling services for students

	University	Community College	Urban	Rural	Total
Does your institution offer counseling services for its students?					
Yes	100.0	86.7	100.0	84.6	82.6
No	00.0	13.3	00.0	15.4	8.7
Do counseling services employ/consist of any of the following:					
Psychiatrist	50.0	0.0	11.1	14.3	13.0
Psychologist	83.3	23.5	44.4	35.7	39.1
Interns	83.3	29.4	55.6	35.7	43.5
Licensed staff members	66.7	41.2	44.4	50.0	47.8
Office assistants	66.7	11.8	33.3	21.4	26.1
Social workers	16.7	17.6	22.2	14.3	17.4
Therapists	66.7	47.1	66.7	42.9	52.2
Licensed marriage/family therapist	50.0	17.6	33.3	21.4	26.1
Licensed professional counselor	83.3	41.2	66.7	42.9	52.2
Chemical dependency counselor	50.0	23.5	55.6	14.3	30.4

Table 48

Multicultural training

	University	Community College	Urban	Rural	Total
Have any of your counseling staff undergone cross-cultural counseling training?					
Yes	100.0	76.9	87.5	81.8	69.6
No	00.0	00.0	00.0	00.0	0
Unsure	00.0	23.1	12.5	18.2	13.0
How frequent was your last cross-cultural training provided?					

In the last 12 months	83.3	40.0	42.9	66.7	39.1
Over a year ago	16.7	60.0	57.1	33.3	30.4

Table 49

Have any of the counseling staff received training specific to suicide?

	University	Community College	Urban	Rural	Total
Yes	100.0	92.3	100.0	90.9	78.3
No	00.0	7.7	00.0	9.1	4.3

Table 50

What is the maximum number of counseling sessions allowed?

	University	Community College	Urban	Rural	Total
Less than five	0.0	7.7	0.0	10.0	5.6
Six to ten	20.0	23.1	25.0	20.0	22.2
Eleven to twenty	0.0	0.0	0.0	0.0	0.0
Twenty or more	20.0	7.7	12.5	10.0	11.1
Unsure	20.0	7.7	0.0	20.0	11.1
Other	40.0	53.8	62.5	40.0	50.0

Table 51

What options do counseling services offer students who need immediate help?

	University	Community College	Urban	Rural	Total
Walk-in times	66.7	64.7	44.4	78.6	65.2
Emergency hotline	50.0	17.6	33.3	21.4	26.1
Information available on website	83.3	52.9	66.7	57.1	60.9
Triage system	83.3	47.1	55.6	57.1	56.5

Table 52

How are students able to access counseling services?

	University	Community College	Urban	Rural	Total
They make appointments themselves/drop-in	100.0	76.5	88.9	78.6	82.6
Through disability services	66.7	70.6	55.6	78.6	69.6
Through residential health advisor	50.0	11.8	11.1	28.6	21.7
Through faculty/staff	83.3	70.6	66.7	78.6	73.9
Through other students	66.7	58.8	66.7	57.1	60.9
Through the campus health center	83.3	11.8	44.4	21.4	30.4
Through emergency medical services	33.3	0.0	11.1	7.1	8.7
Through clergy/campus pastors	16.7	0.0	11.1	0.0	4.3

Table 53

Collaboration of services

	University	Community College	Urban	Rural	Total
Are counseling services integrated with the campus medical services?					
Yes	50.0	15.4	25.0	27.3	21.7
No	33.3	84.6	75.0	63.6	56.5
Unsure	16.7	00.0	00.0	9.1	4.3
Do the counseling center office have a central location on campus?					
Yes	100.0	69.2	100.0	63.6	65.2
No	00.0	23.1	00.0	27.3	13.0
Unsure	00.0	5.3	00.0	9.1	4.3
Do counseling services coordinate with any of the following services?					
International students' center	33.3	11.8	22.2	14.3	17.4
Campus medical services	50.0	11.8	22.2	21.4	21.7
Student accessibility center	33.3	52.9	44.4	50.0	47.8
Student discipline office	50.0	47.1	44.4	50.0	47.8
Student affairs office	50.0	58.8	44.4	64.3	56.5

	University	Community College	Urban	Rural	Total
Academic advisors	33.3	52.9	55.6	42.9	47.8
No, the center operates as a stand-alone entity on campus	50.0	0.0	22.2	7.1	13.0

Table 54

Select all options that are available from the counseling services for students seeking help:

	University	Community College	Urban	Rural	Total
Student assistance programs	0.0	23.5	11.1	21.4	17.4
Peer counselors	0.0	5.9	0.0	7.1	4.3
Mental health information available on-line	83.3	41.2	55.6	50.0	52.2
Opportunity for students to talk with a counselor over the phone	33.3	35.3	33.3	35.7	34.8
Self-help programs	16.7	23.5	33.3	14.3	21.7
Group-help programs	50.0	17.6	33.3	21.4	26.1
Referrals to psychiatrists/physicians	66.7	58.8	66.7	57.1	60.9

Table 55

Do counseling services on your campus:

	University	Community College	Urban	Rural	Total
Provide a complete diagnostic, psychosocial and functional assessment during the initial visit					
Yes	66.7	15.4	37.5	27.3	26.1
No	33.3	84.6	62.5	72.7	56.5
Employ DSM-V diagnoses					
Yes	66.7	23.1	25.0	45.5	30.4
No	33.3	76.9	75.0	54.5	52.2
Have a policy/procedure in place for handling students with severe mental illness					
Yes	83.3	61.5	75.0	63.6	56.5
No	16.7	38.5	25.0	36.4	26.1
Provide long-term therapy for students					
Yes	50.0	23.1	25.0	36.4	26.1

No	50.0	76.9	75.0	63.6	56.5

Have procedures in place for notifying parents or responsible parties following a student's psychiatric crisis.

Yes	33.3	38.3	37.5	36.4	30.4
No	66.7	61.7	62.5	63.6	52.2

Provide students accessing mental health services with clear information as to what options or treatments are available

Yes	100.0	84.6	87.5	90.9	73.9
No	00.0	15.4	12.5	9.1	8.7

Refer individuals needing further care to the appropriate services off-campus

Yes	100.0	100.0	100.0	100.0	100.0
No	00.0	00.0	00.0	00.0	0

Employ a system of follow-up contacts to ensure that referrals were completed

Yes	20.0	46.2	14.3	54.5	30.4
No	800	53.8	85.7	45.5	47.8

Plan and coordinate with community-based mental health services

Yes	60.0	69.2	28.6	90.9	52.2
No	40.0	30.8	71.4	9.1	26.1

Have policies in place for missed appointments

Yes	100.0	46.2	42.9	72.7	47.8
No	00.0	53.8	57.1	27.3	30.4

Table 56

Accessibility services

	University	Community College	Urban	Rural	Total
Does your institution offer accessibility services?					
Yes	100.0	100.0	100.0	100.0	100.0
No	00.0	00.0	00.0	00.0	0
Which of the following services are provided by the Accessibility Services for students impacted by mental illness:					
Assessment of needs based on documentation of disability	83.3	70.6	66.7	78.6	73.9

Academic of faculty advisors	50.0	58.8	33.3	71.4	56.5
Development of an individualized service plan	66.7	64.7	55.6	71.4	65.2
Information on and referrals to relevant campus or community services	83.3	70.6	66.7	78.6	73.9
Facilitating classroom accommodations	83.3	70.6	66.7	78.6	73.9
Identification of effective learning and customized study strategies	50.0	52.9	44.4	57.1	52.2
Disabilities counselor or disability-related coaching	66.7	41.2	55.6	42.9	47.8
Does the accessibility services staff include someone who has training in mental health?					
Yes	50.0	46.7	62.5	38.5	43.5
No	50.0	53.3	37.5	61.5	47.8

Table 57

To what extent do you agree/disagree with the following statements about accessibility:

	University	Community College	Urban	Rural	Total
It is common for accessibility services to work with a student experiencing mental illness					
Agree	66.7	86.7	62.5	92.3	81.0
Disagree	16.7	6.7	12.5	7.7	9.5
Unsure	16.7	6.7	25.0	00.0	9.5
Most students who require accommodations due to mental illness are receiving them					
Agree	50.0	46.7	37.5	53.8	47.6
Disagree	16.7	33.3	25.0	30.8	28.6
Unsure	33.3	20.0	37.5	15.4	23.8
Faculty/staff are cooperative and accepting of accommodations for students experiencing mental illness					
Agree	50.0	93.3	87.5	76.9	81.0
Disagree	33.3	6.7	12.5	15.4	14.3
Unsure	16.7	00.0	00.0	7.7	4.8
The accommodations for students with mental illness at my institution are effective and help individuals achieve academic success					
Agree	83.3	80.0	75.0	84.6	81.0

Disagree	16.7	13.3	25.0	7.7	14.3
Unsure	00.0	6.7	00.0	7.7	4.8

APPENDIX E: QUALITATIVE MAIN CODE DEFINITIONS

Code	Definition
Comprehensive Campus Approach	Any statement made by an interviewee that reports on how different campus departments support a student's mental health or collaborate to provide mental health awareness and services for students
Data Collection	Any statement made by an interviewee that reports on if their college campus collects data on mental health and substance use prevalence or outcomes
Funding Agreement	Any statement made by an interviewee that reports on issues pertaining to funding or funding agreements to help support mental health services on college campuses
Graduation: Mental Health in Postsecondary	Any statement made by the interviewee that reports on how services provided on campus has helped them complete their educational goals
Mental Health Experiences & Incidence Rates of Mental Health	Coded if an interviewee mentions a particular mental health concern or diagnosis experienced by the interviewee or someone else
Mental Health Interventions	Coded if an interviewee mentions a particular intervention (e.g., program, or therapy) for an individual in need
Mental Health Promotion	Any particular action conducted by the university, campus group, or individual to promote the awareness of mental health services or the topic of mental health to the student body
Need and Barriers to Mental Health Services & Programs	Any particular experience that inhibited the individual from learning about services, seeking services, or receiving services on campus
Novel or Unique Ideas	Coded if an interviewee mentions a particular intervention/action/program that is novel to treating mental health and substance abuse or unique to a particular college campus
Postvention: After Mental Health Crisis	Any statement made by an interviewee that talks about any action or program that supports college students after a crisis
Prevention: Mental Health Challenges	Any action made by the university, campus group, or individual that helps create an awareness or knowledge about mental health or mental health services prior to mental health crises on a college campus
Recruitment: Mental Health in Postsecondary	Any statement made by the interviewee that indicates an interviewee chose a campus for a particular reason

Retention: Mental Health in Postsecondary	Coded if an interviewee mentions any particular activity, intervention, or program that has helped a student stay in school
Screening & Assessment	Any statement made by an interviewee that reports on the use of screening or assessing individuals for mental health concerns
Special Populations	Coded if an interviewee mentions a particular subpopulation or any services targeted to a particular grouping of individuals
Substance Use	Any statement or mention of substance abuse, substance use, including alcohol, marijuana, or other illicit drugs
Success Stories	Any statement made by an interviewee that reports on how services they or another student received helped mental health or academic outcomes
Supports Getting Mental Health Services & Programs	Any actions by an individual (admin or peer) that help identify or get services to an individual in need

APPENDIX F: QUALITATIVE SUB-CODE DEFINITIONS

Theme	Quote Incidence	Definition
Long wait/not enough services	Very Strong	Long wait or not enough services for mental health concerns (includes substance use)
Systemic barriers	Very Strong	Systems related barriers such as lack of coordinated services, difficulty with implementation of evidence-based practices, barriers to access such as needing to call versus signing up for an appointment on-line, etc.
Stigma and/or discrimination issues	Very Strong	Stigma or discrimination concerns or impacts
Supports needed for special populations	Very Strong	Supports needed for special populations such as culturally relevant services and supports, LGBTQ, Greek life, athletes, substance use, etc.
Difficulty finding and/or knowing about services	Very Strong	Difficulty either finding services or lack of knowledge about services
Need for faculty awareness & support	Very Strong	Need for faculty awareness and support of services
Funding needed	Strong	More funding needed to provide services and/or supports
Need for early screening and identification	Strong	Need for earlier screening and identification of mental health concerns
Need for new/innovative approaches to services	Moderate	Need for new and/or innovative approaches to service delivery such as tiered supports to services, public health approach to addressing needs, moving beyond just traditional counseling supports
Relationships	Moderate	Students indicating a need for relationships with individuals they can trust and relate to.
Accommodations	Moderate	Accommodations related to mental health concerns such as increased testing time, supports for re-entry to school work after hospitalization, etc.
Need for on campus supports and/or services	Moderate	Need for services and supports available on campus instead of having to be referred out to the community.
Need for Upper admin awareness & support	Moderate	Need for upper administration awareness and support in the universities and community colleges/organizational climate related to support for mental health
Need for family and/or peer supports	Moderate	Need for family and/or peer supports either through personal relationships and/or support groups

Not the university or community college role to address mental health	Low	Statements that it is not the role of the university or community college to identify and treat mental health concerns
Fear of getting kicked out	Low	Statements of fear of getting kicked out of the university, community college or program due to a mental health diagnosis or crisis
Temporality	Low	Issues relating to diminished services during certain times of the year (e.g. summer), term, or time of day
Provider stress	Low	Mental health provider stress related to job demands
Provider multiple roles	Low	Mental health provider needing to cover multiple roles and/or duties

Note. Incidence codes are based on quantitative content analysis count frequencies of: 1) Very strong = 85 or more quotes, 2) Strong = 50 or more quotes, 3) Moderate = 19 or more quotes, and 4) Low = up to 12 quotes. Please note "low" category may just indicate it is a felt need by low incidence populations versus being a low priority.

GLOSSARY

Alcohol use disorder: a chronic relapsing brain disease characterized by compulsive alcohol use, loss of control over alcohol intake, and a negative emotional state when not using.

Anxiety disorder: a group of disorders sharing the characteristic of persistent, excessive fear or worry in situations that are not threatening.

Any mental illness: a condition that affects a person's thinking, feeling or mood. Such conditions may affect someone's ability to relate to others and function each day.

Behavioral health: a state of mental/emotional being and/or choices and actions that affect wellness. Behavioral health problems include substance abuse or misuse, alcohol and drug addiction, serious psychological distress, suicide, and mental and substance use disorders.

Best practice: activities or programs that are in keeping with the best available evidence regarding what is effective.

Comprehensive suicide prevention plans: plans involving a combination of efforts (e.g., identification, effective care, postvention) that work together to address different aspects of the problem.

Connectedness: a psychological state of belonging; feeling valued, trusted, cared for, and respected by another individual or among a group.

Intervention: combination of program elements or strategies designed for individuals at high risk for, or already exhibiting, a condition or disorder.

Means: the instrument or object whereby a self-destructive act is carried out (i.e., firearm, poison, medication).

Means restriction: techniques, policies, and procedures designed to reduce access to or availability of means and methods of deliberate self-harm.

Mental disorder: a diagnosable illness characterized by alterations in thinking, mood, or behavior associated with distress that significantly interferes with an individual's cognitive, emotional or social abilities; often used interchangeably with mental illness.

Mental health: the capacity of individuals to interact with one another and the environment in ways that promote subjective well-being, optimal development and use of mental abilities (cognitive, affective and relational).

Mood disorders: A term used to describe all mental disorders that are characterized by a prominent or persistent mood disturbance, either an elevated or depressed emotional state.

Postvention: is an organized response in the aftermath of a suicide.

Prevention: a strategy or approach that reduces the likelihood of risk of onset or delays the onset of adverse health problems or reduces the harm resulting from conditions or behaviors.

Protective factors: factors that make it less likely that individuals will develop a disorder; protective factors may encompass biological, psychological or social factors in the individual, family and environment.

Public health: the science and art of promoting health, preventing disease, and prolonging life through the organized efforts of society.

Recognition and referral training: a more easily understood alternative to the traditional term gatekeeper training.

Resilience: capacities within a person that promote positive outcomes, such as mental health and well-being, and provide protection from factors that might otherwise place that person at risk for adverse health outcomes.

Rural: An area in the state of Oregon that has a Rural Health Research Center score (based on zip code) of 4.0 to 10.0. These areas are considered micropolitan or large rural areas to rural areas in the state and have no more than 49,999 people living in the area.

Screening: administration of an assessment tool to identify persons in need of more in-depth evaluation or treatment.

Serious mental illness: includes diagnoses which typically involve psychosis (losing touch with reality or experiencing delusions) or high levels of care, and which may require hospital treatment.

Substance use disorder: Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.

Suicide behavior: a spectrum of activities related to thoughts and behaviors that include suicidal thinking, suicide attempts, and completed suicide.

Suicidal ideation: thoughts of engaging in suicide-related behavior.

Suicidality: a term that encompasses suicidal thoughts, ideation, plans, suicide attempts, and completed suicide.

Treatment: medical care given to a patient for an illness or injury.

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