



**THE  
UNIVERSITY OF  
NORTH CAROLINA  
SYSTEM**

**HEALTHY MINDS, STRONG UNIVERSITIES:  
CHARTING A COURSE TO MORE SUSTAINABLE STUDENT MENTAL  
HEALTH CARE**

**May 26, 2021**

**University of North Carolina System**  
Chapel Hill, North Carolina

# Executive Summary

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## Context

- **Escalating demand for student mental health services.** Like most university systems across the country, the University of North Carolina System has seen a significant increase in the incidence of mental health challenges among our students, a trend that has only accelerated during the COVID-19 pandemic. While university administrators – and the UNC Mental Health Workgroups – are awash in data on mental health incidences, three data points saliently captured and identified the changing nature and magnitude of student mental health challenges. They are as follows:
  - *Increasing rates of entering college students with previous mental health diagnosis.* Nationwide reports indicate that 20-30 percent of incoming college students are arriving with a previous mental health diagnosis.
  - *Increasing rates of students with suicidal ideation.* Collegiate mental health surveys indicate that 10-15 percent of college students have had serious thoughts of suicide within the past 12 months.
  - *Rise in traumatic incidences.* Whereas previous stereotypes around student mental health may have suggested that college students simply lack “grit” and “resilience” for everyday challenges, an alarming finding for the Mental Health Workgroups was the rise in traumatic life events that students find themselves coping with. Examples of traumatic life events include: recent loss of a parent or loved one, interpersonal emotional or physical abuse, and/or forms of sexual assault.
- **Strained capacity.** While demand for collegiate mental health services has significantly grown in the past few years (and outpaced enrollment growth), college counseling centers have struggled to keep pace. The Workgroups concluded that revenue and staff increases in college counseling centers have not kept up with the rise in utilization of mental health services.
- **More at stake than student health and wellbeing.** In addition to promoting and ensuring student health and wellbeing, addressing student mental health challenges has far-reaching implications for student success and educational attainment. For example, international organizations such as the World Health Organization now undertake an annual collegiate mental health survey to understand the rising prevalence of mental health disorders and human capital implications for a country (e.g., impacts on educational attainment rates, entry-level workforce productivity, and effects on economic growth). The increasing incidence of student mental health conditions has clear implications for UNC’s student success objectives as student mental illness is one of the most cited reasons that students drop out of college.

## Key Service Provision Findings

Recognizing the scope and nature of student mental health challenges, the UNC Mental Health Workgroups set out to understand the nature of mental health service provision across the UNC System. Below are key findings:

- **Institutions provide a wide swath of mental health services.** UNC institutions provide several types of mental health services, including but not limited to clinical services, outreach and educational services, crisis intervention and emergency services, as well as other types of support.

- **Growth in the breadth and depth of student mental health needs are increasingly beyond the scope of what current mental health staff, funding streams, and operational structures can provide.** While mental health clinicians are often generalists and able to serve a wide variety of student needs, the increase in the number of students seeking help, the number of conditions that students are presenting with, *and* the number of students needing more intensive mental health care has stretched the capacity of mental health staff to serve all of the students in need. Students seek out and require help for a wide variety of reasons, and mental health centers are largely expected (and endeavor to) assist them. But this comes at a cost, as a relatively small proportion of students can require a disproportionate amount of mental health services and are often in need of urgent care. At many institutions where growth of resources for mental health services (i.e., staff and revenue) has not kept pace with demand, finite resources in mental health centers are consumed with addressing urgent student needs in crisis care and more complex conditions, leaving fewer resources for more routine clinical care and outreach/educational services.
- **Smaller institutions struggle to address the full range of complex mental health issues.** Some mental health conditions require a mental health professional with experience and/or training in a particular area. Unfortunately, it is logistically and financially difficult for smaller UNC System institutions to employ a full suite of specialized mental health professionals to serve all student needs that may arise.
- **Sharing and coordination of services and resources across institutions is limited, but institutional willingness to share is high.** While the UNC System has made strides in sharing mental health resources across institutions in the past few years (e.g., UNC System Behavioral Health Convening which provided institutions an opportunity to share best practices; the 2020 System-wide adoption of ProtoCall to provide 24/7 crisis support to students), there are ample opportunities for further collaboration and sharing of services and resources between institutions.

### **Key Finance Findings**

Recognizing the scope and nature of student mental health challenges, the UNC Mental Health Workgroups set out to understand the funding models for mental health services across the UNC System. Below are key findings:

- **Mental health services are primarily funded through student fees and General Fund revenues.** Across the UNC System, mental health services are primarily funded through Student Fees (60 percent) and General Funds (31 percent). The average expenditures per student full-time equivalent (FTE) across the UNC System was \$125. The range of spending across institutions varied from \$77 to \$316.
- **The health fee does not fully fund mental (and physical) health services on campuses.** The Health Fee (which represents a majority of all Student Fee revenues that go towards mental health services) does not fully fund the cost of mental health services. The rising cost and consumption of mental health services has put UNC System institutions in a position of increasing reliance on General Fund revenues to fully fund mental health services.
- **Reliance on General Funds increases financial fragility for mental health centers.** All but three UNC System institutions rely on General Funds to support mental health services. The reliance on General Funds is concerning due to the multitude of demands placed on this revenue source. If General Fund

revenue does not meet expenses for a particular UNC System institution (due to enrollment declines, declining net tuition revenue, or a mix of both), mental health service units could be in a precarious financial situation and lack dedicated financial resources. This may leave universities with insufficient capacity to cover increases in costs and utilization.

- **Approved health fee increases will not materially increase incremental revenue for mental health service units.** In February 2021, the UNC Board of Governors undertook a review of Health Fees and, subsequently, approved rate increases across the UNC System. The Finance Workgroup's analysis indicates the incremental annual revenue will be unlikely to have a material effect on mental health service units, especially in light of the fact that the Health Fee is used for both mental *and* physical health services. Physical health service expenditures are generally two to three times higher than mental health expenditures.

## **Recommendations**

### **Recommendation #1: Increase investment in quality and coordination of student mental health care within and between institutions**

- a. Provide sufficient staff (including clinicians, practitioners, caseworkers or social workers) and space to meet target levels of service, including but not limited to providing weekly therapy to students who seek help. Determine the sufficient number of staff by benchmarking against the Clinical Load Index, the International Accreditation of Counseling Services (IACS) staffing ratio, and Healthy Minds data (where available).
- b. Consider using a stepped care model to distribute counseling needs across a continuum of service options and develop a scope of practice to clearly communicate when referral out of the center is warranted.
- c. Increase the diversity of staff and expand access to counseling professionals with diverse backgrounds and/or training in trauma-informed and culturally responsive methods.
- d. Ensure there is adequate staff to comply with federal regulations (i.e., under the Clery Act and Title IX, universities must make counseling services available to both the complainants and respondents of sexual misconduct violations).<sup>1</sup>
- e. Offer student support and mental health programming targeted at underrepresented populations (e.g., black males). Provide a variety of different structures and culturally relevant program types (e.g., mentor networks, discussion groups, workshops, and transition programs) focused on supporting the mental health and well-being of students of color, international students, graduate/professional students, male students, LGBTQ, and other populations with special needs.
- f. Make mental health and wellbeing part of institutional strategic planning and goal setting for student success outcomes. Offer student support and mental health programming at critical student transition points (e.g., first-year student experience, transfer student experience, graduation).

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<sup>1</sup> Each institution must make counseling services available to both the complainants and respondents of sexual misconduct violations.

- g. Develop a System-wide standing memorandum of understanding (MOU) to allow counseling centers to assist other institutions in the event of a large-scale emergency mental health need.
- h. Create a System-wide referral network for students seeking off-campus care (e.g. Shrink Space or Thriving Campus).
- i. Create a System-wide pool of psychiatric providers and other specialized staff that operate as a shared service and can be deployed to institutions in need of assistance, either via regional hubs or from a centralized home.
- j. Explore System-wide solutions to providing or continuing after-hours care (in-person and/or virtual) to students to accommodate student needs (e.g. through ProtoCall Services).

**Recommendation #2: Invest in tools that enable better measurement of service delivery and outcomes so that campuses can make informed care decisions**

- a. Ensure that every mental health center has an electronic medical record (EMR) system designed for student mental health services (e.g., Titanium) and determine how technology can best be used to manage service provision and measure outcomes.
- b. Implement tools and surveys to measure service-level effectiveness (e.g., Counseling Center Assessment of Psychological Symptoms) and awareness of available mental health services if not already in place.
- c. Dedicate IT support (either at the campus-level or the System-level) to facilitate the adoption of new data technologies.
- d. Implement a health and well-being institutional task force charged with making data-informed decisions regarding mental health services and programming, monitoring best practices, contributing to institutional strategic planning for student success, and identifying trends in student mental health.
- e. Establish a System-wide committee on student mental health that advocates for institutions and the System as a whole, tracks data and progress towards goals, shares information and resources between institutions, and defines and promotes a System-wide standard of care that falls within the reasonable bounds of each institution.
- f. Create an internal peer review team of counseling staff to assist other centers in implementing standards aligned with accreditation by IACS (International Accreditation of Counseling Services).
- g. Subscribe to membership in national mental health data sets in coordination with System (e.g. Healthy Minds, Center for Collegiate Mental Health, etc.).

**Recommendation #3: Increase crisis intervention support and mental health education among various campus stakeholders**

- a. Implement “gatekeeper” training (such as Question, Persuade, and Refer (QPR) or Mental Health First Aid and offer tools for faculty and staff to help identify students who are showing warning signs of mental health distress and help students get the services they need.

- b. Integrate mental health awareness into existing training programs (such as Green Zone or Safe Zone training) and develop new and/or take to scale campus-wide initiatives that promote positive mental health and wellness practices (i.e., health and wellbeing coaching, integrated health initiatives, stress management strategies/mindfulness workshops).
- c. Invest in and educate student ambassadors, student leaders, peer academic leaders, student mentors and paraprofessionals across the campus community to help build and advocate for mental health awareness.
- d. Invest in app-based and other technology-enhanced supplemental service programs that provide guided self-help (e.g., TAO, WellTrack, Sanvello, etc.).
- e. Promote and advertise student mental health resources through multiple channels (including social media). Additionally, consolidate fragmented institutional mental health resources into a “one-stop, concierge” application that can be embedded in existing student applications (e.g. student success app or other websites/apps that have high student traffic).
- f. Create a System-wide network of certified trainers to work across universities to provide training to staff, faculty, and students, allowing campuses without such trainers to host programs such as Mental Health First Aid; Question, Persuade, and Refer (QPR) training; and Trauma Informed Care and Inclusion Training.
- g. Create a System-wide mental health resource website to share news and updates on services and key initiatives.

**Recommendation #4: Invest in professional development and retention efforts of mental health professionals**

- a. Encourage membership in professional organizations (such as the Association for University and College Counseling Center Directors) so that staff can have access to resources such as the professional listserv, results of salary surveys, programming references, and support (pursuant to institutional policy).
- b. Sponsor continuing ed programs for mental health professionals (e.g., American Psychological Association, National Association of Social Work, etc.).
- c. Consider various staffing options outside of full-time, permanent staff to increase capacity, maximize client service time (e.g., part-time, temporary, trainees, etc.), and/or to provide crisis or same-day counseling services.
- d. Conduct a System-wide salary review and benchmark against national data sets in both the public and private sectors to ensure adequate recruitment and retention of mental health professionals.<sup>2</sup>
- e. Create a System-wide mentor program for new counseling center staff in both administrative roles (e.g., Director or Associate Directors) and dedicated roles (e.g., Diversity and Inclusion, Outreach, Trauma Services).

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<sup>2</sup> See the Association for University and College Counseling Center Directors Annual Survey for benchmark data example.

- f. Create new pipelines and pathways of talent from and through the UNC System, including expanding masters- and doctoral-level internships and other training programs. Pair existing masters- and doctoral-level programs with institutions that do not have graduate training programs to expand clinical opportunities and increase capacity across the System.
- g. Provide centralized System support to mental health centers that need assistance in building capacity to host internships and trainings.

**Recommendation #5: Pending System analysis of insurance recovery, expand insurance recovery in ways and for purposes with demonstrated return on investment**

- a. If an insurance feasibility analysis reveals that insurance recovery is a financially and operationally viable endeavor, institutions should consider developing a methodology to allocate a portion of insurance recovery monies to student mental health services.
- b. The UNC System Office should work to secure one-time funding to conduct an insurance feasibility analysis before proceeding with a System-wide rollout.
- c. The UNC System Office should work alongside one to three institutions that have previously committed to rolling out a full insurance recovery program to help them complete the rollout of their insurance recovery program, as well as to collect data and lessons from these efforts so that other institutions can use that information as they decide what to do about insurance recovery.

**Recommendation #6: Utilize Federal Coronavirus Relief funds for non-recurring mental health service expenses**

- a. The UNC System should encourage institutions to utilize a portion of the Higher Education Emergency Relief Fund (HEERF) for non-recurring student mental health services. Examples of such fund uses (subject to review of HEERF funding restrictions) may include: temporary and/or contracted clinician staff, student micro-grants for off-campus mental health services, licensures and certifications for clinical staff to provide telemental health services, and furniture and equipment for offices and waiting rooms.
- b. UNC System institutions should actively increase awareness among students to utilize the student aid portion of HEERF to seek off-campus mental health support (especially for those students that remain in a distance learning environment or student subpopulations that may be better served by specialized clinicians in the surrounding community.)
- c. The UNC System should work to secure one-time federal funds from the Governor's Emergency Education Relief (GEER) Fund or American Rescue Plan (ARP) Funds to implement strategies that will help universities attain a sustainable service and financial delivery model for student mental health services. Examples of potential uses of funds include: investment in electronic medical record system at counseling centers (e.g., Titanium), investment in a shared pool of psychiatric providers across the UNC System, and implementation of a system-wide off-campus referral tracking system (e.g., Shrink Space or Thriving Campus, etc.).

**Recommendation #7: Pursue additional philanthropic funds to support student mental health services**

- a. Institutions should collaborate with Advancement Offices to determine the feasibility of establishing mental-health giving funds and/or student-union micro grants.
- b. The UNC System Office should identify additional student success grants to assist UNC System institutions. An experienced individual should be dedicated to grant writing and grant administration on behalf of smaller UNC System institutions that either do not have the personnel capacity or expertise to do so on their own. Additionally, the System should apply for one-time federal or state Coronavirus Relief funds to fund these costs.

**Recommendation #8: Develop alternative service delivery models for specialized mental health services**

- a. The System Office should identify and prioritize those specialized mental health services that need to be scaled up across the UNC System. Additionally, the System Office should work to secure one-time federal funds provided to the state for Coronavirus relief to identify the most appropriate service delivery model (in conjunction with UNC System institutions) for each specialized mental health service and develop a pilot model in key service area



