Understanding Today’s Demand for Mental Health Services

A Briefing for Institutional Leaders
The New Normal

Demand for Campus Mental Health Services Continues to Soar

Breaking News for 2017

Surging Demand for Mental Health Care Jams College Services

Demand for Services Outpaces Enrollment Growth
Average Growth, 2009-10 to 2014-15

5.6%
Average percent change in institutional enrollment

29.6%
Average percent change in counseling center utilization

Rate at which counseling center utilization outpaced enrollment growth

...And for 2016...

The Number of Students Seeking Mental Health Treatment is Growing Rapidly

...And 2015...

More Stress, Less Stigma Drives College Students to Mental Health Services

...And 2014

Students Flood Counseling Offices

A Similar Story North of the Border

Canadian Colleges and Universities Experiencing Demand Spike

A Sharp Upswing

35% Average percent increase in the number of counseling appointments across 13 post-secondary institutions, over the last five years

In the last few years, we’ve seen a substantial rise in the number of students coming forward and asking for help with anxiety and depression. Despite a sizable budget increase last year, our counseling center is still feeling overrun and understaffed."

Counseling Center Director
Public Canadian University

Not Just a Single Province Issue

Ontario Campus Counsellors Say They’re Drowning in Mental Health Needs

Alberta Commits $7.5M to Improving Mental Health Resources at Calgary Colleges and Universities

What Is Driving Demand?

Product of Decade-Long Social and Institutional Investments

**Increased Awareness**
Institutional and national tragedies have spurred more open conversations about students’ mental health needs

**Structured Response Framework**
New teams and protocols streamline how institutions identify and treat students with mental health needs

**Reduced Stigma to Seeking Care**
Campus and social stigma-reduction campaigns led to today’s students being more comfortable seeking care

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**Generational Differences in Perceptions of Therapy**

**Boomers:** Therapy? That’s for crazy people.

**Generation X:** I saw my first therapist when I was an adult.

**Millennials:** Embarrassed about therapy? No. My friends are all in therapy too.

**Gen 2020:** I have a whole team of coaches and therapists.

*Rethinking the College Mental Health Crisis: Do Bubble Wrap and Special Snowflake Myths Prevent a Vision for Needed Change?*
*The Huffington Post*

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External Factors Also Drive Up Demand

Outside of Your Control, but Having a Huge Impact on Students

- **Substance Abuse**: Students look to drugs and alcohol to relax; use prescription drugs to focus, work late into the night.

- **Social Media**: Time spent online amplifies existing stressors and contributes to an overwhelming sense of social isolation on campus.

- **New Parenting Styles**: Highly involved parenting creates busy, overscheduled, failure-averse students who struggle to adapt to challenges as they arise in college.

- **Political Climate**: Stress from current events and politics exacerbates students’ existing issues with stress, anxiety, and depression.

- **Intensified Expectations**: Students face early and persistent pressure to academically excel, fit in socially, and be successful after graduation.

Source: EAB interviews and analysis.
A Silent Epidemic Is Coming to Campus

**Escalating Rates of Depression**

*Past Year Major Depressive Episode*¹ Among Adolescents, By Gender (2011-2015)

1) A major depressive episode is characterized as suffering from a depressed mood for two weeks or more, and a loss of interest or pleasure in everyday activities, accompanied by other symptoms such as feelings of emptiness, hopelessness, anxiety, and worthlessness.

**Growing Mental Health Challenges Among Children and Teens**

- **25%** Of teens meet criteria for an anxiety disorder
- **8%** Of children ages 7-16 have attempted self-injury
- **172%** Increase in minors requiring hospitalization for an eating disorder, 2003 to 2014

Source:
- National Institute of Mental Health, "Major Depression Among Adolescents," https://goo.gl/KSk7xT;
- EAB interviews and analysis.

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Waitlists Are Just the Tip of the Iceberg

What Increased Demand Looks Like on Campus

**Waitlists Are the Most Visible Metric...**

“After the first week, students have to wait weeks for an appointment. I know that there are **students on the waitlist that we just won’t get to** this semester.”

“Our waitlist just won’t go away. We have hired additional staff and increased clinical hours offered to students, but they just keep piling up.”

**...But There’s More Below the Surface**

- **Decreased frequency of therapy** appointments to accommodate more clients
- **Staff burnout** because of long hours and overwhelming caseloads
- **Lack of physical space** to accommodate new hires and increased clinical hours
- **Less time and resources** for outreach, early education, and other priorities
- **Student dissatisfaction** about service availability
- **Delayed treatment leads students’ concerns to escalate**

Source: EAB interviews and analysis.
“We Can’t Afford to Get This Wrong”

Delayed Service Increases Risk All Around

Significant Risks for Failing to Meet Students' Mental Health Needs

Campus Safety

“We have to support our students or else we risk endangering-or being perceived as endangering-our entire campus.”

Student Welfare

“Our number one concern is to ensure that students are well enough to take care of themselves as a person. We want what is best for them.”

Student Success

“At the end of the day, it is about helping students be successful with their academic and personal goals. If you really want to improve retention, you have to provide these services or else you are going to have a revolving door as students get overwhelmed.”

A Demonstrated Impact on Academic Performance

#2

Mental illness is the second most common reason that students dropout of school

-0.4

Average drop in GPA for students with anxiety and mild to severe depression

Vice President for Student Affairs
Public Research University

An Unsustainable Cycle

Hiring More Staff Is Not the Answer

Ongoing Investments in Counseling Center Staff...

- Of institutions gained FTE clinical or professional staff in 2015-16
- Number of FTE staff counseling centers gained for every 1 lost in 2015-16, up from 3.9 in 2014-15

Demand for mental health support is rapidly growing on Canadian campuses. In response, we have poured more and more resources into clinical support services. Despite the additional investment, both waiting times and student distress are increasing."

Andre Costopoulos
Vice-Provost and Dean of Students
University of Alberta

"We have been throwing money at this problem for years and it is an endless pit. Our numbers just keep going up. Hiring more therapists is not the answer. We now know that we can’t staff our way out of this problem.”

Vice President for Student Affairs
Public Research University

Time for a New Approach

Today’s Stark Reality Requires a New Path Forward

“Today’s Stark Reality Requires a New Path Forward”

Opening Up to New Ways of Providing Support

“The biggest shift for our profession-and university counseling centers on the whole-is that we have to think differently about how people can be helped. We can't keep saying that the 50-minute hour is the best answer because we just don't have the resources. We must get creative, explore and commit to new ways of working, and be open to new ideas that don’t compromise the quality of our work with students.”

Director of Counseling Services
Private Research University

Realigning Expectations Around Counseling Services

“Counseling centers have become a place where people expect solutions. There is a huge amount of expectation from students, parents, and faculty in the community that we will whisk in and fix people that are somehow broken. We can’t live up to that mission. Before folks run to counseling, they need to utilize the other services on campus. We need more resources to teach students how to be well and not just panic when students are unwell.”

Vice Provost for Student Life
Canadian Research University

Source: EAB interviews and analysis.
Introducing a “Stepped Approach”

Giving Students What They Need, When They Need It Most

Building Options for Students

A Conceptual Model of Stepped Care

Level of Intensity

Level of Resources

Key Principles of Stepped Care

- Care is stepped up or down as needed, based on students’ changing concerns
- Prioritizes the least intensive and most effective treatment option
- Saves the most limited and intensive clinical resources for students who need them most
- Depends on a wide range of services, including self-help resources, peer support, online tools, and on- and off-campus therapy

# Addressing the Demand in Partnership with EAB

Research and Resources to Target Interventions to Key Student Segments

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## Current and Forthcoming Resources Across 2018

- Executive Briefing
- Webinar Series
- Best Practice Study
- Implementation Toolkit

Source: EAB interviews and analysis.