Mental Health, Well-being and Partnership

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Continuum of Care
Mental Health Services Staff

2.1 FTE Psychiatry

3.0 FTE Support

Administrative/Counseling 3.0 FTE

Counseling 11.6 FTE (when fully staffed)
Mental Health Services Staffing

- 11.6 Counseling
- 2.1 Psychiatry
- 3.0 Administrative (0.9 is direct counseling)
- 1.0 Care Manager
- 1.0 Mental Health Nurse
- 1.0 Mental Health Coordinator
- 19.7 FTE
  - (23 headcount-when fully staffed, currently searching for two positions)

- Since January 2019 we have added
  - 3.0 Counseling Staff
  - 1.0 Mental Health Nurse
Number of Students Seen in Counseling Services for Academic Years AY 2009-2020

- 2009: 1070
- 2010: 1121
- 2011: 1152
- 2012: 1216
- 2013: 1324
- 2014: 1246
- 2015: 1474
- 2016: 1803
- 2017: 1944
- 2018: 1942
- 2019: 2119
- 2020: 1999

* 2020-Students left campus due to COVID
Clinical Load Index (CLI)

Visualizing CLI and Utilization
(1 staff member for 1000 enrolled students with varying levels of utilization)

11.8% = National Average Utilization
Mental Health Services Changes

• Need to Add Six Therapists Managing Expectations
• Move from 1-1 weekly counseling as the default/expectation
• Engage in regular assessment to determine what delivery methods, educational and promotion strategies, and interventions, are actually working.
WashU Cares

- Provides support, guidance, and resources connections to students.
- Create a culture of caring
- Provide consultation for faculty and staff to identify, support and refer students who may be having a hard time.
- Partner closely with the Associate Dean for Student Services in each college
Health Promotion: Systemic Well-being

- Everything that students experience impacts their mental health in one way or another.
- Both the age range of onset and the stress pressure of the context drive mental health issues.
- Make identifying, understanding, and responding to mental health issues a priority for everyone on-campus who interacts with students.
Student Well-being

• We want to think of student health and well-being more comprehensively—with a focus on an integrated and strategic approach to student well-being.

• Emphasize health education and health promotion; and the development of coping and resiliency skills.

• Educate students, partner with faculty, and staff on relevant information including resilience, empathy, mindfulness, and practices consistent with the empirical literature.
Collaboration

• Faculty have the most frequent, longest, and most intense contact with students at Washington University.

• Any attempts to improve mental health without a faculty partnership, and leaning towards systemic change, is unlikely to succeed.
Discussion/Collaboration Questions

• How do we partner with faculty, across academic units, to assist with their support of students mental health?

• What specific strategies would allow us to reach more faculty to provide information and training to support student mental health?

• What are the concerns you are hearing from faculty about engaging with students and their overt mental health needs?
• [https://studentaffairs.wustl.edu/resources/staff-resources/kognito-at-risk-faculty-staff/](https://studentaffairs.wustl.edu/resources/staff-resources/kognito-at-risk-faculty-staff/)
Health Promotion

- **Prevention Climate Campaign:**
  - Current student mental health focus is downstream (time, attention and resources responding to students in crisis) not upstream (addressing issues that impact student mental health; emphasizing health education and health promotion and the development of coping and resiliency skills
Campus Partnerships

- **Improve Campus Mental Health Literacy**
  - Not all students need to see a counselor. Sometimes a student needs an empathic listening ear, not always counseling.
  - Make identifying, understanding and responding to mental health issues a priority for **everyone** on-campus who interacts with students.
  - Kognito: Strongly recommend for faculty and staff; additional training when possible
Question/Discussion