

# Where do we go from here?

Navigating the current landscape of  
collegiate mental health

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DAVID WALDEN, HAMILTON COLLEGE

LYNN BRAUN, SUNY OSWEGO

*OTHER MEMBERS OF THE TEAM: KIM GORMAN, MARCUS HOTALING*



# The Short Story

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What we're doing isn't working

We need to change what we're doing

Or 😞



# The Longer Story (aka “we’ve been successful”)

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- ↑ demand & acuity
- ↑ expectations
- Demographic shifts
- Value & affordability questions
- Enrollment concerns



# The result

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# What We Addressed

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- Burnout & Turnover
- Implications of Demand
- Clinical Service Models
- Third Party Vendors
- Salaries



# Burnout & Turnover

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- NASPA Survey
  - 1/3 might leave within 5 years
  - 70% cited “crisis management”
- Burnout on the rise
  - 70% in 2018
  - 90%+ in 2022
- AUCCCD Survey
  - 60% of centers had turnover, 70% had trouble/couldn't fill
  - Pools of applicants down to 3.3 for doctoral, 7.3 for masters



“It is a deep irony that mental health in higher education has arguably never had a higher profile but employment positions within institutions of higher education have never been less competitive in the job market”



# Implications of Demand

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- 2011-2021
  - Average utilization 10% → 13%
  - *Upper range 18% → 39%*





# Implications of Demand

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- Broadening of “mental health”
- “How do we meet demand” & “We can’t hire our way out of this”
- Resources must be assessed relative to utilization and/or specific goals
- Hard decisions should be coordinated & made with Director of CC



“It is critical that institutions decide what they are going to provide a student body and then turn to tools that can appropriately assess what is needed to fulfill those goals”

# Clinical Service Models

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- Nested within comprehensive array of services to community
- In response to demand, spectrum of models emerged
- These shifts have impacted everyone



# Clinical Service Models

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- Relationship matters & relationships thrive under consistency
- We know stuff
  - Common factors
  - Dose-effect
  - Weekly=faster change
- Choose a model that meets goals rather than “meeting demand”



“It is an unfortunate reality that counseling centers’ clinical service models have been driven by volume of demand rather than known factors from decades upon decades of outcome research”



# Third Party Vendors

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- COVID jumpstarted huge growth
- Many different types:
  - Preventative
  - Well-being
  - Intervention
  - Wrap around care
  - Education
  - Peer Support
- Lots of confusion





# Third Party Vendors

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- What category is being considered?
  - Often not clear to decision makers
  - Contributes to frustration
- What needs are being targeted?
  - Align goals with resource
  - e.g., wrap-around care is not more hours
- Will this resource actually meet those needs?
  - What is *actually* being offered
  - Let's be honest



“It is human nature to seek services that seem to solve our complex problems, but the reality of our challenges is that complex problems require nuanced solutions”

# Salaries

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- Salaries are often not competitive
- Comparison tools are not helpful

Position	US Bureau of Labor Stats	Counseling Centers	CUPA
Psychologist	\$81,040	\$74,400	\$67,200

- People have options



# Salaries

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- Use additional salary databases
- Focus on workplace culture
- Identify options for flexibility & autonomy





# Alignment

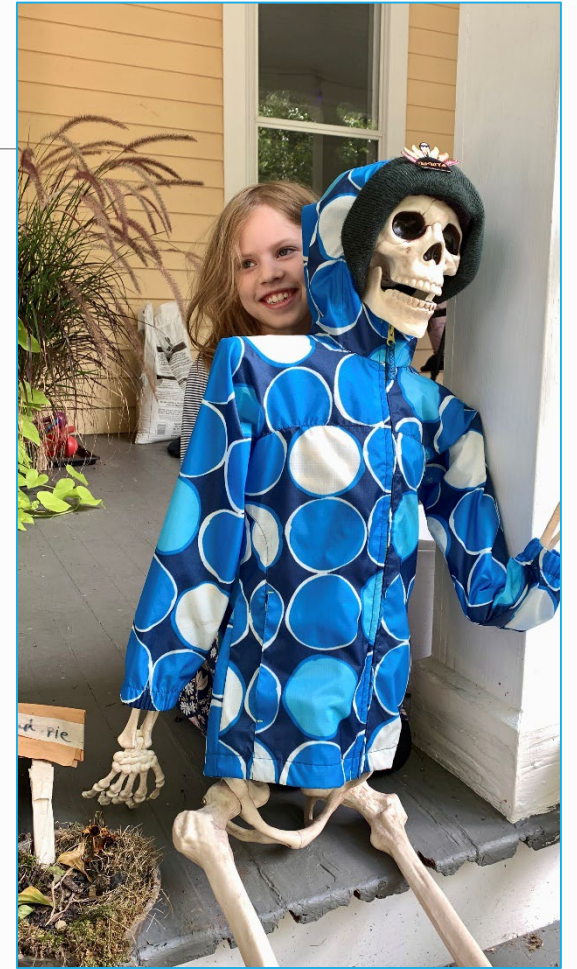
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- Whatever the choices, alignment is the goal
- Goal: Messaging= expectations=resources
- Mismatched expectations *manufacture* stress
- Let's shape the narrative



“Alignment helps us succeed in redefining how higher education approaches the ‘mental health crisis,’ marshalling the talent and resources of institutions to shape the narrative rather than being shaped by it”





# Recommendations

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1. Identify key stakeholders who should be involved in developing a campus-wide plan, **coordinated and led** by an individual who has the most familiarity with the resources, needs, and realities of mental health concerns at that institution
2. Define **institutional identity** around mental health, including developing a campus-wide strategic plan that defines the institution's approach and how that approach will be resourced
3. Clarify **what demand** they want to meet and **what resources** are needed to meet that demand
4. Measure **resources relative to utilization**, and to specific goals relevant to the institution
5. Identify or develop a clinical services model for their counseling center that **does not attempt to meet every demand** but rather **chooses the demand to be met**

# Recommendations

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6. Assess what third party services would be **consistent with institutional goals, be realistic** about what those services can provide, and **assess efficacy** on an ongoing basis
7. Align messaging and resourcing **consistent with a defined approach to mental health**, and communicate that to **all campus constituents**- especially students and parents
8. Utilize **additional salary databases** when determining counseling center staff compensation, such that the institution is competitive with all options available to providers
9. Evaluate **workplace culture** and identify options for **flexibility and autonomy** for staff clinicians to increase retention and decrease burnout