MIT Mental Health Task Force Report

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Mental Health Task Force Report

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Introduction

Designing a system which meets the mental health needs for a community as broad and diverse as the one at MIT is a challenging task. The Mental Health Task Force was developed through the combined initiative of the Chancellor, the Undergraduate Association (U.A.), and the MIT Mental Health Service, who recognized the changing mental health needs in the community and desired a collaborative response to effectively meet these changing needs. In November 2000, the MIT Mental Health Task Force began meeting to discuss issues of mental health at MIT and ways to improve the support services available to MIT students. Composed of graduate students, undergraduates, Institute staff, and faculty, the task force examined the accessibility, quality, and perception of support services on campus, including the MIT Mental Health Service, Counseling and Support Services, and MIT's residential support network. Using data collected from a survey of MIT students as well as data collected from other schools, and drawing on the experience of its members, the task force assembled a set of recommendations for improving mental health care at MIT.

Overview

The last five years have seen a strong increase in demand for mental health services at MIT and across the country. In the year 2000, the MIT Medical Mental Health Service saw approximately 50% more students than in 1995 and an approximately 69% percent increase in student psychiatric hospitalizations, reflecting a growing number of students with serious mental health conditions. Over those five years, the size of the mental health staff remained constant. At a time when other schools have increased their staff, MIT has lagged behind, ranking seventh of nine comparable select schools in the number of mental health full time equivalents (FTEs) per student. Additionally at that time, MIT was the only school not to offer evening office hours, and the MIT Mental Health Service reported a lower utilization (12% of the student body annually) as compared to other schools (14-16%).

A survey of MIT students, conducted by the Taskforce in the spring of 2001, revealed some cautionary statistics. Of the students who responded to the survey (half undergraduate and half graduate), 74% reported having had an emotional problem that interfered with their daily functioning while at MIT, while only 28% had used the MIT Mental Health Service. Even more worrisome, 35% of students reported a wait of 10 or more days for their initial appointment with the service, and 80% of the students were not aware of the daily afternoon walk-in hours. While nearly two-thirds of students rated their experience with the MIT Mental Health Service as satisfactory to excellent, only half would recommend the service to a friend, and overall, students saw the service as having a mediocre reputation.

A Description of the Current Mental Health System

The mental health system depends upon an Institute-wide network of support services, including the MIT Medical Mental Health Service, Counseling & Support Services (CSS), Health Educators, the Office for Disabilities Services (DSO), the chaplaincy, housemasters, graduate resident tutors (GRTs), residential advisors (RAs), residential life associates (RLAs), the Office of the Dean for Student Life, Nightline, MedLINKS, faculty advisors, the Ombuds Office, the Campus Police, and informal contacts with other staff, faculty, and peers.
Located on the east side of campus, the MIT Mental Health Service is composed of 3 full-time psychiatrists, 8 part-time psychiatrists, 4 full-time and 1 part-time licensed clinical social workers, 2 full-time clinical nurse specialists, and 4 part-time psychologists who serve students, faculty, staff, and their dependents. The Service is open to both students and employees for confidential appointments Monday through Thursday, 8 a.m. to 7 p.m. and Fridays 8 a.m. to 5 p.m., with walk-in hours from 2 p.m. to 4 p.m. A limited number of appointments are set aside for same day appointments. Emergency coverage during the evenings and on weekends is provided through off-site beeper availability rotated by the psychiatrists on staff. Also based at MIT Medical is the Health Education Service, which is primarily involved with community outreach and programming around health issues (including mental health) for students, faculty, and staff.

Other support services are centrally located on campus. The Counseling & Support Service is composed of 5 Counseling Deans, 3 of whom are clinical psychologists, and an assistant involved with student outreach and programming. CSS works closely with the Mental Health Service, students, faculty, and administrators. The Office for Student Life includes a dean and staff who address broad issues around student life including mental and emotional functioning. The Chaplaincy is comprised of multiple chaplains from diverse faiths who are available by request for counseling.

Still other supports are located within the student living groups. Housemasters are faculty and professional staff who serve in each of the undergraduate and graduate residence halls as mentors and oversee the well being of the residents. Residential life associates (RLAs) are live-in professional staff who support house teams that include housemasters, graduate resident tutors (GRTs), graduate coordinators (GC), hall governments, and resident advisors (RAs). RLAs act in the capacity of community builders and referral agents, and support the activities of the housemasters. GRTs are graduate students who live within the undergraduate residences and are often the first to become aware of mental health concerns in individuals within their living group. RAs in the fraternities, sororities, and independent living groups (FSILGs) have roles similar to those of the GRTs, but are not all graduate students. Nightline is a student-run, confidential peer-listening hotline, open from 7 p.m. to 7 a.m. on weekdays and throughout the weekends for information, support, and referrals. MedLINKS is a student-run program affiliated with the Health Education Service to link MIT Medical with the living groups.

Strengths and Weaknesses of the Current System:

The MIT Mental Health Service has an excellent reputation within the Greater Boston community, with a staff affiliated with prestigious teaching hospitals in the area. The redundancy and diversity in support services across campus allows for multiple points of entry to seek help. Given the diversity of the MIT community and the sensitivity of mental health issues, students value the range of choices that allows for entry into the system in an individually comfortable way. Students also highly value the confidentiality and the staff diversity of the MIT Mental Health Service. Students who purchase the Extended Plan health coverage may see outside providers and have their visits completely (100%) covered. While the redundancy in the current support system allows for multiple points of entry, some students are confused about the most appropriate Institute contact for their particular situation. They are uncertain about confidentiality and communication policies, and unaware of the breadth of campus resources. Although students value the autonomy and confidentiality of the current system, for many students this is their first experience in advocating and participating in their own health care. The current system puts pressure on the students to recognize their own mental health needs, to actively seek out support services on campus, to use a health care system that operates primarily by appointment within standard business hours, and to differentiate between urgent and non-urgent needs. Students are more likely to seek access to support services on an as needed basis, which often occurs outside of standard business hours and increases the likelihood of their coming in contact with many different providers. Parents, faculty, and staff express confusion about the confidentiality and communication policies. In addition, personal, environmental, and cultural barriers persist that interfere with attention to mental health needs. The MIT Mental Health Service is not equipped to handle the current volume of students seeking care, and students sometimes have to wait for long periods of time for appointments. Also, students needing long-term care are often referred to outside clinicians.

Recommendations Summary:

In an effort to maintain the strengths and address the weaknesses of the current system, this task force recommends the following actions to improve MIT's mental health services:

? Significant expansion of the Mental Health Service, including additional staffing and extended hours of service, to allow for comprehensive coverage of the student population on campus with decreased need for outside referrals.

? Creation of a comprehensive, three to five year, campus-wide social marketing campaign, which will use established public health social marketing techniques to begin changing the MIT culture so that students feel more comfortable seeking help.

? Development of a comprehensive outreach and education program around mental health with appropriate staffing, including broad educational initiatives across campus, to create an Institute-wide network of support.

- ? Designation of an Administrative Coordinator of Campus Support Services and development of Institute protocols to allow for the coordination of support services.
- ? Creation of a standing committee on mental health that draws directly on presidential level support.

Research and Survey Data

Student Mental Health Services

Staffing Ratios

In the spring of 2001, the Mental Health Task Force conducted a review of mental health practices in nine comparable, select schools that supplied confidential data to aid this task force in assessing mental health practices at MIT. Among the schools reviewed, in the ratio of mental health clinicians in full time equivalents to the student population, MIT ranked seventh out of the nine schools. In other words, it had among the lowest number of mental health clinicians compared to its student population. However, MIT's mental health staff stood out as having the highest number of psychiatrists. Four of the nine reviewed schools had recently increased their staffing by 1 – 4 FTEs.

Evening and Overnight Coverage

At the time of the above review, MIT was the only school reviewed that did not offer evening office hours. In September 2001, MIT implemented evening appointments, opening the service until 7 p.m. on Mondays through Thursdays. At most schools, the entire staff shared night and evening coverage by beeper, with psychiatric backup for the non-M.D.s. At MIT, only psychiatrists take after hours call. One school gave extra compensation to staff members who took call. One school referred those with mental health concerns at night to a local, established emergency room and another school employed a network of local mental health clinicians for its night coverage.

Mental Health Service Usage Patterns

All schools reported increases similar to those observed at MIT in the numbers of students seen by their mental health services. MIT currently sees 12% of its student body annually as compared to 14-16% of the student body annually in comparable schools. University mental health directors predict student utilization will continue to rise to a level of 16-20% of the student body annually. All schools report an average of approximately 5 visits per student seen. They also all experience a bimodal distribution with most students coming for crisis related intermittent care and a relatively small (10-20%) but increasing group needing long term, continuing care. Six of the nine schools had no medical or mental health services for staff. One school, with a comprehensive staff HMO like MIT, referred staff off-site for mental health care and restricted its mental health services to students.

Table II: MIT Student Utilization of the MIT Mental Health Service

	1995	*2000*	*Increase*
Undergraduate patients	315	514	63 %
Graduate Student patients	367	584	59 %
Hospital Admissions	16	27	69 %
Avg. Number of Visits/Student	5	5	0%
*Staffing (FTE's)**	8.4	8.4	0%

*MIT mental health providers see both students and employees, dividing clinical time between the student and employee populations equally. This is a count of clinical FTEs for students only (staff time available to students for clinical care). New staff positions have not been added for the past 5 years, and the number of students referred to providers outside the MIT service has remained constant.

Survey Data

Randomized Sampling of 500 Undergraduates and 500 Graduate Students
N=263 self-reported responses, conducted February 2001

Demographically, respondents were evenly distributed by gender, academic year, and between graduate and undergraduate students. Most responses were consistent between undergraduate and graduate students. 94% of respondents were aware of the MIT Mental Health Service. There were higher percentages of women and non-minorities among respondents who had used the Mental Health Service as compared to those who had not. The top four ways in which people became aware of the mental health service were from MIT Medical, friends, The Tech, and orientation, in decreasing order. Many students had become aware of the Mental Health Service through multiple sources. Most students knew that visits through the service were free of charge (78%), but many students were unaware of the daily walk-in hours for urgent needs (80%).

Significantly, 74% of the respondents reported having had an emotional problem that interfered with their daily functioning at MIT while 28% reported having used the MIT Mental Health Service. Students reported overwhelmingly that they would discuss an emotional problem first with friends and family followed by a mental health provider or a counseling dean.

Several survey questions were posed to the students who had had contact with the mental health service, N=74. Respondents who had had contact with the Service represented

28% of the total respondents. Of concern, 35% of these students reported having had a wait of 10 or more days prior to their initial appointment, an indication for the need for additional intake appointments. After students had been seen, most reported a reasonable satisfaction with the quality of care. 61% rated their mental health provider as good to excellent, 65% found their mental health provider attentive to highly attentive, and 65% rated the support staff as good to excellent. 66% classified their overall experience in the mental health department as good to excellent. Interestingly, graduate students reported higher satisfaction with support staff, mental health providers, and the overall experience than did undergraduates, although not statistically significant.

Several questions were directed towards respondents who had not used the MIT Mental Health Service. While 36% reported having considered use of a mental health service, they had not sought treatment for a variety of reasons. 52% reported that they would feel comfortable using the MIT Mental Health Service, and 66% would recommend the service to a friend. On a perception probe, the majority of respondents thought that MIT students perceived the MIT Mental Health Service to be mediocre in its regard, accessibility for appointments, and helpfulness.

In efforts to better understand the perceived needs of the student community, questions were asked regarding the value of particular services and interest in a satellite mental health clinic. The respondents ranked the following in order of most to least valuable:

1. quick access to appointments
2. evening hours
3. afternoon appointments
4. web & email access
5. 24 hour coverage
6. ethnic/gender awareness
7. weekly long term therapy
8. increased diversity of providers
9. workshops
10. presentations
11. group therapy

Clearly, access seems a high priority for the student community. Responses were fairly evenly mixed in regards to a satellite clinic in the student center with 48% for and 43% against.

Other questions were directed towards better understanding the use of the Counseling and Support Services Office (CSS). 25% reported having used CSS, and 76% of these rated their experience as good to excellent. Only 5% reported having to wait more than one week for an appointment. 58% found CSS helpful in resolving an academic problem, and 72% rated the CSS support staff as good to excellent.

Recommendations

In order to improve the mental health services at MIT and to better meet the needs of the student community, the Mental Health Task Force recommends the following:

1 - Expand and Improve Support Services

1.1 Increase Availability and Access to Care

At its core, the MIT Mental Health Service must provide timely, adequate, and accessible appointments to allow for on-site mental health treatment for the student community. The student population tends to function on a shifted time schedule from standard business hours and to approach health care with a different set of expectations than the non-student population. Generally, students are reluctant to utilize morning appointments and prefer afternoon and evening appointments. This is evidenced by the results of the student survey, where evening hours and afternoon appointments ranked as their second and third priorities. Students also have a higher expectation for immediate mental health care on an as-needed basis. They are the highest users of the walk-in hours and show higher rates of 'no shows' for scheduled appointments than the non-student population. On the student survey, quick access to appointments was their top priority.

During the past five years, student utilization of mental health services has increased from 8% of the student body annually to 12% of the student body annually. During this same period, staffing and student referrals outside the MIT clinic have remained constant, contributing to longer waits for intake appointments. On the student survey, 35.2% of the students who had used the Mental Health Service reported waits of 10 or more days for their initial appointment. Thus, in order to meet the unique needs and expectations of MIT students, it is necessary to expand the mental health staff and to increase the availability of afternoon and evening appointments.

1.1.1 Increase the Staffing of the MIT Mental Health Service

Based upon the analysis of university mental health data from 9 comparable select schools, the survey data from 30 university mental health services conducted by the MIT Undergraduate Association in the fall of 2000, and an examination of patient flow patterns and staffing at the MIT Mental Health Service, it is the opinion of the Mental Health Task Force that the MIT Mental Health Service is understaffed. We recommend that the proposed Standing Committee on Mental Health work closely with Institute administrators, MIT Medical administrators, and the MIT Medical Strategic Planning Committee, taking the following factors into consideration when determining optimal staffing levels:

- In order to bring the staffing to student ratio of the Mental Health Service up to the average for the comparable select schools reviewed, 3-4 additional FTEs are needed.
- The MIT Mental Health Service currently sees 12% of the student body annually. If efforts are successful in outreach and social marketing endeavors, one can expect that student utilization would rise to the national average (14-16%). It would take approximately 2-3 additional FTEs to accommodate for a rise to the

current national average. University mental health directors have estimated that utilization will likely continue to increase over the next several years towards the 20% level.

- ? There has been an increase in the severity of cases as reflected by the 69% rise in psychiatric hospitalizations over the past 5 years. More severe cases require more provider time per case. The MIT Mental Health Service is committed to treating these severe cases in-house in order to provide them with safe and appropriate care. This component may account for a need of 1 or 2 additional FTEs over the next few years.
- ? This task force has proposed significant expansions in education and outreach. If clinicians are expected to participate in community education and outreach at the expense of some of their clinical time, the addition of 1-2 FTEs will be required.
- ? This task force recommends that student mental health care be shifted in-house, rather than the present approach of referring the students who may need long-term care to off-site providers. If all of the students currently being seen off-site were to be seen in-house, it would require approximately 4 additional FTEs to do the work.

* For further explanation of the derivation of these numbers, see Appendix 3

We also recommend the following measures:

- ? Add additional staffing in phases, with annual reassessment of staffing patterns, patient flow, referral volume, and community needs.
- ? Move towards a nearly full-time, diverse, and more outreach-oriented staff, to provide continuity of care across the workweek.
- ? Provide adequate office space to accommodate the additional staffing.
- ? Provide adequate support staff to accommodate the additional activity of the Mental Health Service.
- ? Allow students to receive comprehensive care in-house while maintaining the option of referral to an outside provider.

Feedback from the MIT community strongly suggests that the number of available appointments should not be achieved through the shortening of appointments or by significantly reducing the visits available to non-students.

1.1.2 Restructure and Extend the Mental Health Service Hours

- ? Shift administrative work to the morning, allowing for more afternoon appointments.
- ? Keep the Mental Health Service open until 9 p.m. three nights per week with a mix of scheduled appointments and walk-in availability. Evening hours are more conducive to many students’ schedules and will increase the Service’s accessibility.

1.1.3 Continue Access to Same Day Emergency and Urgent Mental Health Care

1.2 Provide Additional Late-Night Services

1.2.1 Expand the On-site Evening Mental Health Coverage

? Move to on-site coverage until midnight by a consistent group of qualified medical consultants, followed by beeper coverage on or close to campus from midnight until 8 a.m.
? On-call providers will continue to be expected to meet face-to-face with students if a student arrives at the Medical Center between midnight and 8 a.m.
? Monitor the use of mental health services between midnight and 8 a.m. to further assess the need for 24-hour on-site coverage.

1.2.2 Implement Ability to Schedule Appointments at Night

? Allow students to call up and schedule appointments at night, even on days when the Mental Health Service has no nighttime clinical hours. These appointments would be scheduled for times when the service is open.

1.3 Collect and Utilize Student Feedback

1.3.1 Provide students with increased opportunities to provide feedback concerning their experiences with the Mental Health Service and CSS.

? Publicize the web suggestion box for MIT Medical and create one for Counseling and Support Services.
? Revise the Mental Health Service feedback form to one with a rating scale format to increase the ease of use and encourage feedback.
? Review and address feedback in the MIT Mental Health Service Operations Committee.

This would allow for the ongoing assessment of services and the changing needs of the student community. It would also provide a means for identifying real or perceived problems with the services and serve as a basis for correcting them.

1.3.2 Provide Periodic Performance Improvement Training Sessions for Both Clinicians and Support Staff

1.4 Increase the Follow-Up of Students Using the MIT Mental Health Service

? Recognizing that the initial effort to seek mental health services is difficult, actively follow up with students who make this initial effort, thus helping to encourage ongoing, appropriate care.

? Contact students who come to one appointment and never return; perhaps they had a bad experience with one provider but might wish to see another.
? Contact students who are referred to outside care to ensure that they have found a suitable and accessible counseling option.

1.5 Consider a Mental Health Satellite in a Central Campus Location

Given the fact that the MIT Medical location is at the far east side of campus, and that most of the student dorms are on the opposite side of campus, we suggest a further examination of an MIT Mental Health Satellite Clinic in a central campus location, such as the Student Center.

1.6 Continue Implementation of the new Extended Plan for Students

MIT Medical has announced that the Extended MIT Hospital Insurance Plan for MIT students, which covers 70% of the student community, will add coverage for unlimited outpatient psychotherapy visits with no co-payments, effective September 1, 2001.

2 - Coordinate Support Services

2.1 Create a position for an Administrative Coordinator of Campus Support Services

Hire an administrative coordinator (perhaps through the Office of the Dean for Student Life) to be responsible for the coordination of support services on campus. This person should have a centrally located office on the Infinite Corridor, and will have the following responsibilities:

? Coordination of MIT support services
? Creation of communication channels between the various support services
? Coordination of mental health programming, including outreach and training sessions
? Serving as an information resource for the students, departmental liaisons, faculty, and staff
? Advocating for prevention and wellness in the Institute community
? Monitoring the mental health needs of the community and the effectiveness of the MIT support services

2.2 Create a Standing Committee on Mental Health that Draws Directly on Presidential Level Support

Create a new Institute committee to monitor mental health issues and services at MIT. This group should include undergraduates, graduate students, the Administrative Coordinator of Campus Support Services, the heads of the Mental Health Service and CSS, representatives from the housing system, and at least two faculty members. It will serve as a focal point for coordinating and improving support services at MIT, as well as

providing the MIT community with a central body to address complaints or suggestions concerning the services. It will be important for the Standing Committee on Mental Health to have a designated funding source and representation on the MIT Medical Strategic Planning Committee. It is important to create this committee as an evolution of the Mental Health Task Force, ensuring a smooth transition and the implementation of this report.

2.3 Form a Strategy Session for Improving Student Support Services

Convene a Strategy Session for Improving Student Support Services to be held annually. This session should bring together representatives from different support areas around campus to communicate about the past year and plan for the next year. It should include representation from CSS, the Mental Health Service, the Office of Disability Services, Health Education, housemasters, GRTs, the Faculty (especially Freshman Advisors), the Office of International Student Services, the Residential/Housing Office, and any other relevant parties. This session is necessary for assessing where gaps are in communication and coordination, for isolating issues that need attention for the next year and beyond, and especially for facilitating the kind of personal contact that will help the system as a whole run more smoothly.

2.4 Clarify Medical Leave Policies

Many inconsistencies, problems, and gaps in communication have been found in the process and procedures of Medical Leaves of Absence (e.g., minimum leave policy not necessarily fair, international students losing their visas, re-admittance without adequate review, no appeal process for students). MIT should review all policies regarding Medical Leave and should create a comprehensive policy which holds all parties accountable, defines uniform standards, and gives students an appeal process to follow should they need it. Some key issues that should be addressed are the protocols for international students and graduate students, and the minimal and maximal durations for medical leaves.

2.5 Clarify Communication Protocols Around Critical Incidents

Define an Institute policy regarding communication around critical incidents such as psychiatric hospitalizations, suicidal or other dangerous behavior, medical emergencies, and housing emergencies. In particular:

? Define communications standards for students who live both on and off campus.
? Clarify the chain of communication and define key personnel who will be informed in the case of a critical incident.
? Develop an Institute "release of information" form that can be read and signed by students involved in a critical incident, which informs students of communication protocols in the event of a hospitalization and allows the people directly responsible for the student’s well-being (such as housemasters and GRTs) to be told that the student is OK and is being taken care of.

- ? Clarify policies around required withdrawals for non-academic reasons.

3 - Education and Outreach

3.1 Design and Implement a Comprehensive Social Marketing Campaign

We recommend that MIT begin a major, three to five year, campus-wide social marketing campaign, to begin changing the MIT culture so that students feel more comfortable seeking help. As part of this campaign we recommend:

- ? Using established public health social marketing techniques (such as those used in campaigns to increase teen condom use or to reduce dangerous drinking) to lower barriers to seeking help. We recommend working with a professional firm experienced in designing such public health marketing campaigns to help create the MIT campaign.
- ? Defining student subgroups and barriers to behavior change, with the goal of isolating components of behavior that prevent seeking help.
- ? Examining the environmental structure of the Institute, including the policies, services, and possible hidden messages that encourage or discourage particular behaviors.
- ? Initiating a social norms campaign to change the perception that no one at MIT seeks help.

3.2 Promote Campus-Wide Awareness of Mental Health Issues and Resources

3.2.1 Run a large scale information campaign

The MIT Medical Health Education Service, in coordination with the MIT Mental Health Service and Counseling and Support Services, should create a large-scale mental health campaign aimed at increasing awareness of the mental health concerns faced by students, and the counseling resources available to them. The goals of this campaign should be to:

- ? Increase awareness that many students face and deal with mental health concerns
- ? Increase knowledge of the campus mental health and counseling resources
- ? Articulate and publicize the confidentiality policies

The ultimate goal of this campaign should be to normalize utilization of mental health and counseling services at MIT within the campus culture and to emphasize attention to one's mental health as just another way of taking care of oneself. Key components in this campaign may include: articles in Tech Talk, The Tech, The Faculty Newsletter, the Graduate Newsletter, and electronic media, posters, brochures, promotional booths, skill-building activities, "brown bag" lunches, a lecture series, promotional items such as stress balls, magnets, pens, etc., and public bulletin boards. These efforts should be increased during key events (such as Orientation, and October's Mental Health Awareness Week) and around particularly stressful periods in the academic calendar (such as fifth-week flags and exam periods).

3.2.2 Hold Large Awareness Events

In efforts to raise awareness about mental health related issues among students, faculty, and staff, large promotional events, such as a 5K for mental health awareness, sponsored parties, and mental health fund-raisers should be implemented.

3.2.3 Improve Print and Web Information

- Create a unified web page for all campus support services, with links to each service's individual web page. Make this page directly accessible from the main MIT web page.
- Add more detailed background information about each clinician, including their specialties or areas of special interest, and personal information for those clinicians who choose to provide it.
- Add links to off-campus mental health resources.
- Add a listing of the Mental Health Service specialty programs, services, and groups.
- Add a schedule for walk-in hours, including the providers covering them.
- Add hypothetical case vignettes.
- Publicize the current anonymous feedback page on the website.
- Articulate the MIT Medical confidentiality policy on the website.
- Add links to other campus resources such as Nightline, MedLINKS, the chaplaincy, the Family Resource Center, and the Campus Police.
- Add a link to the Extended Plan for information about mental health coverage.

3.3 Increase Outreach in the Living Groups and Training for the Housemasters, GRTs, and RAs

3.3.1 Form Residence Support Teams

Residence support teams should be formed, to be made up of clinicians from the Mental Health Service and MIT Medical, deans from Counseling and Support Services, academic deans, RLAs, chaplains, and EMTs. These support teams will serve several purposes:

- To serve as a resource for housemasters, GRTs, and RAs. The members of the residence support teams will be available for consultation about problems, brainstorming about how best to handle individual situations, and referrals. Also, increasing the personal interaction between the providers and the residence staff will improve communication around critical incidents.
- To interact socially with the students in the dorms and FSILGs by hosting dinners, study breaks, and other programming. This will allow the students to get to know certain providers on a personal level, such that if a problem arises, they will be more comfortable turning to them for help.

- ? To hold regular meetings with the housemasters, GRTs, and RAs in order to share concerns, bring up problems, and discuss the issues at hand. These meetings would be completely confidential and act as a support group.

3.3.2 Begin Mental Health Presentation/Dinner Sessions in Living Groups

Arrange regular dinner presentations in living groups with providers from the Mental Health Service, Counseling and Support Services, and health educators. These sessions will provide information on the mental health problems that students might face and the mental health resources available to them. Additionally, they will give students a chance to meet some of the mental health providers. The sessions will aim to better inform the students about the available resources and to lower the barriers to seeking help.

3.3.3 Form Peer Education Groups

Form peer education groups, perhaps through MedLINKS in conjunction with RLAs and MIT Medical Health Education, made up of both undergraduates and graduate students, who can run fun and student-attracting activities that present information about MIT's mental health and support services. This group could also present within the academic departments.

3.3.4 Increase Training for housemasters, GRTs, and RAs

Housemasters, GRTs, and RAs should receive an initial training session teaching them the following:

- ? How to recognize depression and other mental health problems
- ? What they can do if they are worried about a student
- ? What support services are available at MIT
- ? How to respond during a critical incident

At the start of each academic year, they should meet with their residence support teams in order to get acquainted with them and to open the communication channels.

3.4 Provide Mental Health Information to Freshmen and Their Advisors

3.4.1 Include Discussions of Mental Health Issues and Resources in Orientation

Begin a short, mandatory information session for incoming freshmen, followed by an additional discussion, facilitated by the orientation leaders in a small group format, to begin to break down the stigmas and stereotypes about mental health and use of the Mental Health Service. Distribute an information packet about the Mental Health Service and CSS to all students at the beginning of the year.

3.4.2 Train Freshman Advisors and Associate Advisors Regarding Mental Health Issues

Implement training sessions for freshman advisors and associate advisors similar to the GRT training sessions, but focused more specifically on the pressures facing freshmen. Provide information packets to all the advisors that contain all the necessary information about the Mental Health Service, CSS, and the other campus support services. Formalize the role of freshman and academic advisors as valuable members in a collaborative Institute network that fosters student health.

3.5 Increase Outreach and Training for Academic Departments

3.5.1 Designate Departmental Liaisons for Support Services

Train at least one staff member, most likely an Undergraduate or Graduate Administrator, in each academic department to be Departmental Liaisons for Support Services as part of their job description. This person should serve as a resource for departmental faculty and staff who are concerned about a student, as well as for the students in the department. The Departmental Liaisons will be trained to:

- recognize signs of common mental illnesses
- be familiar with all of the support services at MIT
- understand MIT’s confidentiality & communication policies

The Administrative Coordinator of Support Services should oversee and provide support for the Departmental Liaisons.

3.5.2 Provide Training Sessions for Faculty Members

All faculty members should be given yearly training sessions on how to recognize depression and other mental health problems, what to do when they are worried about a student, and what support services are available on campus. These sessions should be provided through the academic departments and should be followed by discussion groups.

3.5.3 Begin Departmental Lunch Presentations on Mental Health

Initiate informal gatherings for each department where food and information may be provided to graduate students, undergraduates, faculty, and staff. These will also give people in the department a chance to meet some of the mental health providers, and lower the barriers to seeking help.

3.6 Develop a Critical Incident Response Program and Provide Broad Training in Critical Incident Stress Management

Explore programs such as the Critical Incident Stress Management training program at Boston College, and train contact people in stress management skills and crisis intervention. Train clinicians, departmental administrative assistants, freshman seminar advisors, graduate resident tutors, resident advisors, housemasters, residential life

associates, and others across the Institute.

Conclusions and Further Work

In conclusion, the Mental Health Task Force recommends significant changes in the areas of service expansion, education/outreach, and collaboration across the Institute around mental health. In order to serve the MIT student community more comprehensively, it will be imperative to clarify the Institute mandate in regards to mental health. Specifically, should mental health care on campus be provided equally for students and employees, preferentially for students, or exclusively for students? The MIT Mental Health Service has attempted to serve both communities equally. If, as the task force suggests, the mandate requires comprehensive mental health care for students while maintaining ongoing care for employees, there are clearly resource implications, many of which are outlined in this report.

There are a number of important areas that the Mental Health Task Force was not able to explore in depth in order to make significant recommendations. The following topics should be investigated by the standing Mental Health Committee whose creation we recommend:

- the particular mental health needs of international students
- targeting and addressing issues of concern for minority populations: lesbian/gay students, black students, other minorities
- examining and better defining the role of the Athletics Department in the support network
- insurance questions such as the possibility of requiring all students to be on the Extended Plan and including its cost in tuition
- non-traditional means of improving the mental health and emotional well-being of MIT students

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Appendices

Appendix 1: Acknowledgements

This report would not have been possible without the input from students who made the effort to reply to the task force survey and numerous communications from other students, alumni/alumnae, and staff. Many thanks to all those who helped with our efforts. In particular, we would like to thank the following individuals for their efforts.

Chris Millis provided invaluable insight into the design and analysis of our student survey on mental health, as well as advice on the creation and publication of our report.

Alberta Lipson worked with us to create and analyze the survey, going so far as creating her own draft of the survey for our use.

David McNeil provided, on multiple occasions, address information for our use in contacting students and asking them to complete the survey.

Amrys O. Williams created an elegant on-line version of the survey.

Aaron Ucko handled the hosting of the survey, making it available to students on-line.

Eric Plosky catalyzed the task force's creation through his meetings with Dr. Reich and Chancellor Bacow.

Doug Heimburger and Liana Lareau began investigating issues of mental health at MIT and elsewhere as co-chairs of the Undergraduate Association Committee on Student Life.

Danielle Guichard-Ashbrook enlightened the task force on the needs and desires of MIT's international student population.

Appendix 2: All Task Force Members

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Health Educator, MIT Medical

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*a valued member who died on 4/10/01

Appendix 3: Proposed FTE Calculations

The estimates of increased staffing needs included in Section 1.1.1 are derived as follows:

1. Staffing increase needed to achieve a staff to student ratio of 1:850 (the average ratio found at comparable schools): The total student population at MIT is currently 10,204.

10,204/850 = 12 FTEs. At present 8.4 FTEs are available for students. Thus approximately 3.6 new FTEs will be needed to reach the desired ratio of 1:850

2. Staffing increase needed to care for new cases as penetration rises from 12% to 14 - 16% per year in response to successful outreach: Each 2% rise in penetration results in 200 new cases per year (2% of the total student body). The average number of visits per student case is 5. Thus an increase to 14% results in 1000 new visits and an increase to 16% results in 2000 new visits. Each clinical FTE sees 22 visits per week for a work year of 44 weeks, or 968 clinical hours per year. Thus an increase to 16% penetration (in line with comparable schools) will require 2 additional FTEs.

3. Visit increases due to increased severity are more difficult to anticipate. At present approximately 20% of the student cases are seen for more than 5 visits. These students use 50% of the visits (other student mental health programs have similar data). This 20% includes most of the more severe cases. If severity continues to rise, the heavy utilizers may increase to 25% or higher, resulting in a corresponding need for more clinical hours. This trend needs to be monitored closely to ensure that sufficient FTEs are available to care for these patients.

4. The hours needed for the outreach, education, liaison, and other community-based activities recommended by this report are difficult to estimate. These hours need to be closely monitored and translated into additional FTEs. Without sufficient provider time for non-direct care activities, these vital programs will not materialize or flourish.
The estimate of 2 addition FTEs for these programs is a working estimate intended to emphasize the importance of this part of the recommendations.

5. Visits needed if, as recommended by the Task Force, off-site care is largely brought in-house: At present approximately 250 students are being treated by off-site clinicians. Insurance claims indicate these students average 20 visits per year for a total of approximately 5000 visits per year. If this long-term care is brought in-house and if it is assumed that 20% of the students will still elect to get their care off-site there will be an increase of approximately 4000 visits per year requiring 4 new FTEs (at 1000 visits per FTE).

Appendix 4: Mental Health Taskforce Survey

Please note that this survey was distributed online and had a significantly different format.

MIT MENTAL HEALTH TASKFORCE SURVEY

mh-taskforce@mit.edu

Please note that this survey is optional. Answer only those questions with which you feel comfortable. You may decline to answer any or all of the following questions. However, please keep in mind that the more information we receive, the better our understanding of student views of mental health at MIT. Your responses will be kept strictly anonymous.

Preliminary Information

1.Before filling out this survey, did you know that MIT has a Mental Health Service in the Medical Department?

Yes No

2.If so, how did you hear about the MIT Medical Mental Health Service? (Check all that apply.)

Friends
Orientation information
Advisor / Advising Seminar
GRT / Housemaster / RA
Professor
MIT Medical publicity information
The Tech
Counseling deans (CSS)
Other:

3.Did you know that the MIT Medical Mental Health Service is free for all MIT students?

Yes No

4.Did you know that the MIT Medical Mental Health Service has walk-in hours every Monday through Friday from 2 to 4 p.m.?

Yes No

5.Did you know that the Extended MIT Hospital Insurance offers a $35 per visit (up to 50 visits per year) reimbursement for outpatient mental health therapy?

Yes No

Emotional Difficulties

6.While at MIT, have you had an emotional or stress-related problem that affected your physical or psychological well-being?

Yes No

7.If you had an emotional or stress-related problem that you wanted to discuss with someone, in what order would you go to the following people? (Please put a "1" next to the first person you'd talk to, a "2" next to the second person you'd talk to, etc. If you wouldn't go to one of the following people, leave that answer blank.)

Friend
GRT or RA
MedLINK
Chaplain
Housemaster
Academic advisor
Faculty member
Counseling dean
Mental health service provider
Medical provider
Nightline
Counseling hotline
Family member (parent, sibling, etc.)
Other:

8.Have you ever used the MIT Medical Mental Health Service?

Yes No

If you've never used the MIT Medical Mental Health Service (i.e. answered question 8 with "no"), please skip to question 19.

If You've Used the MIT Medical Mental Health Service

9.(Optional) Please briefly describe your experience with the MIT Medical Mental Health Service:

10.How soon after its scheduling was your initial appointment with a provider at the MIT Medical Mental Health Service?

Immediately
0-2 days
3-5 days
6-9 days
10 days-two weeks
More than two weeks
Don't remember

11.How would you characterize your experience with the secretaries and other support staff at the MIT Medical Mental Health Service?

Poor 1 2 3 4 5 6 7 Excellent

12.How would you characterize your experience with the mental health provider you saw?

Poor 1 2 3 4 5 6 7 Excellent

13.How comfortable did you feel talking to your provider?

Very uncomfortable 1 2 3 4 5 6 7 Very comfortable

14.How attentive do you feel your provider was to your problems?

Very inattentive 1 2 3 4 5 6 7 Very attentive

15.If you were prescribed psychiatric medication, how comfortable did you feel taking it (i.e. do you feel your provider adequately explained the medication he or she prescribed)?

Very uncomfortable 1 2 3 4 5 6 7 Very comfortable

16.(Optional) Which provider(s) did you see?

17.How would you categorize your overall experience with the MIT Medical Mental Health Service?

Poor 1 2 3 4 5 6 7 Excellent

18.What changes or improvements would you like to see made to the MIT Medical Mental Health Service?

If you've used the MIT Medical Mental Health Service, please skip to question 24. If you've never used the MIT Medical Mental Health Service, please answer questions 19 through 23.

If You've Never Used the MIT Medical Mental Health Service

19.Have you ever thought of seeking professional mental health care?

Yes No

20.The following are some possible reasons why students might not use the MIT Medical Mental Health Service. To what extent did each of these reasons influence your decision?

	Not Much	A Lot

Never felt the need	1	2	3	4	5	6	7
Lack of knowledge about the service	1	2	3	4	5	6	7
Embarrassment / Couldn't work up the courage to call	1	2	3	4	5	6	7
General confidentiality concerns	1	2	3	4	5	6	7
Afraid parents would find out	1	2	3	4	5	6	7
Afraid friends or housemates would find out	1	2	3	4	5	6	7
Heard bad things about the service	1	2	3	4	5	6	7
Received care elsewhere	1	2	3	4	5	6	7
Difficulty making an appointment	1	2	3	4	5	6	7
Long wait for an appointment	1	2	3	4	5	6	7
Didn't have time / Never got around to it	1	2	3	4	5	6	7
Didn't think it would help	1	2	3	4	5	6	7
Didn't think of it	1	2	3	4	5	6	7
Other:______________________________	1	2	3	4	5	6	7

21.Would you feel comfortable going to the MIT Medical Mental Health Service?

Yes No

22.Have any of your friends been to the MIT Medical Mental Health Service?

Yes No

23.What have you heard about the MIT Medical Mental Health Service?

Questions 24 through 28 apply to all respondents.

General Questions

24.If a friend of yours was having a very stressful time, would you recommend they see someone at the MIT Medical Mental Health Service?

Yes No

25.How do you think MIT students perceive the MIT Medical Mental Health Service?

a. Harmful 1 2 3 4 5 6 7 Helpful

b. Inaccessible 1 2 3 4 5 6 7 Accessible

c. Unfavorably 1 2 3 4 5 6 7 Favorably

26.The Mental Health Service is interested in learning about the types of services and programs that students find valuable. How important do you think it is for the MIT Medical Mental Health Service to offer each of the following?

	Not very important				Very important		
Workshops (stress, depression, etc.)	1	2	3	4	5	6	7
Mental health presentations in living groups or department	1	2	3	4	5	6	7
Diverse group therapy options	1	2	3	4	5	6	7
Afternoon and evening group therapy sessions	1	2	3	4	5	6	7
Weekly long-term therapy	1	2	3	4	5	6	7
Accessible afternoon appointments	1	2	3	4	5	6	7
Availability of appointments close to time of scheduling	1	2	3	4	5	6	7
Clinical hours after 5 p.m	1	2	3	4	5	6	7
Greater diversity of providerst	1	2	3	4	5	6	7
Provider on-site 24 hours a day	1	2	3	4	5	6	7
Easy web and email accessibility	1	2	3	4	5	6	7
Awareness of ethnic and gender issues	1	2	3	4	5	6	7
Other:______________________________	1	2	3	4	5	6	7

27.Do you think it would be beneficial to have a walk-in mental health clinic in the Student Center?

Yes No

28.Have you ever used Counseling and Support Services (the counseling deans)?

Yes No

If you’ve never used Counseling and Support Services (i.e. answered "no" to question 28), please skip to question 36.

Counseling and Support Services (CSS)

29.(Optional) Please briefly describe your experience with Counseling and Support Services:

30.How did you hear about Counseling and Support Services? (Check all that apply.)

Friends
Orientation information
Advisor / Advising Seminar
GRT / Housemaster / RA
Professor
Brochures or mailings, etc.
The Tech
MIT Medical Mental Health Service
Other: ______________________

31.How soon after its scheduling was your appointment?

Immediately
0-2 days
3-4 days
5-7 days
More than a week
Don't remember

32.How would you characterize your experience with the secretaries and other support staff at Counseling and Support Services?

Poor 1 2 3 4 5 6 7 Excellent

33.How would you characterize your experience with the counselor you saw?

Poor 1 2 3 4 5 6 7 Excellent

34.If you talked to the counselor about academic problems, how helpful was he or she in getting those problems resolved?

Poor 1 2 3 4 5 6 7 Excellent

35.What changes or improvements would you like to see made to Counseling and Support Services?

Demographic Information

Your answers to the following questions will help us better understand your response. Again, only answer those questions that you feel comfortable with.
36.What year are you?

Freshman
Sophomore
Junior
Senior
Super-Senior
Graduate
Other: __________

37.Where do you live?

Dorm
Fraternity
Sorority
ILG
On-campus apartment
Off-campus apartment
Other: ________________

38.Your gender:

39.Your race:

40.Your age:

41.Please typify your sexual orientation:

42.Your ethnicity:

43.Your relation to your parents (biological offspring, adopted, etc.):

44.The marital status of your parent(s):

Single
Married
Divorced
Separated
Deceased
Other:

46.How would you characterize your overall physical health?

Poor 1 2 3 4 5 6 7 Excellent

47.Where are you from?

48.What is your marital status?

Single
Married
Divorced
Separated
Other:

49.How many children do you have?

50.Please tell us anything else about your background that you feel is pertinent: