

TO: W. Houston Dougharty, Vice President for Student Affairs
FROM: Mental Health Review Committee
DATE: 7 October 2008
RE: Review of Mental Health Services for Grinnell College Students, November
2007 – September 2008

The Mental Health Review Committee has formally met its charge and completed this report for your review and consideration.

Review of Mental Health Services for Grinnell College Students November 2007 – September 2008

Mental Health Review Committee

Karen Cochran, Director of Health Services
Kathleen Connolley '10
Chris Hildebrand '10
Daveen Litwin, Rabbi
Sue Hopwood, psychiatric nurse, Poweshiek County Mental Health Center
Kathleen Skerrett, Associate Dean and Associate Professor of Religious Studies
Joyce Stern '91, Dean for Student Academic Support and Advising (committee chair)

Committee members who were active for only Spring 2008 include Sheree Andrews, Associate Dean and Director of Residence Life, Chris Bulbulia '10, Lisa Bard, Poweshiek County Mental Health Center therapist, Halley Feil '08, and Caitlin Vaughan '10.

Committee Charge and Process of the Review

The review has two fundamental objectives:

1. **To answer the question: Is the College currently addressing the needs of our students by providing adequate mental health services?** What do our services currently look like (both walk-in and regular therapy); what are the differences between them and the effectiveness of each? Are our services comparable to our peers, in terms of wait times, etc.? Should we consider providing mental health care privately instead of through a contract? What are the financial aspects of the current system of care: what is our current system costing us and is it cost effective to provide this structure? We are examining the logistics of care: what are the space and staffing requirements of an adequate structure? What are current and new practices in the field – for example, could we offer mental health services on campus and bill the student's insurance?
2. **To review policies and procedures related to student mental health: Do we have reasonable policies regarding leaves of absence and risk to self?** Are these policies too restrictive? Too lenient? This would include asking whether or not these policies make sense for the student, Student Affairs, the College, the mental health care providers and legally.

Periodically, Student Affairs has conducted a review of mental health services for Grinnell College students, most recently in 2001 and 2004. Given the addition of Walk-In Counseling Services in 2003-04, staffing changes both on campus and at Poweshiek County Mental Health Center (PCMHC), and some events on campus in Fall 2007, the then Vice President for Student Services, Tom Crady, requested that Joyce Stern, Dean for Student Academic Support and Advising, convene a Committee to undertake a full review of student mental health services. (See document entitled, "Mental Health Services for Students: A Review Proposal.") The Committee's charge was readily accepted and supported by Houston Dougharty, Vice President for Student Affairs, as he began his work at Grinnell College in January 2008.

There were three major phases of the review: a self-study, an external review, and a synthesis of findings with report writing.

A significant part of this review was a **self-study**, a critical examination of current practices and needs. The Committee convened for its first meeting Dec 9, 2007, and then met 9 times in the Spring 2008 semester: January 28, February 6, 11, 20, and 25, March 5, and April 2, 9, and 30. At these meetings we reviewed written documents: the ACHA-NCHA student health data from Spring 2007 with national comparison data; SGA input from the student body on mental health services from Fall 2007; and previous reports from the last two mental health reviews, including the campus climate study done by researchers in the higher education program at Iowa State University. The Committee also gathered input from a variety of sources: Residence Life, the Center for Religion, Spirituality and Social Justice, the Poweshiek County Mental Health Center director, and from the campus community.

In order to gather input from the wider student body and other interested parties, the Committee hosted a **Community-Wide Discussion on Student Mental Health Services** in JRC 101 on April 22. Attendees, mostly students, were introduced to the work of the Committee and then led in small group discussions with facilitators from the Committee to gather information about their specific impressions of mental health services. The Committee also reviewed current College policies and a few policies from other, similar institutions.

Another major component of the review involved **external consultancy**, to allow for examination from a national perspective. On April 21 and 22, we hosted two experienced psychologists, **Donald Marshall**, Ph.D., Associate Dean of Students, University of Puget Sound (UPS), and **Terry W. Mason**, Ph.D., Assistant Vice President for Student Affairs and Director of Student Counseling Services, Iowa State University. Over the course of two days they met with students, staff, and faculty, and served as listeners during the Community-Wide Discussion, writing a final report of their findings to the Committee in August 2008.

Three more meetings in September 2008 concluded the Committee's work, including synthesis of the information we have discussed to date and writing this report.

Examination of Current Situation

Assessment of Student Health/Wellness

Many of our students arrive on campus with existing mental health concerns. Incoming students' Health Cards reporting prior mental health counseling, diagnosis of a mental health condition, or use of one or more prescription medications used to treat mental illness or conditions including ADHD at the following rates.

2003-04	16.9%
2004-05	12.8%
2005-06	16.7%
2006-07	14.25%
2007-08	14.3%
2008-09	12%

Unfortunately there aren't national statistics to make a comparison; however, these numbers stand on their own as a baseline of students coming to Grinnell with previously-treated mental health conditions.

Grinnell College students overall have much higher rates of self-reported depression, anxiety disorder, and seasonal affective disorder compared to the statistics for college and university students nationally. (American College Health Association's National College Health Assessment, administered Spring 2007).

Within the 2006-07 academic year, students reported experiencing:

	Grinnell	Other Sm. Colleges	National
Depression	26.4%	20.2%	18.4%
Anxiety Disorder	20.7%	15.6%	13.4%
Seasonal Affective Disorder	15.8%	10.7%	7.7%
Anorexia	2.4%	2.3%	1.8%
Bulimia	2.1%	2.1%	2.2%
Substance abuse problem	5.8%	3.8%	4.0%

Students reported having been *diagnosed* with depression at various rates:

Grinnell	Other Sml Colleges	National
22.0%	16.8%	15.3%

Clearly if these numbers generalize to the entire student body, many students are being diagnosed with mental health conditions while at Grinnell. About 12-16 percent of our students arrive with existing conditions, but for depression alone, 22 percent report having been diagnosed with it at a point in time during their college years.

Of those students reporting ever having been diagnosed with depression in the item above...

	Grinnell	Other Sm. Colleges	National
Diagnosed with depression in the last school yr	31.9%	35.6%	32.5%
Currently in therapy for depression	31.9%	31.2%	24.8%
Currently taking medication for depression	44.4%	41.1%	34.9%

These numbers are somewhat more heartening, as Grinnell students seem to be accessing therapy and medication at higher rates than students nationally, which is what we want to have happen for students suffering from these illnesses.

Students reported experiencing the following kinds of negative physical or mood states within the 2006-07 academic year.

	Never (GC)	Never (Oth)	Never (Natl)	1-10 times (GC)	1-10 times (Oth)	1-10 times (Natl)	11+ times (GC)	11+ times (Oth)	11+ times (Natl)
Feeling overwhelmed by all they had to do	3.0	3.6	6.8	54.5	64.1	66.3	42.4	32.4	26.8
Feeling exhausted (not from physical activity)	5.8	5.1	9.1	52.1	62.0	64.9	42.1	32.9	26.0
Feeling very sad	13.7	14.2	20.8	65.7	69.4	65.9	20.7	16.4	13.3
Feeling things were hopeless	30.9	32.5	36.7	52.4	55.9	53.3	16.7	11.6	10.0
Feeling so depressed it was difficult to function	45.0	49.0	55.0	39.9	43.0	37.9	15.1	8.0	7.4
Seriously considering attempting suicide	87.6	89.0	90.2	11.2	10.1	8.8	1.2	0.9	1.0
Attempting suicide	99.1	98.9	98.5	0.9	1.1	1.4	0.0	0.0	0.2

Stress and coping skills and individual variables likely have a significant role to play in these numbers. To the extent that the campus can control environmental variables, we should be making active efforts to bring down these numbers, particularly in terms of sadness, hopelessness, depression and suicide.

Within the 2006-07 academic year, students reported the following factors affecting their individual academic performance, i.e., received an incomplete, dropped a course, received a lower grade in a class, on an exam, or on an important project:

	Grinnell	Other Sm. Colleges	National
Stress	38.8%	36.3%	34.1%
Sleep difficulties	28.7%	26.5%	26.1%
Depression/anxiety/seasonal affective disorder	27.2%	20.0%	16.3%
Concern for a troubled friend or family member	24.5%	18.9%	19.0%
Relationship difficulty	21.1%	16.8%	16.4%
Internet use/computer games	19.0%	17.4%	16.3%
Drug use	5.2%	2.6%	3.0%
Eating disorder/problem	1.5%	1.5%	1.4%

Mental Health Services

Currently, student mental health needs are primarily served through services provided by a long-standing contract with Poweshiek County Mental Health Center (PCMHC). Our contract with PCMHC is a unique arrangement in the field of higher education mental health services. The College helped found the Mental Health Center around 1970 and has had a productive working relationship with the Center for many decades.

Grinnell College students access mental health services from PCMHC in a variety of ways. Students receive eight (8) free visits at PCMHC each academic year; additional care is charged to the student's insurance or provided on a sliding-scale fee. PCMHC staffs Walk-in Counseling on campus, located at the Health Center. It is open 40 hours per week, often with double coverage (two people working) for a total of 47 hours of staffing time per week. Psychiatric services and emergency services in the evening and on weekends are also provided by PCMHC staff. Further, PCMHC provides special outreach to students (in times of crisis or unique circumstances), therapy or support groups (when interest arises), preventative services (such as screenings), and consultation with college staff (both preventative, such as in-service training, and in times of crisis). For the 2008-09 academic year, the contract for student care with PCMHC is \$191,170 for office services and \$69,516 for staffing walk-in counseling on campus, for a total of \$260,686.

The composition of the staff at PCMHC has changed significantly in the past 12 months. In that time the Center appointed a new director, Brandon Davis, and replaced the entire clinical staff, who left through typical avenues of attrition. With the opportunity to configure the staffing differently, the director created a College Liaison position and hired Alecia Sundsmo, PsyD to work exclusively with Grinnell College students. A number of the other staff he hired were also hired specifically for their interest in working with college students. Currently the medical staff consists of a psychiatrist, a P.A. and a nurse; this has remained unchanged for a number of years. The clinical staff consists of the director and eight therapists: six MA/MSW and three psychologists, with an additional psychologist to begin January 2009, although two of the therapists have designated roles with the local school system and do not serve Grinnell College students.

Students' use patterns have varied over the years, with the most recent year showing highest frequency of use at the walk-in center and decreased therapy services downtown.

Students' Use Patterns of Mental Health Services Provided by PCMHC

	2003-04	2004-05	2005-06	2006-07	2007-08
Total Students Seen at PCMHC	244	198	196	143	139
Hrs. of Non-Psychiatric Care at PCMHC	1107	847	655	531	671
Hrs. of Psychiatric Services at PCMHC	282.5	192	184	112	193
# of Sessions at Walk-in Counseling	--	--	853	899	1036

Secondarily, student mental health needs are served by the residence life program and the Chaplain's office. Residence life – consisting of the Dean of Students, an Associate Dean, and seven full-time, live-in master's-level staff – provide interpersonal counseling to students and provide on-call emergency services. Volunteer Student Advisors (student staff) also provide community building, support and referral. The Center for Religion, Spirituality, and Social Justice (otherwise known as the Chaplain's Office) is staffed by the chaplain, a rabbi, and a professionally-credentialed intern. These staff provide both spiritual and non-spiritually-based counseling to students, both individually and sometimes in groups. Other offices are sensitive to students mental health needs and make many referrals to counseling, specifically, the Academic Advising Office, the Health Center, Intercultural Affairs, International Student Affairs and other student affairs offices, as well as other staff and faculty.

Various policies and processes related to student mental health currently exist including, but not limited to "Course Withdrawal for Extreme Circumstances," "Emergency (medical) Leave of Absence," "Interim Leave or Suspension Pending a Hearing," and "Policy on Student Disability Accommodation Requests." Three of the four policies are currently in the Student Handbook, with the fourth appearing online.

Student Concerns about Mental Health Services: SGA Survey and Community-Wide Discussion Feedback

In the December 2007 the Student Government Association (SGA) posted a web survey for all students which included two questions about mental health services of 30 total questions. All students were notified of and able to take the survey; 366 students choose to, which is a response rate of 22.5%.

The first question read, "Please rate your satisfaction with the quality and availability of mental health services at Grinnell College (on a scale of 1 to 5, 5=highest, 1=lowest)." No descriptions were used to anchor the high, middle and low end of the scale. Students responded as follows:

5 = 10%

4 = 30%

3 = 36%

2 = 14%

1 = 4%

Unanswered = 6%

The second question followed, "If you are unsatisfied with the quality and/or availability of mental health services at Grinnell College, please comment." 128 students wrote comments. An analysis of the comments showed student concerns in six different areas, often with one comment showing overlap across two or more areas. A sample comment is included for each main theme:

1. **Concerns about availability of services** – “The walk-ins are by far too busy. I have had several friends turned away and others who were rather rudely asked if they were there for an ‘emergency’. I think, at least during peak hours, we should employ more counselors for walk-in.”
2. **Quality of care concerns, mostly pertaining to staffing** – “The times I’ve gone, I feel that the staff isn’t that great. They are super nice, but I felt that they had generic answers to my worries, and I felt they didn’t really listen to what I had, but instead pushed me to take drugs.”
3. **Concerns about confidentiality** – “More communication needs to be present between student involved and administrators. Students should have an active voice in their own treatment plan and plan for time at Grinnell. Plus—mental health services need to be kept confidential, even if the student is just getting a ride to the mental health center in town. People who happen to be in the health center or people who drive students to the mental health center in town need to be entrusted with CONFIDENTIALITY.”
4. **Concerns about College administration, policies, and or need for transparency** – “We seriously need to revisit this policy of forcing students to go on academic leave when they show signs of mental health issues. I was not personally affected by the policy, but I find it alarming and, if anything, more detrimental to the mental health of the students affected.”
5. **Need for better advertising/greater awareness of services available** – “I wish I knew more about how to receive help should I need/want it. Walk ins sound so awkward and I’m not sure how to schedule something or how that works. I wish there was a better way to find help.”
6. **Wellness** – “For me, the Grinnell campus is lacking in that there should be more activities and attention directed toward the importance of mental health because here are so often completely consumed with either their work or saving the world that they forget about their responsibility to their own minds and bodies. I realize that there are study breaks and whatnot but there should be more promotion of relaxation time or the importance and benefits of recreation--because there are far more places and media through which to learn than homework, the library and the classroom. And with some kids, a push is really necessary for them to come to that realization. I just wish kids would be more interactive, finding enrichment through social endeavors where they can find a balance between work, play and relaxation.”

Although this comment section only solicited negative comments or concerns, some students wrote that they had “no comment” or shared positive comments. “I have always found the quality and availability to be satisfactory. I’ve used walk-ins at the mental health center, I’ve used my SA and RLC and I go to the mental health center in town.”

In April 2008, students, staff and faculty were invited by the Committee to join in a Community-Wide Discussion on Student Mental Health Services in JRC 101. More than 50 students attended. They were joined by other members of Poweshiek County Mental health Center, the new Vice President for Student Affairs, and our two external consultants. The

majority of the time was taken up by small group discussions facilitated by members of this Committee. Committee members took notes, and later themes from discussions at various tables were combined. Similar to the SGA survey, students raised concerns about College policies, confidentiality, walk-in counseling procedures, accessing services, and miscommunication

- **College policies** – students raised concerns about the leave of absence policies. Committee members heard that students are afraid of being placed on a leave of absence or being “unleashed” to a bureaucracy to determine their fate. Further, students commented about wanting more transparency in college policies. On what grounds would a student be removed from the college? Are S.A.s or RLCs “safe” to go to when a student has a concern? If you share information with these people where does the information go and what decisions are made? Policies and procedures, especially a FAQ page, should be readily accessible, perhaps on the web.
- **Confidentiality** – As a somewhat related issue, students who are receiving mental health care would like to know under what circumstances someone would have access to their records, what goes into their records, whether or not they would end up on a list of students of concern, and who would be able to know or talk about them. Further, students shared concerns about the student drivers who work for the Health Center. Some students indicated that they feel uncomfortable accepting a ride from a student to a mental health appointment.
- **Walk-in Counseling & other services** – Students expressed concern about the set-up of walk-in counseling related to the intake procedures. There is little privacy when asking to see a counselor and they dislike the public nature of that disclosure. Related, some students felt that it was too easy to hear conversations even from within the counseling rooms and would like to add white noise machines to the rooms, and perhaps a separate room where a student who is crying can sit and wait and not be watched by other students waiting to see a nurse. Some students expressed being uncomfortable with the “emergency”/“non-emergency” dichotomy on the intake form. They felt that the only way to get in is to say that they are “suicidal.” Further, students are displeased with the wait time at walk-in. If the wait time continues to be so long, students suggested a beeper or other alert system, perhaps through cell phone, to let them know when a counselor was available to see them, once they were in the queue for an appointment. Students suggested that the purpose of walk-in should be clarified, as should the process for accessing all other mental health services. Lastly, students felt that the wait time for psychiatric services is too long also.
- **Clarity** – Many students seemed to be unclear about all kinds of things: the types and amount of service that is free to them, availability of weekend emergency services, how to access services, and policy and procedures. It’s clear that things are very *unclear* to students and there is a large information gap. Other things that are unclear range from, “If my professors get a note from the Health Center do they know I saw a counselor?” (No.) Faculty, too, should receive more guidance than just getting an email, even if they don’t know the cause of the visit. They should have guidelines about what to do to support the student and trust that the information they are getting is real and valid.

And, as is clear from the above concerns, clarity around confidentiality, policies and procedures is a must.

- **Culture change** – There was some discussion about working to change the culture of stress at Grinnell, along with attitudes about mental illness and awareness among students about how to be a supportive friend. Active Minds, a national student organization, could have an affiliate chapter at Grinnell, and/or the psychology SEPC students could start a group or help raise awareness on campus along with student staff. Awareness raising at other times of the year is important too, besides during NSO.

Students liked this particular format for sharing concerns. They requested that sharing should happen in this manner in the future, and with more frequency, not just when there is a full review happening but as a check-in to see if mental health services are meeting students' needs.

External Review

The final stage of the review of student mental health services was a site visit and external review conducted by Dr. Donn Marshall and Dr. Terry Mason. The team conducted on-site interviews at Grinnell on April 21 and 22, 2008, meeting with over 50 people from the faculty, staff and students, with the staff of Poweshiek County Mental Health Center (PCMHC), and participated in a community forum regarding Grinnell's mental health services. In preparation of writing this report, the team also reviewed documentation of the history of counseling services at Grinnell, past studies of mental health services, and the counseling services web site. The executive summary of this report reads,

“Based on findings from the interviews and documentation provided, and the common practices of mental health services on campuses around the country, the review team makes the following recommendations:

1. Grinnell College should develop and maintain a campus counseling center that is under the auspices of Student Affairs.
2. There may be ways in which a fruitful and beneficial relationship between the College and PCMHC can be retained.
3. Staff of the Grinnell College Counseling Center should have education, supervision and experience that lead to having primary professional identities as mental health providers in a higher education setting.
4. The Counseling Center must be staffed appropriately to serve a student population of its size. This likely means a staff of 2.5- 3.5 FTE, including one staff appointed as the director of the Center.
5. For those students not in crisis, a goal should be to provide an intake within a week of request. On-going appointments should be flexible enough to meet the needs of the particular issue that students are experiencing. Medical evaluations should be provided within twenty-four hours in urgent cases and within a week in non-urgent situations.

6. Mental health providers should do more prevention and early intervention work. Health and wellness programs need to be developed or enhanced.
7. It would be helpful to have a comprehensive eating disorders program that contains an education and intervention component.
8. The Grinnell College Counseling Center should work closely with services provided in the Health Center, and therefore, options for locating those services in close proximity, or having them administered as a single unit should be explored.
9. The strengths of the current walk-in system to respond to urgent needs should not be lost in a transition to a Center staffed with College employees. However, ways to reduce the wait time need to be explored.
10. The Grinnell College Counseling Center staff need not provide all of the counseling on campus. A strong collaborative, consultative and referral relationship with staff who support diversity and spirituality on campus is vital.
11. It would be beneficial to develop a Critical Incident Response Team (CIRT), which could be based on the model used at Iowa State University. Grinnell Counseling Center staff should be visible and active on campus during and in the follow-up to crises. Staff Psychologists should be readily available for consultation and intervene, if necessary, in case of an emergency. Debriefing for faculty and staff who have experienced a traumatic situation on campus needs to be enhanced.
12. The counseling services link of the Grinnell College web site should provide a more detailed description of what information is kept confidential and about the limits of confidentiality.
13. Policies and procedures should be developed for transportation to and from hospitals for students experiencing mental health issues. These policies and procedures should be thoroughly reviewed by the Vice President for Student Affairs, the Dean for Student Academic Support and Advising, the Counseling Center Director, Chief of Security and the College Risk Management Officer. Current reliance on RLCs to provide transportation in their own vehicles is not advised. We recommend involving staff from Campus Security in the development of this policy. Those who provide transport should be trained in how to manage students experiencing mental health issues.
14. The roles of RLCs need to be better defined and communicated to the campus community. Gatekeeper training specifically targeting early identification and referral of students at risk for suicide should be required of RLCs, and made available to others in less formal counseling roles on campus.
15. Grinnell College's policy about what staff are covered by confidentiality and what staff should be clarified to be consistent with state and national laws.
16. Policies and procedures related to medical (mental health) leave, particularly those related to involuntary leave from the College, should be developed, clarified and communicated to the campus community. Clarify who will have

responsibility on campus for following up with students who are hospitalized, and for the time they are away on medical leave.

17. More training should be offered, or required, for faculty and staff about how to recognize signs that a student might be at risk, make interventions and appropriate referrals, set limits, and other skills that might be helpful in supporting the mental health well-being of the student body.
18. It may be timely for Grinnell College administration to review Health Center services since shifting the structure of counseling services is being considered.

What Has Happened Since the Last Review? (June 2004)

Many of the twelve specific recommendations from the last Counseling Task Force have been partially or completely implemented.

- Items 1-4 – Academic Dean’s Office:
- √ 1. “Reading Day” – the College condensed the finals’ week exam schedule to just four days instead of 4.5 days. Reading days now include not just the weekend prior to Final’s Week, but the addition of Monday also. Students now have Saturday, Sunday and Monday prior to final exam week to prepare. However, there are some reports that the Monday as Reading Day has been violated – with faculty asking students to make up classes, take an exam or do a group presentation. We need to reinforce rules pertaining to appropriate academic expectations during Reading Days and Final Exam Week.
 - √ - 2. Course Syllabi – The primary way that these suggestions were implemented is through the New Faculty Orientation, during which “good” and “poor” syllabus design is discussed. A basic expectation is that syllabi are created and disseminated and/or posted on the web. It’s also emphasized that major assignments are scheduled in advance.
 - √ - 3. Scaffolding of Assignments – It seems to be more frequently discussed that faculty create smaller assignments that stand on their own or lead up to a larger assignment.
Stress – Although strategies for managing stress with students in classes, and for faculty to manage their stress have been discussed, mostly informally, the level of stress has not gone down anywhere on campus. However, the stress level identified during the last review was done so through a qualitative assessment process. No such process to measure stress has been conducted since that time.
 - 4. Crisis Plan – The Committee is unaware of any specific crisis procedure or plan that specifically addresses course work changes. Another campus tragedy occurred) since the last review (missing student/death, September 2006/April 2007) and students were concerned, again, about the responsiveness of faculty to the collective stress and grief of the student body. In a crisis, we ask faculty to be considerate and responsive, but we don't have a campus-wide instruction.

- Items 5-12 – Student Affairs (also Physical Education and Financial Aid):
- √ - 5. Mental Health Staffing – Although there was attrition at PCMHC in 2007-08, staffing has resumed prior levels or even increased. The specific recommendation of having a PA or nurse practitioner on campus for psychiatric needs existed for one year when there was an intern on campus, but since disappeared. This academic year 2008-09, a PA will be on campus for one half-day each week at walk-in counseling.
 - √ + 6. Mental Wellness Committee – a Wellness Committee continued following the review, but was not always focused exclusively on mental wellness, or composed of the individuals recommended in the report. One excellent outcome of this Committee was the hiring of our first full-time Wellness Coordinator.
 - √ - 7. Educational programming – Programming for faculty, staff, and students about mental disorders was not effectively put into place. On-campus screenings have not occurred for several years. However, with recent changes in staffing both on campus and at the Poweshiek County Mental Health Center, there is a greater focus on pro-active education for students related to issues of wellness and mental health. The new PCMHC staff already have a plan in place to enhance provide screening during national screening days. Lastly, a group of students has founded a student chapter of the national Active Minds organization, “the nation's only peer-to-peer organization dedicated to raising awareness about mental health among college students. The organization serves as the young adult voice in mental health advocacy on over one hundred college campuses nationwide.” (www.activemindsoncampus.org)
 - √ 8. Behavioral contracts – Student affairs stopped using behavioral contracts with students on a regular basis. Therapeutic expectations were provided by the mental health center staff when appropriate. With the new student affairs administration, it’s clear that this will change again, with the use of written expectations to help students understand the limits of their behavior. This Committee supports judicious and fair use of written behavioral expectations to provide clarity to students.
 - 9. Financial Aid counseling – Arnold Woods from the Office of Student Financial Aid reports that over the past few years in an effort to reach their target group, they have offered various counseling and learning opportunities for students. “We have communicated with students in-office but also offered special counseling sessions in residence halls, JRC, JCC, ARH, and via internet in an attempt to make ourselves more visible to those we serve. We have reviewed a wide range of topics from traditional financial aid issues to preparing to live off campus and associated start-up cost, renter responsibility, protecting credit and reviewing credit history, insurance and investments, ID theft and other timely topics of interest.”
 - √ + 10. Residence Life Coordinators – The report suggested maintaining the current level of staffing, which was 6 RLCs. This academic year it has been *increased* to seven

- RLCs, which was the number in place for many years until 1999 (or so) when one position was lost.
- √ + 11. Wellness programs – A Weekend Wellness program was created and sustained interesting weekend programming in the evenings that is substance free. The new Student Affairs administration is continuing and enhancing the Weekend Wellness program to accompany other wellness programming offered to students by various departments within the Division. The college adopted in the Strategic Plan, a specific focus and emphasis on wellness. There is still a tremendous need for wellness programming, especially that offers options and alternatives to drinking on the weekends.
 - √ + 12. Self-Governance discussions – Student Affairs along with SGA have worked on better defining self-governance and sending a clear message to students in NSO: (“Self-gov is love”) through a program, YouTube video and handouts.

Recommendations

1. Create an on-campus mental health center including therapy and possibly some psychiatric services. Although not a unanimous feeling, most Committee members feel that the College has reached a point where we need to create an in-house counseling center for students, staffed by Grinnell College employees. There are various advantages of an on-campus center as compared to the current contracted services. An on-campus center would allow the College greater control over who is hired, and therefore control over the service delivery to students. We could staff the Center with professionals who have a strong background and expertise in mental health services for traditionally-aged college students. The staff would also be able to work on larger issues affecting the campus, such as regular assessment of services and wellness programming, training for faculty, staff and student leaders, all within the context of their employment. The model would provide full integration with existing staff on campus, so that Student Affairs have full working partners in their mental health colleagues. Disadvantages of losing the current model include the potential for even more confusion regarding confidentiality of information, as well as having fewer choices for therapist, which is important in terms of finding the right ‘match’ for that relationship. This Committee feels that details beyond this, such as the appropriate level of staffing, degrees that staff should have (master’s- versus doctorate-level training), and location of the center should be left up to the Vice President for Student Affairs.
2. Maintain a relationship with Poweshiek County Mental Health Center. In current months, especially, the College has benefitted from the expertise of the new director, Brandon Davis, Ph.D., at PCMHC. The Center had become rather dysfunctional and not meeting the needs of our students, especially in the past year. Dr. Davis’ energy has turned around the functionality of the Center and has a very competent clinical and medical staff. The College could maintain the relationship with PCMHC by

encouraging students who need long-term therapy or simply want a therapeutic relationship off campus, to continue clinical care at the Center. An added benefit of the majority of students seeking care on campus would be that the College's contract with PCMHC for faculty and staff might be qualitatively enhanced, since faculty and staff won't encounter students at the Center when seeking treatment. Currently, many faculty and staff seek care from therapists in private practice in Des Moines or Iowa City for reasons of confidentiality. Further, we recommend continuing a contract for psychiatric service through PCMHC, with the caveat in number 3 below.

3. Augment psychiatric services. Many of our students arrive to Grinnell with conditions that require on-going psychiatric medicine, and they benefit from having local care. Other students need help with emerging conditions once they become a student. Frequently, new conditions emerge at the very time in the semester when PCMHC is quite busy. Early in the semester students can frequently be seen for a psychiatric appointment within a week, which is very reasonable. But later in the semester, as students' work loads build and stress and need to be academically productive is even greater, PCMHC becomes increasingly more busy and wait times have been up to six or eight weeks. This is incompatible with the rigid and rigorous semester calendar of the College, and more services need to be provided. The Committee suggests pursuing possibilities such as collaborating with PCMHC to staff an additional PA or nurse practitioner who could be dedicated to College students half time and work for the Center the other half time.
4. Maintain walk-in counseling as a service to students. It is important to have a way for students to be able to receive support immediately in the event of an emergency, personal crisis, or simply feeling overwhelmed. Consistent with the recommendations of the external review team, walk-in services should be maintained and strengthened.
5. Provide services consistent with the recommendations of the external reviewers. This would include continuing mental health screening days, options for group therapy, and a strong educational and intervention component. In terms of appointments for students not in crisis, they should be "offered an intake within a week of request. On-going appointments should be flexible enough to meet the needs of the particular issue that students are experiencing. Medical evaluations should be provided within twenty-four hours in urgent cases and within a week in non-urgent situations." The Center should include a comprehensive eating disorders program that contains an education and intervention component as well as services for students dealing with substance abuse. Counseling should work closely with health services, and thus should remain in close proximity or be administered as a single unit.
6. Continue to support student initiatives regarding mental health awareness, support and advocacy, such as the newly-formed Active Minds group. This could also include

encouraging SGA to create an awareness campaign consistent with their message to new students about self-governance.

7. Clarify confidentiality. Students remain unclear about the limits of confidentiality. There is a need to clarify how strictly it is imposed, including clergy, RLCs and other staff in student affairs, counseling center staff and student drivers for the Health Center.
8. Clarify the role of the RLC. RLCs sometimes have degrees in counseling or mental health services and/or social work. They do excellent work with students in an educational or advising role, providing individual support and building community, but they should not feel compelled to do counseling (i.e., therapy) with students. Students need to be clear about the RLCs role versus the role of mental health staff or that of clergy.
9. Provide gateway training. Continue Student Staff in-service training on issues of student mental health. Augment information and training opportunities for faculty and staff.
10. Continue comprehensive wellness efforts. The Committee feels that mental health education and support is an essential component of a wellness program, but that comprehensive efforts at maintaining and enhancing student wellness is critical. This should include, but not be limited to, alcohol education and substance-free options. The Committee commends the college for including wellness in the strategic plan: *"2.E. Strengthen College programs focused on the overall physical and emotional wellbeing of our students, faculty and staff"*, and, in response to that charge, creating the full-time Wellness Coordinator position. We see this as an excellent first step, but every effort should be made to continue programs campus-wide.
11. Conduct regular assessment. Aside from an occasional full review such as this, the College should regularly assess student satisfaction with and mental health services for students through surveys, forums, or other means. Information from these kinds of assessments should feed back into the programs and services provided.
12. Measure and pro-actively alleviate unnecessary student academic stress. The Committee strongly recommends that the campus periodically measure stress and wellbeing of all members of campus, and formally discuss strategies for alleviating stress while maintaining high academic standards. Beyond the excellent strategies currently being discussed among the faculty, such as *"scaffolding assignments"*, we should consider other strategies faculty can use in their courses. For example, faculty could reflect on how many hours per week their course requires and consider that students also work, sleep and are involved on campus through extra-curricular activities. Faculty could put a predicted "hours of time required" in addition to "number of assignments" and "number of pages" on the syllabus.

13. Clarify policies and procedures. Many of the College's current policies are inadequate, not transparent, confusing, narrow, unclear and/or, cumbersome. In some cases it's clear that they have the potential to inhibit students from seeking mental health services. Grinnell students expressed anxiety specifically about the policies and processes that would apply to a student who must be put on an involuntary leave of absence. A small working group consisting of faculty, staff and students (some from this committee) should review and re-write policies. Newly re-written policies should:

- a) include procedures or process involved and be sufficiently clear as to not appear that there could be arbitrary decisions made. All processes should be fair, honor people, confidential, allow people to be heard, and allow for a student advocate to be involved.
- b) be published on the web
- c) help students know what they can expect
- d) explain what is confidential information and the limits of confidentiality when there are limiting factors. (e.g., Who has access to their medical records and under what circumstances would those records be used?)
- e) emphasize a culture of caring
- f) explain the steps of returning to campus, including re-visiting processes related to housing and course registration in terms the timing of the return.
- g) explain under what circumstances a student might be asked to leave the college, who would make those decisions and what the process would be. Any involuntary medical leave policy should be focused on behavior rather than diagnosis, emphasizing disruptive behavior that impacts the academic and or residential program and/or is dangerous or potentially dangerous to self or others as the basis for College action, rather than mental illness. As above, it should also reiterate the limits of confidentiality, that is, who has access to information in a students' files, under what circumstances and for what purposes. The policy should also specify a process by which the student can know who is the ultimate decision-maker in the case, the bases for the decision, the evidence used to make the decision, and the range of potential consequences. The student should have an opportunity to respond to the decision-maker--from off-campus if necessary--and receive a further response to that response. There should also be clarity about how a student applies to return from an involuntary medical leave. To whom should she/he apply, on what bases, with what evidences, and with a time frame for decision.

Within the framework of re-writing the policies, we should consider creating a Critical Incident Response Team (CIRT), otherwise known as a "suicide prevention team," and/or implementing a Mandated Assessment for the Reduction of Suicide and Self Harm (MARSSH) protocol, similar to what is in place at the University of Illinois Urbana-Champaign and adopted by many campuses nationally. Procedures and teams such as this have been shown to reduce suicides on campuses.

14. Review all waivers and release of information forms. Given students' widespread confusion about the limits of confidentiality and the impact of the waivers they sign, we recommend a review of all such documents. This would include the statement on the Health Card, the "Authorization for Use and Disclosure of Personal Health Information" (HIPA waiver), and the "Authorization to Disclose Mental Health Information." These waivers should be as narrow as is required to protect the student in the event of an emergency, yet allow necessary parties to discuss their situation or welfare. The student should know under what circumstances the waiver would be exercised, by whom, and for what purposes.

References

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Poweshiek County Mental Health Center's webpage: <http://www.pcmmentalhealth.org>.

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Grinnell College's Strategic Plan and implementation planning documents:
<http://www.grinnell.edu/Offices/institutionalplanning/strategicplanning/>

Poweshiek County Mental Health Center Statistics: 2003-2004; 2004-2005; 2005-2006; 2006-2007; 2007-2008