# Report *of the* Mental Health Task Force

April 2019

THE UNIVERSITY
*of* NORTH CAROLINA
*at* CHAPEL HILL

# Table of Contents

# I. Introduction

Mental health is one of the most critical issues being addressed today in higher education. At institutions across the country, surveys indicate that students are experiencing greater distress, and campus counseling resources are being utilized at an increasing rate.[1] Data specific to the UNC-Chapel Hill campus regarding high rates of hopelessness, anxiety, depression, suicidal ideation and other mental health concerns in undergraduate and graduate student populations, parallel these national trends and are consistent with the experiences of campus providers, staff, faculty and administrators, and as commonly expressed in conversations throughout the Carolina community. [2]

As a leading public research university with students, staff and faculty who are actively engaging with these issues, we believe that UNC-Chapel Hill is uniquely positioned to be a champion for student mental health. As the Task Force gathered data from a variety of sources, we became increasingly aware of the many such efforts currently underway. While it was beyond our scope to describe the full array of these efforts, and it is likely that there are some, or even many, that we remain unaware of, we want to recognize the undergraduate, graduate and professional students, staff and faculty members who are tackling these issues and working tirelessly to build a stronger and more supportive community through their initiatives.

This report is the product of a scoping review of the current status of mental health needs, services and initiatives on campus, the best practices of our peer institutions, and significant research from our own institution and the broader field. The recommendations that emerged from this process illustrate key themes that the Task Force is recommending be addressed on an institutional level to ensure that students experiencing mental health concerns are consistently met with support, validation and information, and that mental health and well-being is valued and embedded in the culture of our University.

In the process of creating this report the Task Force developed an increasing awareness of the complexity of student mental health needs and associated challenges, both those that are common across institutions, and those that are unique to Carolina. Ultimately we concluded that there is no simple, solitary or static solution; effectively addressing mental health requires an ongoing intersectional approach that considers a multitude of multifaceted and interconnected factors at various systemic levels.

Therefore, the Task Force is not suggesting that there is an easy "fix" to highly complex and multilayered challenges. However we are inspired by the commitment, dedication and resilience we have witnessed over the past 12 months as we investigated the issues and prepared this report. The Task Force is hopeful that this report will be a crucial step towards meaningful conversations and actionable change in a collaborative and ongoing process of building a more supportive, resilient and student-focused mental health system and University.

---

[1] Lipson, S. K., Lattie, E. G., & Eisenberg, D. (2019). Increased Rates of Mental Health Service Utilization by U.S. College Students: 10-Year Population-Level Trends (2007–2017). *Psychiatric Services, 70*(1), 60-63. doi:10.1176/appi.ps.201800332

[2] UNC-Chapel Hill Counseling and Psychological Services. (2018). Mental Health Data: National and Campus Perspectives [PowerPoint slides].

## II. Task Force Charge and Membership

### Task Force Charge

The UNC-Chapel Hill Mental Health Task Force ("Task Force") was convened by Executive Vice Chancellor and Provost Bob Blouin and former Vice Chancellor for Student Affairs Winston Crisp. The Task Force was charged with supporting the educational mission of the University by assessing the scope of mental health care needs at UNC-Chapel Hill, evaluating existing or emerging best practices from a variety of disciplines, and providing evidence-based guidance and recommendations regarding campus-based policies and programs related to mental health care. The Task Force was instructed to consider initiatives around education, prevention and intervention. To optimize its effectiveness, the Task Force included representatives from across major areas of campus life: academics, health, policy, student affairs, Title IX, and the student body. The Task Force was encouraged to utilize small groups or subcommittees to advance its work.

### Membership

**Tiffany Bailey**
Director, Accessibility Resources and Service

**Dean Blackburn**
Director, Student Wellness

**Kala Bullett**
Senior Associate Director, Carolina Housing

**Avery Cook**
Clinical Services Coordinator, Counseling and Psychological Services

**Winston Crisp**
Former Vice Chancellor for Student Affairs

**Georgette Dent**
Associate Professor and Associate Dean for Student Affairs, School of Medicine

**Chuck Duckett**
Chair, University Affairs Committee
UNC-Chapel Hill Board of Trustees

**Ed Fisher**
Professor, Department of Health Behavior, Gillings School of Global Public Health

**Rebecca Gibson**
Report and Response Coordinator,
Equal Opportunity & Compliance

**Manny Hernandez**
President, The Graduate and Professional Student Federation

**Kelly Hopkins**
Member, UNC-Chapel Hill Board of Trustees

**Christi Hurt**
Interim Vice Chancellor for Student Affairs

**Srividya Kalyanaraman**
Graduate Student

**Hoi Ning Ngai**
Associate Dean for Student Affairs,
The Graduate School

**Allen O'Barr**
Director, Counseling and Psychological Services

**Madelyn Percy**
Graduate Student

**Bob Pleasants**
Assistant Director, The Learning Center

**Savannah Putnam**
Student Body President

**Adam Ramsey**
Undergraduate Student

**Desirée Rieckenberg**
Senior Associate Dean of Students

**Chloe Russell**
Assistant Dean, Academic Advising

**Kara Simmons**
Associate Vice Chancellor and Senior University Counsel

**Priya Sridhar**
Undergraduate Student

**Angela Strain**
Division Chief for Psychiatric Emergency Services, UNC Hospitals

**Erica Wise (Task Force Chair)**
Clinical Professor, Department of Psychology and Neuroscience

# III. Process

The convening of the Task Force was announced to the UNC-Chapel Hill Board of Trustees University Affairs Committee at its meeting on March 28, 2018, by Provost Blouin and Former Vice Chancellor Crisp, and the Task Force had its first meeting on April 13, 2018 under the leadership of its chair, Erica Wise.[3] Early in its process, the Task Force created a mission statement to more clearly articulate its intended focus and scope:

> *The Task Force is charged with identifying ways to enhance mental health and wellbeing across the University community, with a special focus on undergraduate, graduate and professional students, and post-doctoral fellows in order to meet the educational mission of the University.*
>
> *The Task Force will review existing mental health services, campus climate, and approaches to prevention, early identification and ongoing support of those in need, and will work collaboratively to solicit perspectives from populations and identities across campus. The Task Force will identify and explore successful resources, programs, and opportunities for continued improvement.*

The Task Force met regularly through the end of the spring semester of 2018 to identify specific areas of need on campus related to mental health by listening to student perspectives, and by reviewing relevant research and public health frameworks. Over the summer, the Task Force divided into four working groups reflecting these areas of identified need and Task Force members' expertise:

- ❖ **Wellness and Prevention** (Chair: Bob Pleasants)
- ❖ **Early Identification and Ongoing Support** (Chair: Allen O'Barr)
- ❖ **Treatment** (Chair: Chloe Russell)
- ❖ **University Policies** (Chairs: Tiffany Bailey and Hoi Ning Ngai)

In addition to continued meetings of the entire Task Force, each of the working groups met and focused on listening to and articulating the concerns of students, faculty and staff; reviewing data; and identifying best practices in an effort to draft recommendations that would have a positive impact on student mental health at UNC-Chapel Hill. In undertaking this work, the groups leveraged the Task Force members' professional and personal expertise and diverse backgrounds in higher education, health services, academics and student affairs. Each group performed a review of existing data and model programs at other institutions. Whenever possible, members utilized data specific to the UNC-Chapel Hill campus. In addition, working groups actively looked for opportunities to highlight ongoing initiatives by campus and affiliate groups

In September 2018, the working groups presented initial draft reports to the full Task Force and continued to refine and expand their recommendations. The final report was completed in April 2019 and presented to Provost Blouin. At multiple stages of this process, the Task Force actively sought input from the campus community through an online feedback form, presentations to student and faculty groups, administrative staff members, and meetings with individual members of the community who wished to give suggestions or share their experiences. Receiving feedback from campus community members was crucial to ensuring that recommendations were student-focused and formed in response to legitimate need. Selected feedback received in the online feedback form has been

---

[3] UNC-Chapel Hill Board of Trustees. (2018). University Affairs Committee Meeting Materials for March 28, 2018 [PDF]. Retrieved from: https://bot.unc.edu/files/2018/03/03.18_university-affairs-committee_public.pdf

quoted anonymously throughout the report. Feedback that did not fit into the scope of the Task Force's work was shared anonymously with appropriate campus offices.

This final document has been organized into three sections to present to Provost Blouin and his team:

- ❖ **Wellness and Climate**
- ❖ **Identification, Treatment and Ongoing Support**
- ❖ **Academic Policies**

Each section includes an overview of identified concerns and is followed by a set of proposed goals and recommendations that have emerged from the Task Force's work. Additional materials and meeting minutes can be accessed on the Task Force's website at mentalhealthtaskforce.web.unc.edu.

# IV. Scope of the Problem

## A. Mental Health on College Campuses

The results of the most recent *Stress in America* survey suggest that late adolescents and young adults across the United States are currently experiencing high levels of stress and distress, especially in comparison to older adults.[4] In this large-scale survey conducted by the American Psychological Association (APA), "Generation Z" respondents (15 to 21 years old) who represent the soon-to-be and current undergraduate population, are much more likely than "Millennials" (22 to 36 years old) to report that their mental health as "fair" or "poor" (27% for Generation Z versus 15% for Millennials). Both the Generation Z and Millennial groups were much more likely to report receiving treatment from a mental health professional compared with older Americans. It is striking that 91% of the 18 to 21 years olds in the APA survey reported that they have experienced at least one physical or emotional symptom because of stress, such as feeling depressed or sad (58%) or lacking interest, motivation, or energy (55%). Only half of the 15 to 21-year-old respondents reported that they currently do enough to manage their stress. The authors concluded that this Generation Z group is particularly impacted by stressful news events and that they experience a pervasive sense of vulnerability. Given the current divisive political climate at the national and local levels, it is likely that these emerging adults will continue to experience high levels of stress and distress.

In a national 2017 survey of 26,000 undergraduates, 40 percent said that at some point in the previous 12 months they had felt "so depressed that it was difficult to function," 61 percent had experienced overwhelming anxiety, and nearly 13 percent had seriously considered suicide.[5] These findings suggest a high base rate of mental health problems in the emerging adult population. Additionally, a recent study surveyed 2, 279 graduate students (90% PhD and 10% Master's) across 26 countries and 234 institutions. Graduate students in this survey represented a variety of fields including biological/physical science, engineering, and social sciences. Survey results indicated that graduate students were six times more likely to experience depression or anxiety relative to the general population. Thirty-nine percent of students endorsed moderate to severe depression, and 41% endorsed moderate to severe anxiety. The authors concluded that these results represent a crisis and that cultural change within graduate academic culture is critical.[6]

The Center for Collegiate Mental Health 2016 annual report, comprised of data collected from counseling centers in over 400 institutions, including UNC Chapel Hill, shows general trends in students who access university counseling centers. This annual report indicates that anxiety and depression are the most common presenting problems, and that the rates of these concerns are steadily increasing each year.[7]  Also, the lifetime prevalence rate of threat to self has now increased for a 6th straight year indicating that counseling centers are managing increasing numbers of students representing threat to self.  The report also confirms that college counseling centers are shifting their resources toward rapid access at the expense of providing routine psychotherapy.  The report also indicates that 50% of the students seeking care have had previous counseling, 33% have taken prior psychotropic medications and 10% report a previous mental health hospitalization.

[4] APA Stress in America (2018). APA Stress in America™ Survey: Generation Z Stressed About Issues in the News but Least Likely to Vote; Gen Z more likely than other generations to report fair or poor mental health. Retrieved from
https://www.apa.org/news/press/releases/2018/10/generation-z-stressed.aspx
[5] American College Health Association. American College Health Association-National College Health Assessment II: Reference Group Undergraduates Executive Summary (Fall 2017). Hanover, MD: American College Health Association; 2018.
[6] Evans, T. M., Bira, L., Gastelum, J. B., Weiss, L. T., & Vanderford, N. L. (2018). Evidence for a mental health crisis in graduate education. Nature Biotechnology, 36(3), 282. http://doi.org/10.1038/nbt.4089
[7] UNC-Chapel Hill Counseling and Psychological Services. (2018). Mental Health Data: National and Campus Perspectives [PowerPoint slides].

# B. Mental Health at UNC-Chapel Hill

Data specific to UNC-Chapel Hill further indicates that mental health is an increasing area of concern for the undergraduate and graduate student populations and suggests that current approaches to mental health treatment, policy creation and application, and the campus culture around wellness are not sufficient for addressing the breadth and depth of the issue. The UNC-Chapel Hill campus data from the Fall 2017 National College Health Assessment Survey from the American College Health Association indicated that among undergraduates who responded regarding their experiences in the last 12 months (between fall 2016 and fall 2017), 52% of the students reported they had felt hopeless, 69% felt very lonely, 71% felt very sad and 37% felt so depressed it was difficult to function.[8] Furthermore, 60% of the undergraduate students felt a sense of overwhelming anxiety, 38% felt overwhelming anger, 11% seriously considered suicide and 1.3% (over 245 undergraduate students) attempted suicide. Of the graduate students at UNC-Chapel Hill who responded to the survey regarding their experiences between fall 2016 and fall 2017, 40% reported they had felt hopeless, 57% felt very lonely, 64% felt very sad and 32% felt so depressed it was difficult to function. Additionally, 62% felt overwhelming anxiety, 31.5% felt overwhelming anger, 6% seriously considered suicide and 0.3% (approximately 33 graduate and professional students) attempted suicide. Table 1.1 below shows an excerpt from the data on UNC-Chapel Hill from this survey.

**Table 1.1 – UNC-Chapel Hill National College Health Assessment Survey Results, Fall 2017 (American College Health Association)**

| Student Experience in the Last 12 Months (Fall 2016 – Fall 2017) | Undergraduate Students | Graduate Students |
|---|---|---|
| Felt overwhelmed | 90.2% | 87.9% |
| Felt hopeless | 52.8% | 40.7% |
| Felt very lonely | 68.9% | 56.8% |
| Felt very sad | 71.6% | 64.4% |
| Felt overwhelming anxiety | 59.7% | 61.9% |
| Seriously considered suicide | 11.1% | 6.2% |
| Intentional self-harm | 6.9% | 6.5% |
| Felt so depressed it was difficult to function | 37.0% | 31.8% |
| Felt overwhelming anger | 38.1% | 31.5% |
| Attempted suicide | 1.3% | 0.3% |

Reflecting national trends on mental health services utilization by college students, Counseling and Psychological Services (CAPS) at UNC-Chapel Hill has also seen an increase in usage.[9] CAPS currently provides brief individual and group therapy, psychiatric and medication management, referral coordination and academic intervention services for UNC-Chapel Hill students and post-doctoral fellows. See *Appendix A* for more information on the different types of services that CAPS offers.

Between the 2012-13 and 2016-17 academic years, the number of triage appointments at CAPS has increased by 104%, the number of medication evaluation appointments has increased 69%, the number of academic intervention appointments has increased 113% and the number of brief therapy appointments has increased 28.3%. Even from

---

[8] American College Health Association. American College health Association-National College Health Assessment II: University of North Carolina Chapel Hill undergraduate Executive Summary (Fall 2017). Hanover, MD: American College Health Association.

[9] Annual Titanium data report 2017, Counseling and Psychological Services: UNC Chapel Hill, Chapel Hill, NC.

the 2015-16 academic year to the 2016-17 academic year the number of academic intervention appointments increased 24.7%. Table 1.2 below shows the five-year trends for increases in annual visits to CAPS by different appointment types from 2012-13 to 2016-17.

**Table 1.2 – UNC-Chapel Hill Counseling and Psychological Services Five-Year Trends for Increases in Annual Visits by Appointment Type from 2012-13 to 2016-17**
*denotes that there is a limit to the service*

| Type of Appointment | Annual Visit Count, 2012-13 | Annual Visit Count, 2016-17 | Percent Increase |
|---|---|---|---|
| Triage | 3,185 | 6,430 | 101.9% |
| Brief Therapy* | 5,272 | 6,767 | 28.3% |
| Urgent Crisis | 169 | 346 | 104.7% |
| Academic Intervention | 168 | 358 | 113.1% |
| Medication Evaluation* | 650 | 819 | 26.0% |
| Medication Check* | 1,867 | 3,154 | 68.9% |
| Tele/Web | 4,490 | 6,430 | 43.2% |

The demand for increasing on-campus counseling services, especially for long-term therapy, is a frequent point of contention for students, illustrating misconceptions that exist on campus regarding the purpose and limitations of campus counseling resources as well as the existence of significant barriers for seeking help in the community. While approximately 30% of students seen at CAPS are then referred into the community for ongoing psychotherapy because their condition or circumstances exceeds the parameters of brief psychotherapy, UNC-Chapel Hill serves 5.5% of students with brief counseling, slightly above the national average of 5.2%.[10] Additionally, rates of clinical utilization for CAPS and their permanent staff to student ratio are meeting or exceeding standards set by the International Association of Counseling Services (IACS)[11]. Further, while the IACS recommends that clinical utilization not exceed 65% (or 60% for larger centers) of staff time, it is of concern that counselors at CAPS are maintaining 65-70% in direct service clinical utilization, thereby increasing risk of staff burnout. It is also of significant concern that the current permanent staff to student ratio at CAPS is one permanent staff member for every 2,248 students; this ratio falls significantly short of the IACS recommended ratio of one permanent staff member for every 1,000 to 1,500 students. Taken together, these data suggest that CAPS staff is currently functioning at or beyond recommended clinical capacity and is understaffed by recommended norms for the size of our student body.

Although there are also many other campus-wide and department-level programs and services that a student may seek out or be referred to while addressing mental health challenges, including resources within Student Affairs as well as those in a student's own academic program or school, the Task Force identified a current lack of awareness of and coordination among these services that may reduce student access and overall effectiveness. Adding resources, but also complexity, there are myriad grassroots initiatives driven by undergraduate, graduate and professional students that are working to provide direct support to their peers in addition to generating policy and culture change on campus related to mental health. More information about some of these services and initiatives can be found in *Appendix B* of this report.

---

[10] Annual Report 2017, Counseling and Psychological Services: UNC Chapel Hill, Chapel Hill, NC.
[11] Annual Report 2017, Counseling and Psychological Services: UNC Chapel Hill, Chapel Hill, NC.

# V. Approach

## A. Socio-Ecological Model

The Task Force approached its work using the socio-ecological model, a public health framework which conceptualizes health behaviors and health as influenced by determinants at a variety of levels, ranging from the biological and psychological characteristics of the individual to broad organizational and government policy.[12] Key assumptions of the socio-ecological model are that determinants at different levels influence one another and that such influence is bidirectional; for example, families influence communities and communities influence families.

The figure below illustrates different levels of the socio-ecological model and the relative scale of their impact, which relate to the work of each of the Task Force areas of concern: Wellness and Climate; Identification, Treatment and Ongoing Support; and Academic Policies. The model applies both to the level at which problems are caused or expressed and the levels at which interventions, initiatives, or programs may address them. For example, a policy-level change might make it the responsibility of some office at UNC explicitly to review with student representatives the effects of academic policies on individual level stress/distress before those policies are put in place. This would be an example of a policy-level change addressing an individual-level problem. Further, an important feature to note of the socio-ecological model is the overlap and interaction among levels that occurs across many critical areas.

**Figure 1. Socio-Ecological Model at UNC-Chapel Hill**
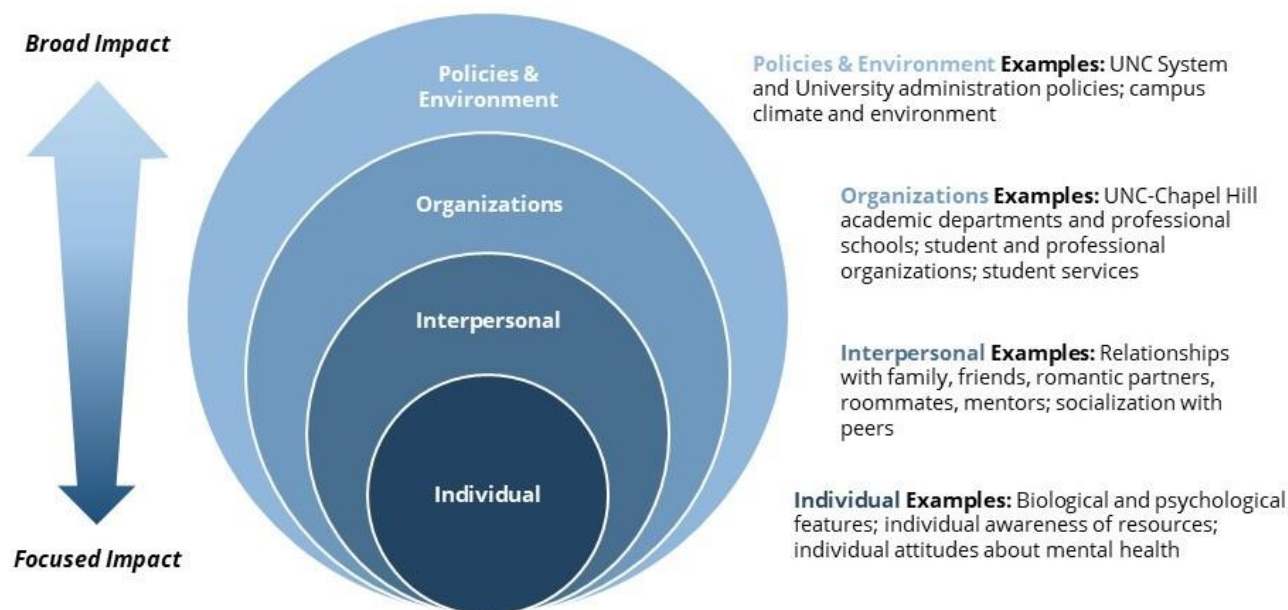


---

By positioning student mental health care in the context of this model, we see how contextual factors such as organizational policies, stigma, cultural perspectives and the attitudes of peers, roommates and friends can also influence availability of care as well as decisions to seek or engage with it. In addition to influencing the occurrence, persistence and severity of mental health problems, contextual factors can also influence the outcomes of care such as through the support of new coping or other changed patterns from family or friends, or the extent to which organizational practices and policies may create or intensify stress.

## B. Challenges

The Task Force identified the three overarching challenges described below during the course of its work. Since these challenges are broad and complex, the Task Force approach was to critically acknowledge them in order to initiate a realistic and meaningful process of change. We believe that by articulating these challenges and their impact on student mental health we have an enhanced opportunity to develop a comprehensive model that uniquely serves our students' needs.

### Challenge 1: *The University has a highly decentralized and complex structure.*

Because of the decentralized and complex structure of the University, the Task Force determined that it needed to take a high-level approach in its review and recommendation process. While administrative decentralization has resulted in a multitude of units, schools and departments devoting time and resources to similar efforts without an awareness of what is happening in other areas of the University, the impact of geographic decentralization is that these different units are dispersed not only throughout the area we typically define as "campus," but across the entire state. Furthermore, as an institution with many parts that have minimal interaction with each other and have evolved over time, the system is understandably complex, resulting in processes that are difficult for students, staff and faculty to fully understand or navigate. The Task Force encourages the University to set a goal of achieving enhanced synergy and integration among similar or related efforts happening at various UNC departments, schools and units through developing mechanisms that encourage and support communication and collaboration in order to better serve students.

### Challenge 2: *The University is currently disconnected from its own grassroots initiatives.*

As shown in *Appendix B* and referenced throughout this report, there are a multitude of initiatives operating outside of the formal administrative structure of the University, including those led by registered student organizations; faculty and student research projects; and informal efforts spearheaded by groups of undergraduate, graduate and professional students, staff and faculty. We want to honor, support and build on the long-standing, far-reaching and effective grassroots work of these groups to reduce stigma on campus and to provide compassionate support for students who are experiencing mental health struggles. However, due to the current disconnect between these initiatives and the University structure, individuals in administrative decision-making roles are often unaware of these efforts. Increased communication between the University and these groups could empower their work and enhance options for support from the administration. The Task Force acknowledges that while some institutionalization of student initiatives can be positive (e.g., to minimize the impact of turnover in student groups), the Task Force recommends that the University actively support, but not attempt to over-manage student-led efforts.

**Challenge 3:** *The University is operating within a politically-charged environment.*

Recent campus events and related discourse at Carolina and across the nation have intensified the University's politically- and emotionally-charged environment. Challenging topics include the confederate monument known as "Silent Sam," and related discussions of race and racial disparities throughout the University's history, and the impact of sexual assault and misconduct. The tense climate on our campus and beyond, and the significant administrative transitions at our own campus and throughout the wider University system, have directly affected the perspectives of students, staff and faculty, as well as shaped the process of creating this report. The Task Force believes that some students, particularly those who hold marginalized identities, may have felt less comfortable speaking openly to us and sharing their personal experiences and narratives. The Task Force urges the administration to ensure that opportunities for discussions related to such critical topics are integrally connected to the ongoing work that is happening on student mental health, especially considering the increasingly diverse needs of our student body.

# VI. Identified Concerns and Emerging Recommendations

## A. Overarching Recommendations

With its high-level scoping review, the Task Force aimed to identify where the needs are on campus, including those that can be addressed in the short-term after the report is submitted, as well as those that will likely require further study and longer-term attention by a standing committee dedicated to student, staff and faculty mental health. In addition to the specific recommendations in the following sections, the Task Force has identified two overarching recommendations during the course of its work that we believe are fundamental to future progress in improving student mental health on campus. The Task Force believes that both of these could be immediately actionable:

**Overarching Recommendation 1:** *Creation of a permanent committee on mental health*

> The Task Force strongly recommends the creation of a widely representative permanent committee on mental health. Central tasks of this committee would be to ensure the implementation of recommendations that can be addressed directly and quickly, and to conduct further review of those recommendations that would require more substantial changes or resources to enact. We recommend that this permanent committee continue to comprehensively assess and address suicide risk assessment, faculty and staff wellness, stigma, and other key areas of mental health, and explore the intersection between student mental health and substance abuse, interpersonal violence and other public health factors affecting college students.

**Overarching Recommendation 2:** *Implementation of ongoing assessment*

> The Task Force emphasizes the importance of ongoing assessment of the student body as a tool for informing policies, programs and decision-making related to student mental health and wellness. There are several ongoing student focused data collection projects that the University could partner with to better understand the scope and nature of mental health and related concerns on campus. Consistent with the first challenge described earlier in this report regarding our decentralized campus, current data collection activities at UNC-Chapel Hill are largely operating independently and would benefit from opportunities for coordination and collaboration.

The Task Force's recommendations related to Wellness and Climate; Identification, Treatment and Ongoing Support; and Academic Policies are contained in the following pages. The Academic Policies section is longer and provides greater detail than the other two sections. This is due to the nature of the content in that area in contrast to the higher level recommendations in the sections on Wellness and Climate, and on Identification, Treatment and Ongoing Support. Ultimately, Academic Affairs will oversee the review and implementation of recommendations related to Academic Policies, while Student Affairs will oversee the review and implementation of recommendations related to the other two identified areas.

## B. Focus 1: Wellness and Climate

There are common concerns in our community related to the "work hard, play hard" and "busier is better" mentalities that permeate the Carolina culture in place of a healthier mindset that promotes balance and wellbeing of all groups on our campus. Members of the Task Force who focused on issues related to Wellness & Climate met with a broad sample of campus community members to better understand, among other topics, how students can serve as advocates for other students, where gaps in resources for faculty and staff exist and how to identify and remedy widespread practices and messaging that have been normalized in our institution but that may be promoting an unhealthy campus culture.

1. **The Task Force recommends that messaging about student life at UNC-Chapel Hill encourage healthy attitudes and behaviors and emphasize that mental health and overall wellbeing is a central part of student life and a priority to the University.**[13]

   1.1. **Review pre-matriculation and large-scale curriculum messaging and materials:** The Task Force recommends a thorough review of materials and information (including how and when they are disseminated) that undergraduate, graduate and professional students receive from the University beginning in the pre-matriculation time period from units such as Admissions, Advising, New Student, Family Programs, the Graduate School, and other individual academic program, departments, and schools. In addition, it is recommended that any large-scale curriculum that is either required, such as the Lifetime Fitness program, or widespread, such as the EDUC 101 course, be reviewed in a collaboration with current efforts by mission-related student groups such as Embody Carolina and the Mental Health Coalition to maximize the promotion of mental health and overall wellbeing and references to specific campus resources and to ensure the safety of the course material for students.[14] [15]

   1.2. **Develop required online mental health training**: Online training on mental health and wellbeing for students to complete before matriculation could provide information and resources and ensure that all students have been exposed to information on skills development and help-seeking before arriving on campus.

   1.3. **Create a central health and wellbeing resource online:** Developing a centrally-located, comprehensive resource online for tools, skills and resources related to student mental health would allow students to more easily access this information.

> ### *Voices from the Community*
>
> "I believe the University needs to adopt a culture of wellness that genuinely –not just in words) –promotes work-life/academic-life balance. **This swims against the current of "work more and all the time" that is facilitated by technology but I believe contributes greatly to mental health problems and stress among all on campus**."

---

[13] Gulliver, Griffiths, & Christensen, 2010, Equity in Mental Health Framework, 2017

[14] Simpson, C. C., & Mazzeo, S. E. (2017). Calorie counting and fitness tracking technology: Associations with eating disorder symptomatology. Eating Behaviors, 26, 89–92

[15] Lipson, S. K., Lattie, E. G., & Eisenberg, D. (2019). Increased Rates of Mental Health Service Utilization by U.S. College Students: 10-Year Population-Level Trends (2007–2017).

1.4. **Implement a comprehensive social norms campaign:** A partnership with the Stigma-Free Carolina campaign and other student groups would allow the University to implement an expanded marketing campaign aimed at promoting campus resources and reducing stigma around mental health diagnoses and conditions, raising symptom awareness, teaching coping and resilience skills and emphasizing the need for self-advocacy and creating a culture of mutual caring.

1.5. **Work with graduate programs to normalize healthy work-life balance:** Partner with The Graduate School and individual academic programs, departments and schools to identify programming and resources that will de-normalize alcohol and substance use in graduate programs and normalize healthy eating, exercise, relationship building and positive leisure behaviors.[16]

## 2. Implement mechanisms for ongoing assessment of students to inform policies and programs.

2.1. **Partner with campus research groups that are conducting student surveys:** Partnering with current initiatives to conduct a comprehensive first-year survey for undergraduate, graduate and professional students will allow the University to convey a health-promoting climate, communicate resources and gather data to inform policies, programs and decision-making at the macro and micro levels.[17] One example is the Carolina C.A.R.E.S. research team at the UNC Center of Excellence for Eating Disorders which has been conducting an annual broad-based mental health survey of first-year and transfer students at UNC-Chapel Hill since the fall of 2016.

2.2. **Ensure that data on graduate and professional students are included in alcohol and drug use reports provided for the UNC-Chapel Hill Board of Trustees, UNC Board of Governors and in national reporting.[18]**

## 3. Increase resources for programs focused on peer-to-peer support, non-crisis support and discussion.

3.1. **Expand support for mental health ambassadors programming to undergraduates, graduate and professional students:** As students continue to be the best advocates for mental health access on college campuses, the Task Force recommends working with student groups like Stigma-Free Carolina and Rethink: Psychiatric Illness mental health ambassador programming to provide institutional and financial support to ensure every residence hall and graduate program has an ambassador.[19] [20]

---

[16] Sauls, et al., (2015). Rusch, Schmidt, Martini, & Drab, (2017).
[17] Equity in Mental Health Framework, (2017). Rusch, Schmidt, Martini, & Drab, (2017).
[18] UNC Campus Security Initiative: Report to the President, (2014).
[19] Sontag-Padilla, et al., (2018). Equity in Mental Health Framework, (2017).
[20] Gulliver, Griffiths, & Christensen, (2010). Sontag-Padilla, et al. (2018). Equity in Mental Health Framework, (2017). Suicide Prevention Resource Map, (2017).

3.2. **Promote wellness coaching and academic coaching:** Promoting wellness coaching at Student Wellness and academic coaching at the Learning Center as options for students who seek support for their overall wellbeing and stress/time management can help alleviate service demands on University crisis programs.[21]

3.3. **Formalize and/or establish mentorship programs to support students during transitions:** Mentorship programs can help support students during academic (e.g., coming back to campus after studying abroad, transitioning from undergraduate to graduate school, preparing for the job market) and personal (e.g., a student returning to campus after taking a leave-of-absence for mental health reasons, trauma, or a student entering recovery from substance addiction) transitions.[22]

3.4. **Establish supportive spaces for students, staff, faculty and community members to discuss and respond to current issues and events:** Utilizing existing programs, off-site locations, community mediators and other mechanisms will help the University respond to the demand for spaces to discuss the intersections of mental health and issues such as "Silent Sam" and traumatic events on campus and beyond.

## 4. Support the important roles that faculty and staff have in addressing student mental health concerns through additional training opportunities and resources.

4.1. **Expand opportunities for the Mental Health First Aid Training and similar programs:** The Mental Health Task Force recommends that the University explore continuing Mental Health First Aid training on campus ad hoc with a goal of ensuring that faculty and staff complete the training. An additional or alternate training that focuses more on wellness and resilience than mental health crises is also recommended by the Task Force as an area to be explored.

4.2. **Work with faculty and staff to model behaviors that promote access and support for mental health:** Train faculty and staff to be conscious of semantics in classroom statements and conversations with students to ensure they do not reinforce negative social health norms; collaborate with ongoing student efforts to ensure that faculty adopt language in their syllabi that expresses the faculty member's commitment to supporting students through mental health challenges by supporting ongoing student work on this topic; and identify and find alternatives for common classroom practices that may

---

[21] Greenbaum, Z. (2018). Students helping students. Retrieved November 12, 2018, from www.apa.org/monitor/2018/11/students.aspx
[22] UNC Campus Security Initiative: Report to the President, (2014).

create additional stress for students.[23]

4.3. **Develop a program to teach graduate student TAs and RAs and faculty how they can provide support to distressed students and assist them in obtaining care while ensuring that students understand that there may be limits to confidentiality and the requirement to coordinate with the Title IX office if there are reports of sexual harassment or assault.** For faculty members, TAs, RAs, and others with contact with students, the program would provide the definitions of each as well as clear examples.[24]

## 5. Utilize intersectional approaches to wellbeing in order to reach the broadest number of students.

5.1. **Work with International Students and Scholar Services, Department of Psychology and Neuroscience, and CAPS to develop programming for international students:** Programming would be culturally competent, culturally relevant and explicitly for international students, and can also include resiliency training and education about resources.[25]

5.2. **Expand imposter syndrome workshops currently offered by The Graduate School:** The expanded programming could include undergraduate students and collaborate with Covenant Scholars, Carolina First and other programming for underserved and underrepresented populations.[26]

5.3. **Establish specific resources and safe spaces for students with diverse identities or needs:** The Task Force recommends that the University continue to assess the extent to which students with diverse identities or needs can access sufficient safe spaces and resources,[27] and ensure that sufficient resources are available to students/units through the proposed permanent committee on mental health and wellness that will continually monitor, evaluate and update resources and recommendations as needed.[28]

## 6. Approaches to student mental health must integrate discussions and strategies related to campus safety (e.g., sexual harassment and assault, crime) and alcohol and substance use.

6.1. **Ensure continued implementation of recommendations from the High-Risk Alcohol and Substance Use Working Group, Hazing and Violence Prevention Task Force and other related working**

---

[23]Equity in Mental Health Framework, (2017). Suicide Prevention Resource Map, (2017). Rusch, Schmidt, Martini, & Drab, (2017).
[24] Gulliver, Griffiths, & Christensen, (2010).
[25] Equity in Mental Health Framework, (2017). Suicide Prevention Resource Map, (2017).
[26] *Ibid.*
[27] Rusch, Schmidt, Martini, & Drab, (2017).
[28] Equity in Mental Health Framework, (2017). Rusch, Schmidt, Martini, & Drab, (2017).

**groups:**[29] The Task Force recommends that the University especially focus on better education on expectations and policies for students rather than abstinence-related training.

6.2. **Collaborate with Office of Fraternity and Sorority Life, Athletics, The Graduate School and Student Government to address intersection of mental health and hazing, substance abuse and campus safety.[30]**

6.3. **Provide popular alternatives to parties with alcohol:** Continue supporting alternative programming through the Carolina Union, Campus Recreation and Student Wellness, especially during "high-risk" periods such as the first six weeks of the academic year, last two weeks of the academic year, Halloween and NCAA events, and deliver messaging that recognizes and celebrates the diversity of fraternity and sorority life that does not include alcohol and substance use.[31]

6.4. **Ensure available support for campus mental health efforts in the area of trauma and secondary trauma**: Currently, one of two campus Gender Violence Services Coordinators on campus is grant-funded. Ongoing funding would ensure the availability of this important resource.

## C. Focus 2: Identification, Treatment and Ongoing Support

The members that contributed to Identification, Treatment and Ongoing Support utilized their own expertise as professionals in these areas, met with students who have navigated this system and completed a broad review of treatment options at other UNC System schools and peer institutions (see *Appendix C*). With preliminary evidence suggesting that reducing stigma may increase utilization of college counseling services, it is forward-thinking to assess expanding our campus treatment options while we also work to decrease stigma.[32] Common concerns on campus revolve around dissatisfaction with availability of on-campus treatment at Counseling and Psychological Services (CAPS), which is often rooted in a misunderstanding of the scope of practice of counseling services here and at most other institutions, as well as challenges with referrals and the real barriers that students face when accessing appropriate treatment in the community. Additional points of identified concern included the diversity of CAPS staff and current gaps in mental health services. As mentioned earlier in the report, there are fewer CAPS staff than is recommended for the size of our student body.

> *Voices from the Community*
>
> "If [students] get referred out [from CAPS] **they feel very overwhelmed** by contacting seemingly random providers in the community. They then often don't contact those providers, try to handle things on their own, become overwhelmed again, go back into CAPS **and the cycle continues**."

---

[29] Sauls, J., Bachenheimer, A., Blackburn, D., Boettinger, C., Bolton, L. W., Brice, J., Lambden, C. (2015). High Risk Alcohol and Substance Abuse Working Group Report. Chapel Hill, NC.

[30] Sauls, et al., (2015). Suicide Prevention Resource Map, (2017).

[31] Sauls, et al., (2015).

[32] Lipson, S. K., Lattie, E. G., & Eisenberg, D. (2019). Increased Rates of Mental Health Service Utilization by U.S. College Students: 10-Year Population-Level Trends (2007–2017).

1. **Introduce new technology and multimedia strategies to connect with students and provide more comprehensive mental health services.**

   1.1. **Utilize technology to fill identified gaps in mental health services:** As college counseling centers experience increased utilization and strained resources, the Task Force recommends that the University continue the Task Force's review of online tools that can allow every student to have 24/7 access to online assessment and self-care tools and a mental health counselor among other methods emerging from recent studies.[33]

2. **Evaluate CAPS model in comparison to the counseling services of our peer institutions and explore feasibility of changes and/or enhanced information that would result in greater access for students and a more supportive, affirming experience for those seeking care.**

   2.1. **Develop materials and a communications plan to more clearly convey the CAPS scope of practice and realistic expectations for treatment:** The Task Force recommends that these materials include a revised scope of practice statement and clearly presented information about what students can expect from treatment. The Task Force recommends that the communications plan tackle the widespread misunderstanding related to the role of CAPS on campus and its policies and services.

   2.2. **Explore feasibility and potential impact of changes to the CAPS model to improve accessibility and ease of navigability:** The Task Force recommends further study of the concept of extended hours, multiple locations and other potential changes identified through this review that may increase the accessibility of CAPS to students. Additionally, processes and services such as referral coordination, medical underloads, documentation and ADHD testing could be reviewed to identify opportunities to make the system easier for students to navigate.

   2.3. **Evaluate CAPS staff demographics in comparison to those of our peer institutions:** The Task Force recommends that the University utilize data and best practices from the review of our peer institutions' counseling centers to evaluate the need for additional full-time professionals and strategies for recruiting diverse providers who are representative of the student body to ensure that students can access high-quality care from providers with whom they can identify.[34]

3. **Increase access to care outside of the CAPS brief therapy model and cultivate a supportive environment that encourages students to seek treatment.**

---

*Voices from the Community*

"**There are very few counselors of color at CAPS who are likely overburdened** with the need from communities of color at UNC that cannot be met with the current staff level."

---

[33] Lipson, S. K., Lattie, E. G., & Eisenberg, D. (2019).
[34] *See Appendix C.*

3.1. **Explore opportunities to support transportation to and from off-campus treatment:** The brief therapy model of CAPS results in a substantial percentage (approximately 30%) of students being referred to longer term care in the community in order to ensure that students seeking help receive high-quality care that is appropriate for their needs, but transportation to and from these appointments represents a barrier to ease of access for students. The Task Force recommends that the University support and expand the current initiative of the Student Mental Health Coalition to provide funding for transportation to and from off-campus treatment for those in need of this assistance.[35]

3.2. **Explore options for peer support programs:** There is a growing interest and involvement of students nationwide in the emotional wellbeing of their university communities and peer support programs offer a variety of options for students to be involved in the wellbeing of their peers.[36] The Task Force recommends further study of these programmatic options and their potential fit in our campus community.

3.3. **Develop and formalize care management and reentry programs for students:** It is increasingly apparent at the University that some students require more direct assistance in coping with daily tasks and challenges than is traditionally provided through CAPS or other existing services. Care managers provided by the University could reduce pressure on CAPS and improve care by providing a more one-to-one connection with each student in helping them navigate treatment referrals, parental communications, insurance hurdles and other barriers to seamless treatment, without requiring a high level of professional training. In addition, reentry programs would help transition students back into the campus environment when returning from absences due to mental health issues. By fully exploring these types of programs, the University can determine if they would bolster our overall approach to mental wellness.

3.4. See ***Focus 1, Recommendation 4.1: Expand opportunities for the Mental Health First Aid Training and similar programs.***

3.5. **Establish network of trainers for psychoeducational workshops:** Psychoeducational workshops provided by faculty could increase awareness and knowledge of mental health concerns, caring and coping on campus. The Task Force recommends further exploration of this type of program and the resources it would require, including an application process, initial and ongoing training and assessment plan.

## D. Focus 3: Academic Policies

Members of the Task Force working on Academic Policies heard and recognized that academic policies are currently experienced as difficult to understand and navigate using publicly available (online) information and that several key academic policies may be unintentionally challenging for students with mental health concerns. In addition to conducting its own detailed review, the working group received consultation and input from student groups (Student Government Mental Health Task Force, Stigma-Free Carolina, Mental Health Coalition and the Graduate

---

[35] *See Appendix B.*
[36] Greenbaum, Z., (2018).

and Professional Student Federation [GPSF]) and professional staff from a variety of units (Academic Advising, Office of the Dean of Students [ODOS], The Graduate School and Office of Scholarships and Student Aid [OSSA]).

The group performed a comprehensive review of relevant academic policies at the undergraduate and graduate level that were commonly cited as challenging for students: modifications of course loads, term withdrawal for current and prior semesters, readmission after students withdraw from the University for mental health reasons and ongoing academic accommodations (*see Appendix A* for a glossary of terms). The working group considered existing communication channels for students to obtain relevant information on current policies and engage with institutional representatives regarding academic options and decision-making as they face often daunting decisions that can have substantial impact on academic success and personal and professional lives.

While this section details challenges with specific policies and recommendations, the working group also identified two overarching themes related to academic policies:

First, due to the decentralized nature of the campus, there is often a lack of communication between key offices that are involved with academic policy considerations, including Academic Advising, The Graduate School, Undergraduate Retention, CAPS and ODOS, such that students may not be clear on which office is the most appropriate to help them, often get referred to multiple offices, may receive conflicting and/or inaccurate information and may struggle with navigating the complex system and having to retell their personal story multiple times. The Task Force recommends that the University explore strategies designed to more effectively communicate information between campus offices so that students are not sent from office to office unnecessarily without a record of with which representatives students have already worked.

Second, the lack of clarity, transparency and accessibility of several key academic policies, their applicable procedures and the potential implications of these procedures are difficult to access. These pieces of information are critical for students to make informed decisions, especially during times of challenge and difficulty. Additionally, we learned that undergraduate students may be unaware of the different types of academic appeals that exist and when those appeals would apply to them, and that graduate students may be unaware that their options are not the same as those for undergraduate students. Clearer policies, more transparent communication and more easily accessible information would be useful in helping students navigate the University when they are faced with mental health challenges.

Our recommendations regarding specific academic policies are organized below by the policy type, then by the classification of student the recommendation addresses.


## *Course Underloads*

This section separates undergraduate and graduate students, noting where policy recommendations apply to both populations and where some recommendations are specific to one population.


1. **Undergraduate Students**: **It is critical that undergraduate students have easy access to publicly available (online) information that provides a clear explanation of the process to request a course underload through Academic Advising for the semester (i.e., less than 12 academic credit hours) and still be considered full-time.**

   *Taking a course underload may be a potentially a beneficial status for students who are experiencing significant and ongoing mental health challenges since they would still be considered full-time for administrative purposes, such as financial aid and health insurance. It is also important for them to be aware that there are limited*

*circumstances and specific timelines in which such underloads are considered and approved.*

**1.1. Develop webpage to explain academic options and their potential implications:** For students experiencing mental health issues, it would be helpful to have a section of the webpage to walk students through different academic options (including course underloads, course drops and term withdrawals) and their potential implications. Additionally, it would be helpful to develop creative strategies (e.g., explanatory videos; peer consultants) to provide students with information and support. In having access to these resources, students would have a basic starting point to think through some options before speaking with institutional representatives.

**1.2. Streamline and clearly articulate process to request underloads:** It would be helpful to streamline the process to request underloads and more clearly articulate the process, and the likelihood of consideration, and the necessary documentation. Furthermore, it would be beneficial for the University to align the process for requesting a medical underload through CHS with the process for doing so through CAPS.

**1.3. Require in-person consultation:** Given the complex implications of operating below full-time status, the Task Force recommends that students considering this option be specifically required to consult institutional representatives for in-person guidance. While this process may theoretically require more time, preventing students from unnecessary academic and financial challenges would make this process ultimately worthwhile.

**1.4. Explore feasibility of short-term continued access to Campus Health Services and CAPS:** The Task Force recommends that the University explore whether access to CHS/CAPS may be allowed in some manner, at least until access to insurance options and community providers can be secured. At the very minimum, students could receive guidance and support for how to secure insurance and identify community providers so as to achieve continuity of care.

2. **Graduate Students: For graduate students, the same recommendations as above regarding better web articulation of academic options, required in-person consultation with University officials and better counsel for insurance options and community providers all apply.**

*Because there is no approved underload option at the graduate level, students need fully informed of the academic and financial consequences of not being enrolled as a full-time student if they choose to take less than the required number of units. These consequences include loss of funding, insurance, visa status, and other benefits that are linked to full-time status.*

**2.1. Explore feasibility of underload option for graduate students:** It may be worthwhile to consider whether a course underload option can exist at the graduate level for extenuating circumstances, where students would still be considered full-time despite being enrolled in less than the required number of units. This would require the development of a petition process to review extenuating circumstances.

**2.2. Fully explain difference in policies and their impact on graduate students:** If the course underload option is not feasible, graduate students could be made fully aware that they are subject to policies at the graduate level, which differ from those at the undergraduate level.

# *Dropping Courses Late or Retroactively*

This section separates undergraduate and graduate students, noting where policy recommendations apply to both populations and where some recommendations are specific to one population.

3.  **Undergraduate Students: It is critical that students understand the full consequences of not being in full-time status before requesting to drop courses, which can negatively affect academic, financial, insurance, and visa status, as well as access to campus services (as noted in the section above for students in part-time status).**

    *For example, if students drop courses before certain dates in the semester, they are required to return a significant portion of their financial aid to the University, which can be especially challenging for students facing financial and mental health issues. Additionally, students may not understand the importance of working closely with faculty, advisors, and health care providers to determine whether other options (e.g., incompletes, term withdrawals) may be more appropriate or beneficial options based on their mental health status, time of semester, and remaining academic work.*

    **3.1. Require in-person consultation before initiating course drop:** Given the significant effect that course drops leading to not being in full-time status can have on academic eligibility, progress, and success, especially during difficult times, the Task Force recommends that students not undertake this process without appropriate in-person consultation with institutional representatives. It is important for students to understand that late or retroactive course drops are infrequently granted and sometimes require students to make a case for selective course drop(s) in contrast to a term withdrawal (from all classes).

4.  **Graduate Students: For graduate students, the same recommendation above regarding required in-person consultation with University officials applies.**

    *As noted in the section above, the implications for dropping below full-time status are significant for graduate students whose funding, insurance, visa status and other benefits are even more tightly linked to full-time status. To be clear, graduate students do not have the option to drop courses late or retroactively given significantly later course drop deadlines, longer windows to resolve incompletes, and therefore extended time frames for academic decisions to be made.*

    **4.1. Implement holds or warnings within the registration system:** Graduate students are currently responsible for ensuring that any registration schedule changes do not result in dropping below full-time status. Given the specific definitions that exist for full-time status at the graduate level, the use of holds or warnings within the registration system would potentially keep graduate students from dropping below full-time status without explicit consultation with institutional representatives.

    **4.2. Increase and improve communication with graduate students:** Earlier and more explicit communication regarding the inability for graduate students to drop courses late or retroactively may be helpful in getting graduate students and faculty to engage in more thoughtful advising conversations at the outset of the semester.

    **4.3. Examine the challenge of students repaying tuition:** The Task Force recommends exploring options that might allow students dealing with documented mental health or medical circumstances to address the barriers related to repaying tuition. This would be particularly helpful in reducing anxiety and stress given

the challenges students are already experiencing.

## *Term Withdrawals*

This section addresses undergraduate and graduate students simultaneously for the majority of the recommendations, with the last two recommendations focusing attention on concerns that are specific to the graduate population.

5. **It is critical that students can access key information about term withdrawals and their impact in a way that allows them to make the most thoughtful and informed decisions.**

   *At present, key information is deeply embedded within the Registrar's Office webpages, such that it requires accessing multiple subpages in order to find the necessary information.*

   5.1. **Clarify administrative and medical term withdrawal policies and processes:** The Task Force recommends that administrative and medical term withdrawal policies and processes be made clearer, including additional requirements (e.g., grade input forms for administrative term withdrawals) and expected ramifications (e.g., medical consultation and confirmation required for medical term withdrawals). It would be helpful to have a chart that lays out these options in a user-friendly way that would assist students in making more informed decisions based on their circumstances. It would be helpful to involve students in providing feedback on how information is and could be presented on applicable webpages.

   5.2. **Develop comprehensive checklists for requesting and activating a term withdrawal**: Students could have easy access to a detailed checklist or outline of the necessary steps to request and activate a term withdrawal, the order in which those steps need to be taken and the specific contacts at specific offices dedicated to term withdrawal questions and concerns, to ensure that all related issues are addressed thoroughly and expeditiously.

6. **Students need additional consultation to inform their decision-making on term withdrawals.**

   *At present, students can pursue term withdrawals on their own, without any consultation with institutional representatives, simply by clicking a button in ConnectCarolina to commence an administrative withdrawal. The ease with which students can request an administrative withdrawal is problematic since students may not fully realize the potential negative ramifications of withdrawing from the University on academic progress, course enrollment, health insurance, current and future funding and financial aid, international visa status, veteran benefits, and access to other resources.*

   6.1. **Add explanatory note in ConnectCarolina:** Emphasize the complexities of the process in the ConnectCarolina Student Center, such as through a note indicating: "A term withdrawal can be complicated. Make sure you are in consultation with institutional representatives."

   6.2. **Require consultation with institutional representations:** Whether students are intimidated to ask questions, information about resources are unclear, or details are buried deep on webpages, required consultation with institutional representatives (e.g., Academic Advising for undergraduate students; The Graduate School and program representatives for graduate students; staff in OSSA regarding financial aid)

is critical to helping students determine whether other academic options or appeals ought to be considered. The Task Force recommends that in-person meetings be required whenever feasible for any academic actions that change students from full-time status given that such meetings would help guide a student through the process in collecting the necessary paperwork. Undergraduate students could meet with an advisor and graduate students could meet with a Director of Graduate Studies and/or Student Services Manager to discuss their academic options before moving forward.

7. **Students need to be made aware of the financial implications of completing a term withdrawal.**

*If students elect to term withdraw before certain dates in the semester, they are required to return a significant portion of their financial aid to the University and they may ultimately owe money as a result. This information around timing does not appear to be as readily accessible and known as it could be given the significant implications.*

   7.1. **Ensure financial implications are emphasized to students:** As part of the decision-making process, the financial implications of term withdrawal timing should be made clear in any information provided regarding the necessary steps.

   7.2. **Explore feasibility of exceptions to policies on returning financial aid:** If students need to exit the semester at a point in time when financial aid needs to be returned, the Task Force recommends that the University could consider whether allowances or exceptions can be made and/or whether funds can be provided to ensure students are not expected or required to stay on campus longer than would make sense given their mental health challenges.

8. **Continued access to mental health services must be prioritized for students who are considering a withdrawal.**

*Students who are no longer enrolled full-time lose their health insurance and/or access to CHS/CAPS services, which is especially problematic when the support of mental health professionals is necessary to address significant mental health concerns.*

   8.1. **Explore feasibility of short-term continued access to Campus Health Services and CAPS** The Task Force recommends consideration of whether access to CHS/CAPS might be allowed on a limited basis until access to insurance options and community providers can be secured. At the very minimum, students could receive guidance and support for how to secure insurance and identify community providers so as to achieve continuity of care.

9. **Graduate Students: Recommend that differential treatment regarding circumvention of policies to continue covering graduate students funded as research assistants (RAs) or teaching assistants (TAs) with Graduate Student Health Insurance (GSHIP) after they withdraw from classes be addressed.**

*Graduate students who are funded as research assistants (RAs) or teaching assistants (TAs) forfeit their RA/TA health insurance at the end of the month following the one in which they withdraw (e.g., GSHIP ends on April 30 for a student who withdraws in March). While programs are expected to update applicable systems with withdrawal information immediately, some do so right away whereas others may choose to wait in order to keep their students on RA/TA insurance. This creates differential support patterns for students across departments,*

*especially if some programs are more resource-rich than others and allow graduate students who withdraw to remain covered for a longer period of time.*

**9.1. Explore models of shared cost to ensure coverage of RAs and TAs:** The extension of health insurance support through the end of the semester, specifically in the case of medical withdrawals for RAs and TAs, may be worthwhile for the University to consider. At present, students under the general student health insurance (SHIP), have coverage through the end of the semester given that costs are paid at the beginning of the semester. Different models of shared cost could be considered to ensure that RAs and TAs can remain covered until alternative arrangements can be made.

10. **Graduate Students: Recommend that that graduate students understand their limited options concerning decisions around withdrawing from courses.**

*While undergraduate students have the option to petition for retroactive term withdrawals, graduate students do not have the option given extended time frames for academic decisions to be made.*

**10.1. Increase and improve communication about graduate student options:** Earlier and more explicit communication regarding the inability for graduate students to petition for retroactive term withdrawals may be helpful in getting graduate students and faculty to engage in more thoughtful advising conversations at the outset of the semester.

## *Readmissions*

This section addresses undergraduate and graduate students simultaneously, with the last recommendation focusing attention on concerns particular to the graduate population.

11. **It is important that students can access key information and institutional representatives in a way that allows them to make informed decisions about readmissions in a timely manner.**

*Students with mental health challenges often face difficulties in the process of attempting to return to campus, particularly with getting their financial aid, housing, and visa status reinstated. Readmissions after term withdrawals can be particularly difficult for students to understand and effectively navigate, especially if they are not well-apprised of important timelines and deadlines upon departure from campus.*

**11.1. Clarify readmissions policies and processes:** It is recommended that the University provide more detailed information, particularly at the time of term withdrawal, to increase the likelihood that students understand: the timeline for readmission review and decisions; academic considerations (e.g., academic progress); financial considerations (e.g., financial aid, residency); and visa considerations (i.e., for international students).

**11.2. Develop checklist for students requesting a readmission:** It is recommended that students be provided with a detailed checklist or outline of the necessary steps to request readmission and the order in which those steps need to be taken. Specific contacts at specific offices dedicated to readmission questions and concerns would be helpful to ensure that all related issues are addressed thoroughly and expeditiously.

12. **It is important that we do not create unnecessary barriers for students seeking CAPS clearance for readmission.**

*Students who withdraw from the University through a CAPS-initiated medical withdrawal need to be cleared by CAPS for readmission. A CAPS hold is put in place at the time of term withdrawal which prevents course registration and other steps from being taken until the CAPS clearance occurs. For the most accurate assessment, CAPS will generally not clear students more than 4-6 weeks in advance of their return to campus, which can create anxiety and stress for students who are going through the readmission process.*

12.1. **Clarify CAPS clearance policies and processes:** The Task Force recommends that the University be thoughtful with regard to providing students who engage in CAPS-initiated medical withdrawals more detailed information regarding the logistics and timing of the CAPS clearance process, especially as it relates to the necessary steps to request readmission. Proving clear information at the outset as well as dedicated individuals to provide guidance and support prior to return would ensure that students feel well-supported upon exit and re-entry.

13. **Graduate Students: Address the potential for a multi-layered process for returning to school after a withdrawal.**

*For graduate students, there is often a readmission process through their program prior to the readmission process through The Graduate School. If a CAPS clearance is necessary, this means three different processes and timelines for students to consider, which means three sets of hurdles to overcome for a student who has already faced significant challenges.*

13.1. **Ensure students are informed of this process upon departure**: It is critical for programs, The Graduate School, and CAPS to be in consistent communication with each other as soon as the readmission consultation begins in order to facilitate a smooth transition process back to the University community.

## *Accommodations*

14. **The Task Force believes that it is crucial that students dealing with mental health challenges are aware that they can request accommodations for academic and clinical/fieldwork/internship experiences or for employment accommodations through Equal Opportunity and Compliance (EOC) and Accessibility Resources and Services.**

*Oftentimes, there are reasonable accommodations available, designed to address the impact of a disability or medical condition and level the playing field, to implement to assist in providing an equal access to classes, employment and programs and services of the institution. Not being aware of the resources provided by ARS and EOC has the potential to prevent people from progressing academically and/or satisfactorily completing the essential functions of their terms of employment.*

14.1. **The Task Force recommends that students be provided with more detailed and easier to understand information on eligibility to request reasonable accommodations to address documented mental health challenges and how to initiate the established processes both ARS and EOC:** The Task Force recommends that ARS and EOC work collaboratively in examining the information made available on their websites and through other publications to ensure it is accurate, clear and concise.

Students could be able to visit either the ARS or EOC website and have access to clearly stated information on processes to seek accommodations, as well as, which office to contact regarding their request (i.e. academic, employment, clinical/fieldwork/internship) and understand the resources available.

**14.2. The Task Force recommends that training should be mandated for faculty and staff regarding mental health, resources, accommodations and legal obligations:** The training could be facilitated much in the same way as Title IX training and creates an opportunity to inform the campus community on resources and lessen the stigma associated with seeking assistance for mental health challenges.

**14.3. The Task Force recommends that department chairs and school deans meet with ARS staff as feasible:** These meetings can be used to determine what role ARS could play in department policies or processes in which a student is citing a disability related request for accommodations. ARS currently serves in a consulting capacity for some processes, but there is no formal role defined. If a more formal role is required, then additional resources, including staffing, will need to be identified.

14.4. **The Task Force recommends that the University develop a consistent and standard process and policy for underloads regardless of the reason for the petition:** As mentioned previously in the report, there seem to be some inconsistencies and gaps in the application of the current underload process. Students petitioning for an underload for mental health challenges are taken through a different process than students petitioning for an underload related to a physical health condition. Additionally, no formal process exists for students who do not have a mental or physical health challenge (e.g., learning disabilities, cognitive disabilities) to request an underload even though it may be appropriate. A clear and consistent policy with an accompanying process would make this a less confusing and stressful experience for everyone involved.

# VII. Conclusion

After 12 months of listening, reviewing and writing, the Task Force is pleased to present its Mental Health Task Force Report for consideration. We ask that you reflect on the proposals offered in this document with the understanding that they are only some of the many steps that we hope will be taken as part of a comprehensive and strategic approach to strengthening and streamlining the University's system of care for students and providing opportunities for collaboration so that together, we can improve the campus culture and build a more compassionate Carolina.

The Task Force extends sincere gratitude to the countless members of the Carolina community who shared their time and stories with us; to the students, staff and faculty who have already made substantial headway on these issues and continue to be champions for mental health each day on campus; to the High-Risk Alcohol and Substance Abuse Working Group for allowing us to use their 2015 report as a model for our own work; and to Provost Blouin and former Vice Chancellor Winston Crisp for recognizing the necessity for the Task Force.

Participation in this process over the last year has been challenging, eye-opening and inspiring for the members of the Task Force. We are honored for the opportunity to have served the University in this way and thankful to call an institution home that values the mental health of our University students and the entire community so highly.

Respectfully submitted,

Members of the UNC-Chapel Hill Mental Health Task Force

## Appendix A: Glossary of Terms

### Counseling and Psychological Services

*Adapted from the UNC-Chapel Hill Counseling and Psychological Services website: caps.unc.edu*

**Eligibility:** All students and Postdoctoral fellows who pay the current term Campus Health Fee campus use Counseling and Psychological Services. Spouses and domestic partners of full-time undergraduate students, graduate students and Postdoctoral fellows can receive care at CAPS. Spouses and partners who pay the Campus Health Fee for the term can use CAPS once they show proof of insurance along with proof of their marriage or a notarized affidavit of domestic partnership. Student who pay the Campus Health Fee during an academic term can receive care until the start of the next term. Students not enrolled in summer classes can receive care during the summer months by paying the summer Campus Health Fee. These students must have also paid the Campus Health Fee for the previous spring semester. Some students who move in before the university opens for a term can receive care before the term begins. This applies to Resident Assistants, certain athletic teams, and other specific groups. Graduates can receive care at CAPS for thirty days after graduation. If you do not pay the Campus Health Fee, you cannot receive care at CAPS. Examples of UNC programs that do not require students to pay the health fee include, but are not limited to, Part-Time Classroom Studies (undergraduate and graduate) and distance programs (including online and off-campus).

**Initial Assessment:** Each student and postdoctoral fellow begins their work with CAPS through an initial assessment, often called a "triage visit." These brief consultations occur without an appointment for students seeking counseling or psychological services for the first time at UNC-Chapel Hill. During an initial assessment, Students first complete a questionnaire on a tablet, then they meet with one of our mental health professionals to discuss any challenges managing academic and personal demands as well as create a mutually agreed upon plan to help each student reach their goals.

**Brief Individual Therapy:** Brief therapy at CAPS will be offered to students seeking support for issues that are relatively well defined and which can be adequately addressed or resolved in a brief time frame. There are no session limits. Referrals for open-ended therapy can offer longer term and more specialized services. Referrals may be provided after the initial session, or as it is indicated after that.

**Couples Therapy:** CAPS can provide brief or time limited couples therapy for issues that might reasonably be resolved in a short period of time. Referrals to community and campus resources for couples therapy can also be made by the CAPS providers.

**Group Therapy:** CAPS offers a number of groups to address student concerns in a variety of areas.  A brief screening is usually required to join a group. All groups are confidential and free for eligible CAPS users. Groups typically involve a combination of members sharing thoughts and feelings, giving and receiving support and feedback, and trying out new behaviors in a safe environment. For a list of current CAPS groups, visit caps.unc.edu/services/group-therapy/current-therapy-groups.

**Medication Evaluation:**  Medication evaluation (or "med eval") is a meeting with a psychiatrist who will provide recommendations for psychiatric medications if necessary.

**Medication Management:** Medication management is the monitoring of medications a patient takes to confirm that the patient is complying with a medication regimen, while also ensuring the patient is avoiding potentially

dangerous drug interactions and other complications. In some cases it is determined that the student's needs are better served by providing a referral to a provider in the community.

**Academic Interventions:** If a psychological disorder significantly impairs a student's academic performance, they may request an accommodation.  Possible academic interventions for mental health problems include a psychological/medical withdrawal from the current semester; an application for a psychological/medical underload; or requests for final exam excuses.

**Referral Coordination:** During your first visit to CAPS, you will be offered referral coordination services when referred to the community. If you have been seen on a walk-in basis within the last month, the front desk staff can help you schedule with a referral coordinator should you find you need support connecting to a community provider. Students can also email [CAPSreferral@unc.edu](mailto:CAPSreferral@unc.edu) to utilize referral coordination services via email. Referral coordinators answer questions about therapy, help the student develop appropriate goals, provide a list of therapists targeted to the student's concerns and preferences, help determine the cost of therapy using information about insurance, problem-solve obstacles to connecting with a community provider such as cost, transportation and time, and provide continued support until the student connects with a provider or resource they feel comfortable with.

**Course Load Modifications (current and retroactive):** Students are expected to be enrolled in a specific number of units to be considered full-time at the University. This number varies depending on the undergraduate/graduate status of the student. Modifying course loads by dropping individual courses and falling below full-time can have academic and financial consequences, so consultation with institutional representatives before decision-making is important. Specific procedures and deadlines exist for dropping courses within the current semester. Retroactive dropping of courses after deadlines have passed, especially after grades have been assigned, is not considered at the graduate level, but is considered at the undergraduate level through a structured petition process.

## Academic Policies

**Term Withdrawals (current and retroactive):** Students can exit the semester and drop all of their courses through the last day of classes by way of an administrative withdrawal or a medical withdrawal. The administrative withdrawal process is initiated by the student and requires the submission of grade input forms from all course faculty to note whether the student is passing or failing at the time of the administrative withdrawal. Failing marks at the time are noted on the transcript. The medical withdrawal process is initiated by Campus Health Services (CHS) or Counseling and Psychological Services (CAPS) based on physical or mental health evaluation and requires no submission of grade input forms. (NOTE: The medical withdrawal process is available only to those students who pay student fees in that review and consultation with CHS or CAPS is an essential part of the process.) Retroactive exit from the semester after the last day of classes, especially after grades have been assigned, is not an option at the graduate level, but it is an option at the undergraduate level through a structured petition process.

**Readmissions:** In order to return to campus after exiting the semester by way of an administrative or medical withdrawal, students need to go through a readmission process several weeks/months in advance of a desired return, which includes applicable paperwork and consultation with institutional representatives. This may include: Academic Advising, The Graduate School, their academic programs, OSSA, and others as appropriate. Students who exit the semester by way of a medical withdrawal through CAPS need to be cleared by CAPS in order to be readmitted.

**Accommodations:** UNC is committed to access and legally required to make reasonable and appropriate modifications and academic adjustments for qualified individuals with disabilities so that they can fully participate in

University life. UNC works to ensure all programs, activities and services are accessible and in line with the applicable federal disability laws: the Americans with Disabilities Amendments Act (ADAAA) of 2008 and Section 504 of the Rehabilitation Act of 1973 (Section 504). Although a full consideration of the ADAAA and Section 504 is beyond the scope of this report, we believe that a basic understanding of the intent of these laws provides useful context for this section. Students with documented disabilities and medical conditions, including mental health conditions that may impact their performance in coursework can consult with the Office of Accessibility Resources and Service (ARS) to determine whether academic accommodations can be made within the context of courses in which they are enrolled including courses that require an internship, fieldwork or clinical placements. Once reasonable accommodations have been determined, students need to send their instructor notification letters to course instructors at the beginning of the each semester through the ARS portal. Academic accommodations cannot be required of instructors without appropriate notification from ARS regarding accommodations and advance notification.

# Appendix B: Directory of Initiatives and Services

## *Initiatives & Programs*

*This directory includes an overview of some of the initiatives and programs related to mental health at UNC-Chapel Hill, including registered student organizations (RSO), research projects, University-run programs and ongoing grassroots initiatives. The Carolina community is fortunate to have so many students, staff and faculty across disciplines who are passionate about mental health, and as a result, there may be existing programs and initiatives that are not represented on this list.*

**Active Minds at Carolina**

UNC-Chapel Hill's chapter of Active Minds, service and advocacy student organization dedicated to raising awareness for and combating stigma against mental health issues on campus and in the community. Runs the peer-support program **Companion to CAPS**, which allows students to have companion walk with them to Counseling and Psychological Services if they feel uncomfortable doing it on their own.

*Website:* activeminds.web.unc.edu

**Buddy Project**

UNC-Chapel Hill's student chapter of Buddy Project®, a non-profit movement that aims to prevent suicide and self-harm by pairing people as buddies and raising awareness for mental health.

*Website:* buddy-project.org

**Carolina C.A.R.E.S. (UNC Center of Excellence for Eating Disorders)**

Carolina C.A.R.E.S. (College Assessment for Research and Education in Science) is an ongoing research project led by Drs. Jessica Baker and Melissa Munn-Chernoff in the Center of Excellence for Eating Disorders in the Department of Psychiatry at UNC-Chapel Hill and supported by a grant from the Carolina Women's Center. The study examines emotional and mental health in college students, with a primary focus on first-year students. The project has four main goals:

- ❖ **Research:** Identify risk factors for emotional and mental health challenges during the transition to college

- ❖ **Training:** Provide UNC students with research volunteer and research internship opportunities, such as completing an independent research project with Carolina C.A.R.E.S.
- ❖ **Education:** Disseminating research findings from Carolina C.A.R.E.S. to the UNC community
- ❖ **Community:** Use information obtained from Carolina C.A.R.E.S. to improve the quality of life for UNC students

Carolina C.A.R.E.S. invites all first-year UNC students (who are at least 18-years old) to participate in an online survey (approximately 45 minutes) during their first fall semester enrolled at UNC-Chapel Hill about personality, mood, anxiety, eating behaviors and food availability, substance use and life experiences. The study began in the Fall 2016 semester and includes a pilot cohort of 744 students of all classes, the Fall 2017 cohort of 115 students and the Fall 2018 cohort of 300 students.

*Website*: carolinacaresunc.org

## Carolina Recovery Community

A program of Student Wellness that provides an accepting, nurturing environment where students in recovery can thrive personally, shine academically, and develop enduring resiliency for continued success. This includes providing support services to students (recovery, academic, other); fostering a sense of fellowship; connecting students to the campus and local community through service projects and research opportunities; providing resiliency-focused programming; and serving as the model program for the state of North Carolina and a model for the creation of recovery communities throughout the UNC system.

*Website:* studentwellness.unc.edu/programs/alcohol-drug-programs/carolina-recovery-program

## College of Psychiatric and Neurologic Pharmacists

The UNC Eshelman School of Pharmacy's chapter of the College of Psychiatric and Neurologic Pharmacists, which focus on mental health awareness within the psychiatric and neurologic profession.

*Website*: heellife.unc.edu/organization/CPNP

## Embody Carolina

A UNC Campus Y committee working in partnership with professionals at the UNC Center of Excellence for Eating Disorders to raise awareness about eating disorders, cultivate a safe environment for students through meaningful policy change and educate students and community members about how to be a compassionate and effective ally to a peer with an eating disorder through the peer-led **Embody Carolina training**.

*Website*: embodycarolina.com

## hha! Peer Educator Program

hha! (Healthy Heels Ambassadors) are trained health and wellness student leaders that play a vital role in supporting the wellbeing of the UNC community by inspiring change as for the Healthy Heels brand, a collaboration between Student Wellness, Campus Health, and Counseling and Psychological Services (CAPS). Formerly known as One ACT, Men's Project and old HHA, these three programs have merged to increase the utilization of resources and maximize student development opportunities.

*Website*: studentwellness.unc.edu/involvement/hha-peer-educator-program

## Helping Give Away Psychological Science

UNC-Chapel Hill's chapter of HGAPS, a student-based non-profit that is dedicated to bridging the gap between students, clinicians, researchers and the public by creating and spreading accessible resources to the people who would benefit.

*Website*: hgaps.org/unc-chapel-hill

## Mental Health Ambassadors

The mission of UNC Chapel Hill MHAs is to promote conversation around mental health, destigmatize mental illness, facilitate support networks, and present educative programming on the campus of UNC Chapel Hill. The MHA program functions through the support and oversight of Counseling and Psychological Services, the Campus Y, and School of Social Work. Ambassadors will be trained in Mental Health First Aid USA, QPR, and Rethink. Ambassadors serve as liaisons to CAPS, as connectors to mental health resources and as coordinators of support networks on campus.

*Website:* heellife.unc.edu/organization/mha

## Mental Health Coalition

The current Coalition was created by the Mental Health Task Force (below) during the 2018-2019 school year in order to promote transparency and collaboration between mental health organizations on UNC-Chapel Hill's campus.

*Website*: facebook.com/uncmentalhealthcoalition/

## Mental Health Task Force

As a task force of UNC-Chapel Hill Student Government, Mental Health Task Force aims to promote the mental health of all Carolina students through creating a mental health coalition, advocating for student-centered policy and through other creative and intersectional methods that will increase awareness of mental wellness and eliminate stigma. Current efforts include the development of the Mental Health Monday campaign, evaluation and improvement of mental health information at orientation and RA mental health training, transportation for students to off-campus therapy and continuation of Lifetime Fitness (LFIT) curriculum revisions.

*Website*: executivebranch.unc.edu/task-forces/mental-health/

## Mind over Matter

An initiative formed by current UNC-Chapel Hill students to reform the current scatter of mental health organizations to create a more practical and user-friendly system of obtaining help and information for mental illness by aggregating all of UNC-Chapel Hill's mental health resources in one place.

*Website*: uncmindovermatter.webstarts.com

## Pharmacy Student Senate Wellness Committee

A committee of the UNC Eshelman School of Pharmacy Student Senate with the goal of improving the overall wellbeing of pharmacy students.

*Website*: faopharmacy.unc.edu/student-admin/office-of-student-affairs/student-orgs/student-senate/

**Rethink: Psychiatric Illness**

A UNC Campus Y committee committed to changing the way that the Carolina community thinks and talks about mental illness. Rethink organizes events aimed at fostering understanding among students and raising awareness about the current challenges in the mental health system and runs the student-led **Rethink: Psychiatric Illness training** held several times a year, where students learn the basics about mental illnesses, the resources available at UNC and how to be an affirming friend and peer.

*Website*: rethinkunc.org

**Road to Resilience (CAPS)**

Road to Resilience is a part-class, part-group program through Counseling and Psychological Services (CAPS) for students who are on academic probation. Students meet in a group on weekly basis to strengthen academic skills (time management, test-taking and study strategies) as well as to explore how to become more resilient in the face of scholastic and personal adversity (addressing issues like persistence, values, and stress management).

*Website*: caps.unc.edu/services/academic-interventions/road-resilience

**Student Health Action Coalition (SHAC)**

SHAC's mission is to provide health care and community health support free of charge, including mental health services. UNC Clinical Psychology doctoral students are available weekly to address a variety of mental health and relationship issues through short-term individual therapy.

*Website*: med.unc.edu/shac/services/clinics/medical/mental-health

**Student Safety and Wellness Committee of Undergraduate Student Government (SSW)**

Student Safety and Wellness is one of the seven policy areas that the Undergraduate Executive Branch focuses on. Though specific initiatives of the committee change with each administration, at the core, SSW fosters programs and initiatives that promote holistic student health, care, and security so that Carolina students can focus on being the best versions of themselves, and furthermore, contribute to the best version of Carolina.

*Website*: executivebranch.unc.edu/committees/ssw

**Stigma-Free Carolina**

Stigma Free Carolina is a UNC-Chapel Hill community campaign, initially conceived by members of the Royster Society of Fellows, aimed at reducing stigma toward mental health concerns and treatment. Each year from mid-September to mid-October, stigma reduction efforts from positive photography messages to expert panels on mental health.

*Website*: stigmafree.unc.edu

**The PhDepression**

The PhDepression, LLC aims to increase visibility of those who have struggled with mental health issues, from students to postdocs, future PhDs to those who have long-since graduated.

*Website*: thephdepression.com

**Thrive@Carolina**

Thrive@Carolina is a University-wide initiative to help students succeed at UNC and beyond.

*Website*: thrive.unc.edu

**To Write Love on Her Arms UChapter**

The TWLOHA UChapter at Carolina strives to fulfill the mission of To Write Love on Her Arms within the University and throughout the greater community by connecting globally and locally. To Write Love on Her Arms is a non-profit movement dedicated to presenting hope and finding help for people struggling with depression, addiction, self-injury, and suicide. TWLOHA exists to encourage, inform, inspire, and also to invest directly into treatment and recovery.

*Website*: twloha.web.unc.edu/

**UNC School of Medicine Student Wellness Task Force**

The School of Medicine Student Wellness Task Force was assembled by the Director of Wellness in order to address the mental health and wellness needs of Carolina medical students. They are making progress on these goals by organizing events, garnering student feedback, advocating for student needs and recognizing the individuality of students' needs and experiences.

*Website*: med.unc.edu/wellness/student-wellness-task-force

**UNC School of Social Work Mental Health Caucus**

The Mental Health Caucus was created to develop a professional community among students who are interested in working with individuals with severe mental illness. Through information-sharing, participation in community events and student meetings, the caucus strives to increase interest, promote education and encourage advocacy for this underserved population.

*Website*: sowoso.web.unc.edu/caucuses/mental-health

**Ongoing initiatives include:**

❖ Improvements to the Lifetime Fitness (LFIT) curriculum, EDUC 101 course and other class materials
❖ Development of peer-based support groups and trainings
❖ Events related to mental health and race, the arts, studying abroad and other topics
❖ Advocacy for the inclusion of information about mental health resources in class syllabi
❖ Funding for transportation to and from off-campus mental health treatment for students
❖ Feedback on academic processes, such as academic appeals
❖ Awareness of campus mental health resources such as CAPS therapy groups

## *Services*

*This list includes an overview of some of the many services and units that a student might interact with or be referred to while experiencing a mental health challenge at UNC-Chapel Hill. Based on the individual circumstances that a student is navigating, there are other services not listed here that may be useful to them as well.*

**Academic Advising**

Academic Advising serves current and returning students, including all first-year and sophomore students and juniors and seniors with majors in the College of Arts & Sciences. Advising provides online support, in-person appointments and drop-in hours to help students navigate academic appeals, registration and scheduling, policies, major/minor course planning and other campus resources.

*Website:* advising.unc.edu

**Accessibility Resources & Service (ARS)**

**ARS** works with departments throughout the University to assure that the programs and facilities of the University are accessible to every student in the University community. Accommodations are designed so students with disabilities may, as independently as possible, meet the demands of University life.

*Website*: accessibility.unc.edu

**Academic Support Program for Student Athletes (ASPSA)**

The ASPSA helps student-athletes explore their academic interests and abilities as well as provides numerous academic services including tutoring, secondary academic and career advising, assistance with University and NCAA eligibility, and coordination of academic honors and awards. In addition to the Director/Assistant Provost, the ASPSA staff includes 12 academic counselors, three learning specialists and an office manager.

*Website*: aspsa.unc.edu

**Counseling and Psychological Services (CAPS)**

Counseling and Psychological Services offers individual counseling, couples therapy, group educational and therapeutic sessions, as well as psychiatric services. See *Appendix A* for more information on the services offered by CAPS.

*Website:* caps.unc.edu

**Campus Health Services (CHS)**

Campus Health Services promotes, restores and maintains the optimal health of students through a commitment to an inclusive environment and to excellent, affordable, confidential and compassionate service. Primary Care, Counseling and Wellness, Sports Medicine and Physical Therapy, Women's Health, Pharmacy, Laboratory, X-Ray, Immunizations and Allergy Clinic and many other services are in place to keep Carolina students healthy.

The **Campus Health Advisory Board** includes students and post-docs attend regular meetings at Campus Health to provide insight from a student and post-doc perspective on CHS services and programs.

*Website*: campushealth.unc.edu

**Centers**

- ❖ **American Indian Center:** americanindiancenter.unc.edu
- ❖ **Carolina Women's Center:** womenscenter.unc.edu
- ❖ **LGBTQ Center:** lgbtq.unc.edu
- ❖ **Sonja Haynes Stone Center for Black Culture and History:** stonecenter.unc.edu

❖ **UNC Latinx Center:** diversity.unc.edu/access/current/the-carolina-latinx-collaborative

## Department of Psychology Community Clinic

The UNC Psychology Department Community Clinic (the Clinic) is dedicated to providing high quality and affordable psychological services to the triangle community and the UNC campus through specialty clinics for children, adolescents, adults, couples and families. Services are provided by graduate students in our highly ranked doctoral program and on a limited basis by Licensed Psychologists, postdoctoral fellows, and social work graduate students.

*Website*: clinic.unc.edu

## Employee Assistance Program* (EAP)

The EAP is a confidential counseling and resource program that is designed to help University employees and their families deal with both personal and work-related concerns.

*Website:* hr.unc.edu/benefits/work-life/eap   *\*Not for students*

## Housing and Residential Education

Students with chronic or severe medical conditions can request individual housing accommodations. These accommodations are determined on a case-by-case basis and are limited by room space availability.

*Website:* housing.unc.edu

## Office of the Dean of Students

The Office of the Dean of Students works to educate the entire University community, including faculty and staff, about relevant policies and ways of responding to student-related matters. It serves as an initial point of reference for students who have concerns about their campus experience.

*Website*: odos.unc.edu

## Office of Scholarships & Student Aid

The Office of Scholarships & Student Aid is committed to providing the community with access to necessary resources to understand the complexities of financial aid, including grants, University scholarships, outside scholarships, loans and money earned through Federal Work Study positions.

*Website*: studentaid.unc.edu

## Office of Undergraduate Retention

The Office of Undergraduate Retention helps students advance to academic success by identifying their individual strengths and offering resources to help them succeed, including specialized resources for transfer students and first-generation college students.

*Website*: studentsuccess.unc.edu

## Office of the University Registrar

As a central administrative office for the University, the Office of the University Registrar is responsible for, among other responsibilities, scheduling classes into the space available in the general classroom pool, scheduling students for classes, grade recording and grade reporting.

**Student Wellness**

Student Wellness provides prevention initiatives while working in conjunction with Campus Health Services and Counseling and Psychological Services to provide a seamless integrated care model of health and wellness for UNC-Chapel Hill students.

*Website*: studentwellness.unc.edu

**The Learning Center**

Students visit the Learning Center when they want to improve their academic skills and/or their grades, get better at managing time, have questions about learning disabilities or ADHD, want to understand their strengths and weakness and more. Services include academic coaching, peer tutoring, test preparation and support for ADHD and learning disabilities.

*Website*: learningcenter.unc.edu

**University Career Services (UCS)**

UCS serves undergraduates, graduate students and alumni. Services include individual career advising; internship and employment search assistance; workshops on job-seeking skills; on-campus interviewing; graduate school preparation assistance; online internship and job listings and occupational and employer information. Students must be receiving a degree from UNC-Chapel Hill and must not be in the MBA, MAC, law, medical or dental programs, which are served by separate career offices.

*Website*: careers.unc.edu

# UNC System Institutions (UNC System MHTF Review, Part I)

| | Institution Information | | Staff Demographics | | Treatment Details | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Institution | UNDG Student Population | GRAD Student Population | Staff Size & Details | Staff Education & Credentials | Services Provided/Treatment Options | Student Insurance Fee Cost | Student Insurance Coverage (general details) | Treatment Costs (beyond student health fee) | Access to Treatment Options | Referral Process (if information available) | Session limits | Other details for consideration |
| **Appalachian State University:** https://counseling.appstate.edu/ | 17,381 | | 12 Clinical Providers, 3 Doctoral Interns, 1 PostDoc Resident, 1 Post Masters Resident, 3 Admin Support Staff | LCSW, HSP-P, PhD, PsyD | Individual counseling, group counseling, short term family/couple counseling, workshops, educational programming, prevention programs, eating concerns program | $1,293.88 per semester | Student Blue | Most services are covered by fee. Some are not and outlined clearly online: https://healthservices.appstate.edu/fees | One location. Open until 5pm M-F | Referral coordinator works with student to identify community resources and find a provider for the student (e.g. accepts insurance, student is able to travel to therapist, financing options) | individual/couples sessions limited to 10 sessions per academic year | Scope of Services is very clear and practice is outlined for appropriateness of treatment given demands of services; Comprehensive online mental health screening tool. |
| **East Carolina University:** http://www.ecu.edu/cs-studentaffairs/counselingcenter/ | 23265 | | 18 Clinical Providers, 3 Psychiatric Providers, 5 Trainees, 3 Admin Support Staff | LPCS, NCC, CCTP, LCSW, LPC, LPCA, CRC, LCSWA | Individual counseling, group counseling, substance use counseling, psychiatry, victim advocacy. | $1,293.88 per semester | Student Blue | Psychiatry appointments must cancelled/rescheduled within 24 hours of the appointment to avoid a $20 no-show fee which is added to the student's account. | 5 locations on campus to access services. All operate on a normal 8-5pm schedule. | Is a short term facility - if student requires long term help, possible referral may be pursued | Students are typically seen every 2-3 weeks and generally receive no more than 12 sessions per academic year. Because of demand, no initial appointments are taken | Name of office is "Center for Counseling and Student Development." On call counselor after business hours for psychological crisis. Several group options available including: COPE workshops, Bridge to Balance workshops, and the Collegiate Recovery Community |
| **Elizabeth City State University:** https://www.ecsu.edu/current-students/student-affairs/counseling-testing/counseling-services.html | 1636 | | Only 3 listed on the website?: Assistant director, Associate professor (Psychology)/Director, Program director/prevention of violence against women | | Individual counseling, group counseling | $1,293.88 per semester | Student Blue | Fees and charges for medical services, diagnostic procedures and laboratory services not covered by the student health insurance are the responsibility of the student. Student Health Services does not file insurance claims for students. | | | No session limits | Appears that counseling and testing are together. Website has links for many campus and online resources. Students can call campus police for emotional crisis, information will be given to counselor and counselor will call them back. |
| **Fayetteville State University:** https://www.uncfsu.edu/faculty-and-staff/divisions-departments-and-offices/division-of-student-affairs/center-for-personal-development | 5393 | | ??: No contact/directory information listed beyond the Admin Support | | Individual counseling, group counseling, couples counseling; psychological, social, and general diagnostic evaluations; substance abuse program; student disability services program | $1,293.88 per semester | Student Blue | | One location. Open until 5pm M-F | | | "Center for Personal Development" combines CAPS, ARS and Substance Abuse resources. The center offers workshops and other trainings, presentations and speaker series, all with "more information coming soon" indicated on website. |
| **North Carolina A&T State University:** https://www.ncat.edu/student-affairs/student-services/counseling/ | 12142 | | 8 Clinical Providers | LCSWA, PhD, LPC, CRC, BCB, HSP-P, NCC,LPCS, ABPP | Individual counseling, group counseling, couples counseling; psychological testing; academic skills training; career appraisals, testing and assessments; collegiate recovery resources | $1,293.88 per semester | Student Blue | Psychiatric services are covered by student health fee | One location. Open until 5pm M-F | | No session limits | All services, including couples counseling, are exclusively to NCAT students |
| **North Carolina State University:** https://counseling.dasa.ncsu.edu/ | 24111 | | 27 Clinical Providers, 3 Psychiatrists, 15 Trainees, 3 Graduate Assistants, 4 Admin Support Staff | PhD, PsyD, LPC, LCSW, LCAS, CSW | Individual counseling, couples counseling, addictive behaviors counseling, academic counseling, group counseling, career counseling, psychiatric services, veteran counseling, workshops and programs | $1,293.88 per semester | Student Blue | Students are eligible for 2 psychiatric appointments before any additional fees are charged. If more than 3 appointments are needed, each additional session will cost between $60-$85. No Show fee of $25. | Two locations on main and centennial campuses. Open until 5pm M-F. Also open on NCSU holidays. | Indepth online referral database for students to search for information about off-campus providers. | | Website very easy to navigate. TAO (therapy assisted online) provides online support for depression, anxiety, and other common concerns; online screenings; emergency counseling service available 24/7; has a variety of workshops and group services available, Continuing Education workshops are also offered for Licensed Mental Health Providers. |
| **UNC Asheville:** https://healthandcounseling.unca.edu/ | 3852 | | 6 Clinical Providers, 1 Wellness Coach, 2 Psychiatrists, 2 Admin Support Staff | LPC, PhD, LPC, LCAS, LPCA, CDWF | Crisis services, substance abuse services, collegiate recovery community program, group therapy services (dialectical behavior therapy & silent morning meditation), therapy dog | $1,293.88 per semester | Student Blue | No show fees are assessed for missed appointments | One Location. Open until 4:30pm M-F | Needs assessment required for all students. From there, the office determines services provided. | "Time-limited solution focued therapy" | Must call 911 or mobile crisis for after hours issues |

| Institution | ID | | Staff | Credentials | Services | Cost | Insurance | Notes 1 | Hours | Referral | Session Info | Additional Services |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **UNC-Chapel Hill:** https://caps.unc.edu/ | 19117 | | 19 Clinical Providers, 4 Psychiatric providers, 4 interns, 4 post-MSW fellow, 3 Admin Support Staff, 1 therapy dog | MD, PsyD, LCSW, NP, CSW, PhD, LCSWA | Individual therapy, couples therapy, medication management, group workshops | $1,293.88 per semester | Student Blue | Initial medication management evaluation visit is provided with no out of pocket costs. Insurance is filed and the health fee covers any remaining patient balance not paid by insurance. Subsequent medication follow up visits will be provided for | One location. Open until 5pm M-F | Referral support and coordination provided in-person or via email. | Brief therapy at CAPS for students with well defined issues that can be solved in a brief time. Open-ended therapy is provided through the referral process. No session Limits | Online self-help tools, emergency after hours available, array of workshops offered throughout the terms |
| **UNC-Charlotte:** https://caps.uncc.edu/ | 24387 | | 15 clinical staff, 1 PostDoc Fellow, 7 trainees, 4 Admin Support Staff | LCSW, PsyD, PhD | Individual counseling; group counseling; relationship counseling; consultation services; emotional support animals; at-risk simulation training; psychiatry; suicide prevention resources | $1,293.88 per semester | Student Blue | More than one cancellation during the course of individual counseling may decrease the total number of sessions students may have at the Center before reaching the session limit. Students that no show for appointments must call CAPS to | One location. Open until 5pm M-F. Evening hours are available by appointment. | | Time-limited counseling available. No session limit defined but is referenced. | Various workshops and outreach programs offered throughout the year. ProtoCall is offered for after-hours support. |
| **UNC-Greensboro:** https://shs.uncg.edu/cc | 20106 | | 13 Clinical Providers (Case Manager included), 1 Psychiatric Provider, 3 Admin Support Staff | DNP, FNP-C, LCSW, LPC, PsyD, NCC, LPCA, HSP-P, PhD, LCAS | Group therapy, indvidual therapy psychiatry, couples therapy, suicide prevention, spartan recovery progam, crisis management | $1,293.88 per semester | Student Blue | Medicaid and Medicare are not accepted. Students failing to cancel a scheduled appointment at least 24 hours in advance will be charged a $25 no-show fee. | One location. Open until 6pm M - Th, 5pm on Fridays. | Clinical case manager will help connect with off campus providers/resources | Short term therapy | Very detailed information regarding crisis, how to know if one is in crisis, and campus and off campus resources for crisis help. |
| **UNC-Pembroke:** https://www.uncp.edu/campus-life/counseling-and-psychological-services | 6069 | | 6 Clinical Providers, 2 Admin Support Staff, 6 others (unclear on site as to who they are) | PAC, LPCA, NCC, LCSW, CCTP, GAPP | Individual therapy, group therapy, psychiatry, Sexual misconduct advocacy and resource team, rape agression defense | $1,293.88 per semester | Student Blue | | Unclear about complete office hours, however triage is available from 9am-3pm, M-F. | | No session limits | Contact infromation provided for on and off campus emergency resources |
| **UNC-Wilmington:** https://uncw.edu/counseling/ | 14452 | | 8 Clinical Providers, 1 PostDoc Fellow, 2 Admin Support Staff | PhD, LPC, NCC, PsyD, LPA, LCSW, LCSW-A, LCSW-C | Individual counseling, group therapy, couples therapy, active minds (student mental health awareness group, In Harmony (mind, body, and spirit wellness) | $1,293.88 per semester | Student Blue | | Open until 5pm, M-F, during the semester. Campus closes at 11:30am on Fridays over the Summer. | Off campus referrals are made if a student would benefit from it | | Treatment available for employees and their dependants, array of online stress management services |
| **UNC School of the Arts:** https://www.uncsa.edu/mysa/current-students/health-wellness/counseling-center/index.aspx | 890 | | 5 Clinical Providers, 1 Graduate Intern | LPCA, LCASA, LPC | Career counseling, couple & family therapy, crisis intervention, personality assessments, group counseling, individual counseling/psychotherapy | $1,293.88 per semester | Student Blue | | One Location, open until 5pm except on Wednesdays until 7pm. | Students are referred to community resources at the discretion of the therapist. Students are responsible for charges. | Counseling is available as long as progress is made | Require measurements (assessments) to be completed before and after each session, After hours crisis help available. |
| **Western Carolina University:** https://www.wcu.edu/experience/health-and-wellness/caps/index.aspx | 10027 | | 10 Clinical Providers, 3 Graduate Interns, 3 Trainees, 1 Grad Assistant, 2 Admin Support Staff | PhD, HSP-P, NCC, PsyD, MDiv, LPCA, LPC, LCSW, LCAS, CSI | Individual sessions,group therapy, Catamounts for Recovery | $1,293.88 per semester | Student Blue | Psychiatric sessions are held within the main health services office and charged to insurance. Students are responsible for co-pay or deductible. | One location. Open until 5pm M-F | Referred if therapist decides student needs long term treatment | Goal-directed, short-term model | Various self help tools available online; COPE program is an alternative service which is held for 3 weeks and helps students quickly learn tools for managing emotional distress while also developing a clearer goal of what they want to change in their life. |
| **Winston-Salem State University:** https://www.wssu.edu/student-life/university-wellness-center/counseling-services/index.html | 4741 | | 3 Clinical Providers | NCC, LPC, LCSW | Individual counseling; psychiatric services, outreach and awareness programs, assessment and evaluation, campus presentations, conseltations | $1,293.88 per semester | Student Blue | | One location. Open until 5pm M-F. Site indicates option for students to make appointments outside of operating hours if needed. | | | After 5pm, students are referred to police/public safety |

# UNC Peer Institutions (UNC System MHTF Review, Part II)

| Institution Information | | | Staff Demographics | | Treatment Details | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Institution | UNDG Student Population | GRAD Student Population | Staff Size & Details | Staff Education & Credentials | Services Provided/Treatment Options | Student Insurance Fee Cost | Student Insurance Coverage (general details) | Coverage Details | Treatment Costs (beyond student health fee) | Access to Treatment Options | Referral Process (if information available) | Session limits | Other details for consideration |
| **University of California – Berkeley:** https://uhs.berkeley.edu/counseling | 30,583 | 11,666 | 43 Clinical Providers, 5 Post-Doc Fellows, 3 Doctoral Psychology Interns, 2 Social Work Fellows, 8 Psychiatry providers, 2 Career Counseling Library Staff, 4 Career Counseling Interns, 7 Admin Support Staff | PsyD, PhD, LMFT, ABPP, LCSW, CSW, BHC, MSW, NP, MD, MSN | Individual counseling, couples counseling, group counseling, psychiatry, career counseling, community referrals, social services, outreach, crisis counseling | $1,497/semester | UC Student Health Insurance Plan (Anthem Blue Cross Provider Network) | $300 deductible for some medical services outside of University Health Services (UHS); $0 for short-term counseling, $15 co-pay outside UHS; $0 for preventative services; $15 co-pay for primary care and specialists; $35 for Urgent Care at UHS, $50 outside UHS; $100 ER co-pay ($100 co-pay waived if admitted; deductible waived); 90% coverage for hospitalization (students pay 10%) *subject to deductible; also includes basic dental and vision services | There is no charge to get started, and all registered students can access services regardless of their insurance plan. Initial phone and in person consultations, urgent vists, and short term counseling are all free. Missed appointments ($25). Social services (free). Social services mandated workshops ($30). Initial psychiatric medication evaluation ($255/session) ($15 with SHIP). Follow up psychiatric visits ($124-242.50/session) ($15 with SHIP). Initial medical nutrition therapy appointment ($120/session) ($15 with SHIP). Follow up nutrition visits ($70/session) ($15 with SHIP). | 11 satellite counseling spaces with ranging hours (non-urgent drop-ins preferred at satellite offices); robust online resources and self-assessments | Can be referred to a psychiatrist after they have met in person with a CAPS or Social Services counselor. If students need longer term or specialized services, they will be referred. Referral process and resources are outlined and clear to students. | A maximum of up to eight sessions is offered per academic year. The first five sessions are offered at no charge, between 5th-8th session: $15/session | Students of other UC campuses can use services. Strong online resources for students and a variety of online, interactive tools on a variety of topics: why do we use brief counseling, community referral process, etc. -- charge for grads to use Career Library ($35/year) and also open to community ($45/year) |
| **University of California – Los Angeles:** https://www.counseling.ucla.edu/ | 31,002 | 13,025 | 38 Clinical Providers, 7 Psychiatrists, 4 Psychology Interns, 3 PostDoc Fellows, 2 Practicum Students, 2 Social Work Interns, 8 Admin Support Staff | PhD, LCSW, MD, LMFT, PsyD, MSW, MPH | Individual counseling, couples counseling, group therapy, psychiatric evaluation and treatment, crisis intervention, psychoeducational programs and workshops | $741.90/quarter | UC Student Health Insurance Plan (Anthem Blue Cross Provider Network) | $300 deductible for some medical services outside of University Health Services (UHS); $0 for short-term counseling, $15 co-pay outside UHS; $0 for preventative services; $15 co-pay for primary care and specialists; $35 for Urgent Care at UHS, $50 outside UHS; $100 ER co-pay ($100 co-pay waived if admitted; deductible waived); 90% coverage for hospitalization (students pay 10%) *subject to deductible; also includes basic dental and vision services | CAPS services are pre-paid for students registered with UC SHIP. Students without UC SHIP ($15/session). Late cancellation/missed individual session ($20). Late cancellation/missed group session ($10). Students not registered in current quarter, but registered in the previous quarter for the purpose of crisis managment and referral ($150/therapy intake) ($75/therapy follow up) ($50/ missed session or late cancellation). | Open until 6pm M-Th, 5pm on Fridays; 5 satellite campus offices and services provided at LGBTQ Center | | None defined, but very clear that short term counseling is the goal | Variety of psychoeducational workshops offered on a rotating basis |
| **University of Maryland – College Park:** https://www.counseling.umd.edu/ | 29,868 | 10,653 | 15 Clinical Providers (2 are part-time), 4 Doctoral Interns, 2 Admin Support Staff | PhD, PsyD | Individual counseling, group counseling, couples counseling, career counseling, workshops, drop-in hours (international students, rainbow walk-in, students of color, veteran students) | $1,859/annually | First Student College Health Insurance | $250 deductible for perferred providers, $500 out of network; $1,500 Out of Pocket maximum for preferred providers, $3,500 out of network; $0 for preventative services, 80% of usual and customary charged out of network; $50 for Urgent Care, $25 for physician's visit and $100 for medical emergencies with preferred or out of network providers | $25 for psychiatry, $15 for counseling. Also, the office does not bill private insurance. Student must get reimbursed. | Fall and Spring, open until 9pm M-Th and 4:30pm on Fridays. Summer hours are M-F until 4:30pm | Work with Care Manager to help find best fit. If presciption medication is warrented, referred to psychiatritst at the Mental Health Service in the Health Center or an off campus psychiatrist. | None defined, but very clear that short term counseling is the goal | Website is VERY difficult. Non-registered and non-university affiliated persons are eligible for 1 intake appointment. Non university affiliated and former UMD students are eligible for an intake appointment plus 4 career focused sessions for a fee |
| **University of Michigan – Ann Arbor:** https://caps.umich.edu/ | 29,821 | 13,492 | 34 Clinical Providers, 1 Case Manager, 4 Post-Degree Clinicians, 10 Social Work & Psychology Trainees, 4 Admin Support Staff | PhD, LLMSW, LMSW, BCD, PsyD | Individual counseling, couples counseling, group sessions and workshops, screenings, crisis services, gender affirming services for trans/nonbinary students | $2,084/year | Aetna Student Health Insurance | Includes medication, clinic visits, annual vision exam, emergency room visits, hospitalization, ambulance service | No additional charge | M-Th open until 7pm during fall and spring, 5pm on Fridays | Speak with Case Manager or navigate the community provider database | Brief treatment model. But no session limits. | Stress Busters App is an option for students. Also, CAPS Trans Care Team is an option to students: a group of health care providers at UHS specifically trained in providing affirming care to trans and non-binary |
| **University of Minnesota – Twin Cities:** https://counseling.umn.edu/ | 31,535 | 16,033 | 14 Clinical Providers, 3 Intake Counselours, 1 Graduate Asst., 4 Pre-Doc Interns, 4 Advanced Practicum Trainees, 4 Practicum Trainees, 4 Admin Support Staff | PsyD, LP, PhD, LMFT, LGSW, LPCC | Individual counseling, group counseling, career counseling, veterans counseling, workshops, learning & academic skills counseling, University Community Response Team (interdisciplinary group of Twin Cities Campus professionals who provide supportive services to groups of students affected by trauma | $1,116/ semester | Student Health Benefit Plan | 100% coverage of essential health benefits; 80% coverage of eligible expenses; no deductible; access to the BCBS network; preventateive and periodontal dental benefits for the primary member; year-round coverage | No additional charge | 2 locations, open until 4:30pm M-F | | 15 sessions per year and 25 sessions total | Let's Talk - informal drop in services all around campus to discuss mental health. |
| **University of Pittsburgh:** https://www.studentaffairs.pitt.edu/cc/ | 19,330 | 9,343 | 15 Clinical Providers (3 are also Care Coordinators), 4 Pre-Doc Interns, 3 Practicum Students, 2 Psychiatrists, 4 Admin Staff | LCSW, PsyD, PhD, MEd (no additional certification), LPC, NCC, LSW, MD | Individual therapy, couples therapy (only one needs to be a student), group therapy, workshops, substance abuse services, psychiatry services, LGBTQIA+ services | $188.57/month | UPMC Health Plan | Free preventative services, prescription drug coverage, and a broad range of services that have a flat co-pay | No additional charge | During Fall and Spring terms: Open until 5:30pm on T, W, F and until 8:30pm on M, Th. Summer Terms: Open until 5:30pm. | | Individual counseling is limited to a bi-weekly basis | No drop-in hours. Students must do a phone screen, but are guranteed to be seen the same day. Very cool workshops offered, even during Summer months. |
| **University of Texas – Austin:** https://cmhc.utexas.edu/index.html | 40,804 | 11,028 | 5 Staff Psychologist/ Therapist, 4 Integrated Health Counselors, 3 Psychiatrists, 4 Brief Assessment and Referral Counselors, 4 CARE Coordinators, 2 CARE Counselors, 3 Social Work Fellows, 3 Clinical Social Workers, 1 Alcohol and Other Drug Counseling Program Coordinator, 1 Mindful Eating Program Coordinator, 4 Prevention and Outreach Staff | PhD, LCSW, MD, LPC, LMSW, LCDC, LPC-S | Crisis management, self-care tools, group therapy, individual counseling, medication and psychiatric services, wellness workshops, alcohol and other drug program, mindful eating program, services for surviors of sexual assult, prevention and outreach | $2,504/year | UT SHIP (blue cross blue shield) | Most services covered at Student Health when enrolled in the SHIP plan and there's 80% coverage when in-network, generally: https://myahpcare.com/wp-content/uploads/2018-2019-AB_TX_UT_Austin_PHF-FINAL_original.pdf | All students are charged a student administrative health fee (included in tuition) which helps cover part of the cost for appointments at Student Health. However, many office visits cost $10 per visit (like psychiatry), and additional charges may apply for tests and treatment. | Main Office open until 5pm; however there are CARE Counselours assigned to colleges in more of a case management approach, not embed model. On call counselor for after hours. | Student speaks with referral counselor during inital assessment | None defined, but very clear that short term counseling is the goal | Website is very difficult to navigate. Thrive at UT phone app |

| University | Undergrad | Grad | Staff | Credentials | Services | Cost | Insurance | Insurance Details | Additional Charge | Hours | Referral | Session Limits | Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| University of Virginia: https://www.studenthealth.virginia.edu/caps | 16,034 | 6,771 | 18 Clinical Providers, 8 Psychiatric Providers, 2 Care Managers, 4 Trainees, 3 Admin Support Staff | PhD, MD, ABPP, LPC, MT-BC, PsyD, LMFT, ATR-BC, LCSW, NP, MD, CS | Individual therapy, group therapy, psychiatric services, care management, crisis services, multidisciplinary treatment teams (eating disorders, subsance use disorders, trans care), outreach | $2,830/year | Aetna Student Health Insurance: | $350 overall deductible, prescription drugs and preventive care are covered before deductible, $200 prescription drug deductible | No additional charge during fall and spring. Summer term is $10/visit | Fall and Spring, open until 5pm. Summer terms, open until 4:30pm | | brief individual pschotherapy model | Multidisiplinary treatment teams are like UNC's CARE team, but they target certain (eating disorders, subsance use disorders, trans care). CAPS psychologist dedicated to mental health needs of Law, Business, and Engineering students. |
| University of Washington – Seattle: http://www.washington.edu/counseling/ | 31,078 | 14,378 | 13 Clinical Providers, 3 Professional Psychology Interns, 3 Admin Support Staff | PhD, PsyD, LMHC, LCSW, LMFT | Online resources, workshops, individual counseling, group counseling, crisis services, Let's Talk walk in counseling, Seasonal Affective Disorder light therapy, biofeedback training | UW does not offer health insurance to students | N/A | Students do pay a Student Health Fee | Counseling is no additional charge (some career services cost) | Open until 5pm. | | short term counseling - no session limits | Let's Talk - informal drop in services all around campus to discuss mental health; and special drop-ins such as Mindfulness Mondays which are open to all students and do not require an intake process. |
| University of Wisconsin – Madison: https://www.uhs.wisc.edu/ | 31,360 | 8,962 | 31 Clinical Providers, 5 Psychiatric Providers, 1 Mental Health Services Volunteer, 1 Eating Disorder Coordinator, 1 LGBTQ Provider, 4 Access Specialists, 3 Victim Advocate & Survivor Services Coordinator, 1 Care Manager, 5 Psychology Interns, 4 PostDoc Residents, 4 Admin Support Staff | PhD, LPC-IT, PsyD, ABPP, LCSW, MD, MSE, MSCP, LPS, SAC, NCC, MSW, APNP, DNP, MSSW, MSE, LPC, MAAT, LMSW | Crisis services, alcohol and drug assessment, care management, couples counseling, eating disorder treatment, group counsling, individual counseling, Let's Talk, Let's Yoga, psychiatry, SilverCloud (online resource with learning modules), suvivor services, trans health services, online resources, outreach | $2,208/year | Student Health Insurance Plan | 3 Diiferent Plans for students with most costs covered if enrolled in the insurance plan. Domestic Plan: https://www.uhs.wisc.edu/wp-content/uploads/SHIP2018_6_Domestic.pdf. International Students: https://www.uhs.wisc.edu/wp-content/uploads/SHIP2018_6_International.pdf. International Scholars: https://www.uhs.wisc.edu/wp-content/uploads/SHIP2018_6_IntScholar.pdf | No additional charge | One Location | if warrented, student will speak with care managers | None defined, but very clear that short term counseling is the goal | |
| Duke University: https://studentaffairs.duke.edu/caps | 6,994 | 8,898 | 10 Clinical Providers, 4 Psychiatric Providers, 1 Psychology Resident, 4 Interns, 5 Admin Support Staff | PhD, MSW, LCSW, MD, CEDS, MSN, PMHNP-BC, ABPP | Workshops and discussions, individual counseling, group counseling, couples counseling, health coaching, psychiatric services, consultations, resources for students affected by social justice issues | $3,535/year | Student Blue (BCBS NC) | http://studentbluenc.com/assets/studentblue/pdfs/duke/duke_2018_2019_medical_benefit_summary.pdf | No additional charge | Open until 5pm with extended hours until 7pm on Tuesdays | | None defined, but very clear that short term counseling is the goal | post-hospitalization is through DOS, not through CAPS |
| Johns Hopkins University: https://studentaffairs.jhu.edu/counselingcenter/ | 5,407 | 18,360 | 18 Clinical Providers, 6 Psychiatric Providers, 4 Doctoral Interns, 3 Admin Support Staff | PhD, PsyD, LCSW-C, LCPC | Psychoedicational workshopds, group couneling, individual counseling, psychiatric evaluations and medication management, crisis intervention, drop in hours, online resources | $1,038/semester | Student Insurance option | $150 deductible, reduced copay for prescription meds purchaced at health center, prescription plan co-pay for outside pharmacies, medial benefits abroad | No additional charge | Drop in hours daily. M & Th open until 6 | Referred if indicated during consultation or in need of long term care | No limits. Office notes that students can use the office for as many visits as medically necessary. Part-time students can be seen if they pay the health fee. | Scope of Practice is VERY specific about what they do not treat (and not inviting). No coverage for psychological testing. Counseling is not available if medication management is somewhere is occuring in another office, perhaps so that practioners and providers to communicate? |
| Northwestern University: https://www.northwestern.edu/counseling/index.html | 8,278 | 13,509 | 12 Clinical Providers, 3 Psychiatrists, 1 Care and Referral Coordinator, 1 Alcohol & Other Drug Specialist and Coordinator, 1 Women's Advocacy and Wellness Specialist, 3 Doctoral Interns, 2 PostDoc Fellows, 2 Admin Support Staff | PhD, PsyD, MD, LCSW, CGP, LCPC | Crisis intervention, individual psychotherapy, group therapy, workshops, Let's Talk, psychiatric consultations, outreach, workshops, | $3,950/year | NU-Student Health Insurance Plan | $250 deductible, free routine physicals, $20 copay mental health, $100 copay emergency room, $10 prescription generic | No additional charge | One one Evanston campus and one on chicago campus | Referred if in need of long term care or other provider would be a better fit | short term counseling - no session limits | |
| University of Pennsylvania: https://www.vpul.upenn.edu/caps/ | 21,960 | 11,355 | 28 Clinical Providers, 6 Psychiatric Providers, 1 Case Manager, 1 Referral Coordinator, 4 PostDoc Fellows, 5 Doctoral Interns, 4 Social Work Interns, 5 Psychology Externs, 7 Admin Support Staff | PhD, PsyD, MD, LCSW, LCPC, LSW, NCC, CRNP, MLSP, ATR-BC | Individual therapy, group program, crisis management, sexual trauma, I CARE gatekeeper training, personal wellness and career workshops, ADHD, outreach and prevention, international student programs and resources | $3,446/year | PSIP (Aetna Student Health) | $300 deductible, emergency care, prescription drugs, and preventive care is covered before deductible | No additional charge | Drop in hours daily. Tu, W, Th open until 7. Open on Saturdays | If a referral is given, student is given 3 agencies/counselors | | Counselors available in 4 languages. Online screenings were very comprehensive. |
| University of Southern California: https://studenthealth.usc.edu/counseling/ | 20,000 | 27,500 | 26 Clinical Providers, 2 Psychiatrists, 1 Post-MSW Graduate Fellow, 1 Sport Psychology PostDoc Fellow, 4 Psychology Interns, 4 Practicum Counselors, 2 Social Work Interns | MD, LCSW, PsyD, MSW, PhD, DLFAPA, LMFT, MA, MS | Workshops, individual counseling, group counseling, crisis services, psychiatric services, counsultation services, outreach programs, online resources | $2,041/year | Aetna Student Health Insurance | $450 in network deductibe, In-Network Out-of-Pocket Maximum: $6,000, includes vision and has optional dental, https://www.aetnastudenthealth.com/schools/usc/sbc1819.pdf | $20 no show/late cancellation fee | 2 locations. 1 location is 8-5, 2nd location is open until 7 W & Th. Also open Saturdays . | Meet with a counselor for a referral if student will benefit from open-ended or specialty care | None defined, but very clear that short term counseling is the goal | |

# Credentials Key (UNC System MHTF Review, Part II)

| Abbreviation | Details |
|---|---|
| ABPP | American Board of Professional Psychology Certified |
| APNP | Advanced Practiced Nurse Practitioner |
| ATR-BC | Registered Art Therapist - Board Certified |
| BCB | Board Certified - Biofeedback |
| BCD | Board Certified Diplomate in Clinical Social Work |
| BCPP | Board Certification in Psychiatric Pharmacy |
| BHC | Behavioral Health Certification |
| CAPSW | Certifed Advanced Practice Social Worker |
| CCTP | Certified Clinical Trauma Professional |
| CDWF | Certified Daring Way facilitator |
| CEDS | Certified E-discovery Specialist |
| CRC | Certified Rehabilitation Counselor |
| CSW | Clinical Social Worker |
| DNP | Doctor of Nursing Practice |
| FNP-C | Certified Family Nurse Practitioner |
| HSP-P | Health Services Provider Psychologist |
| LCAS | Licensed Clinical Addictions Specialist |
| LCASA | Licensed Clinical Addictions Specialist Associate |
| LCDC | Licensed Chemical Dependency Counselor |
| LCPC | Licensed Clinical Professional Counselor |
| LCSW | Licensed Clinical Social Worker |
| LCSWA | Licensed Clinical Social Worker Associate |
| LCSWC | Licensed Clinical Social Worker - Clinical |
| LGSW | Licensed Graduate Social Worker |
| LLMSW | Limited Licensed Master of Social Work |
| LMFT | Licensed Marriage and Family Therapist |
| LMHC | Licensed Mental Health Counselor |
| LMSW | Licensed Master Social Worker |
| LPA | Licensed Psychological Associate |
| LPC | Licensed Professional Counselor |
| LPCA | Licensed Professional Counselor Associate |
| LPCC | Licensed Professional Clinical Counselor |
| LPC-IT | Licensed Professional Counselor - Training License |
| LPCS | Licensed Professional Counselor Supervisor |
| LPS | Lanterman Petris Short - CA Only |
| LSSW | Licensed School Social Worker |
| LSW | Licensed Social Worker |
| MT-BC | Music Therapist - Board Certified |
| NCC | National Certified Counselor |
| PAC | Positive Approach to Care Certification |
| PMHNP-BC | Psychiatric-Mental Health Nurse Practitioner - Board Certified |
| SAC | Substance Awareness Coordinator Certification |