

## Introduction

---

Keeling & Associates, LLC (K&A; the firm) worked with the University of Connecticut (the University; UConn) to (1) conduct a comprehensive, in-depth review of the programs, services, operations, and resources of Student Health and Wellness-Mental Health (SHaW-MH; SMH; the Department), a unit within Student Health and Wellness (SHaW) at the Storrs campus, and (2) provide recommendations that build upon the Department's core assets and advance a strategic and forward-looking approach to mental health and well-being. This Executive Summary provides an abbreviated and high level overview of the findings and primary recommendations which emerged from the review.

## Methodology

---

K&A gathered information, pertinent data, perspectives, opinions and reports of experiences from constituent groups across the institution, including, faculty, staff within and outside of SMH, students, and administrators, both at Storrs and on the regional campuses. K&A collected and analyzed qualitative data, including 31 videoconference interviews over 4 weeks—85 participants (about 1/3 of whom were students)—and written feedback and comments. The firm also reviewed and analyzed more than 50 documents, including institutional enrollment data; information on SMH services, staffing, resources, operations, and referrals; annual reports; and assessment and student satisfaction data.

## Major Findings

---

The University needs, and wants to build, a holistic and campus-wide approach to addressing student health and well-being. There is strong interest in fostering a culture of wellness throughout campus, with staff, faculty and students all playing a part in this effort. The health and mental health of UCONN students is necessarily a shared responsibility; SMH should play an especially important role by providing accessible and high quality mental health services to support success of UCONN students.

## Vision, Direction, Identity, and Strategy

SHaW-Mental Health lacks a cohesive vision, direction, and strategy, and has not established a coherent identity. SMH has neither created its own vision and strategy nor aligned itself with the 2017 Strategic Plan for Student Health and Wellness (SHaW). There is confusion and uncertainty about its identity as (1) a very traditional university counseling center, (2) a joint practice organized and managed by colleagues, as is often true in the community, (3) a modern multi-disciplinary university mental health service, or (4) an outpatient psychiatric center. Absent clarity on vision and identify, SMH has not developed the strategy needed to organize and deliver consistent and equitable mental health services to students.

## Service Model

SMH has not established nor sustained a contemporary mental health services model that adequately serves today's students and anticipates the needs of students in the future.

- ▶ **There is no definitive, clearly articulated, and accountable service model that defines the scope of service and care that SMH will and will not provide.** There is no consistent approach among providers; this causes confusion for students and staff, who describe “multiple” service models at SMH. The triage process is excessively complicated, unnecessarily and unpredictably long, and inconsistently applied.
- ▶ **Efforts to meaningfully address the increased demand for mental health services have not consistently or effectively improved the diversity and variety of services.** SMH's “short term” service model is inadequately defined; visit “limits” (ranging from 8–12 or longer) are informal, generally undisclosed, and highly variable. SMH has not instituted an effective approach to “stepped care” or any other innovation in the design and delivery of services.
- ▶ **The development of a robust off-campus referral process, including for psychiatric care and services, is hampered by limitations in internal infrastructure and limited availability of local providers.** Students' finances, limited transportation options, and issues with insurance coverage complicate, and sometimes prevent, timely referral to off-campus providers.

## The Student Experience: Access and Services

Students' experience with SMH is highly variable. Conversations with students, faculty, and staff, and a review of relevant data, including student survey data, revealed that:

- ▶ **Students do not benefit from a student-centered system of care in SMH.** Policies and practices within SMH are oriented toward staff preferences and their satisfaction.

- ▶ **The quality of the student experience with mental health services varies widely.** In general, students who can “get in” are satisfied with the quality of services, but some lack confidence in SMH and doubt the value of its services. Satisfaction survey data, while positive, do not reflect the experience of all students seeking services—only some of the students who received services. Students’ experience and satisfaction with SMH are influenced by undergraduate/graduate status, Storrs or regional campus, and multiple social identities.
- ▶ **The financial model for SMH is also a barrier to access, utilization, and comfort for some students.** Charges for mental health services (which are rare in higher education), as well as concerns about confidentiality associated with insurance billing, keep some students from seeking care from SMH even when they are referred by other campus offices.
- ▶ **Language barriers and/or culturally-linked stigma impede access for some international students and students from historically underrepresented groups.** Students from other countries and cultures may choose not to acknowledge psychological distress or seek mental health services because of perceived stigma, cultural, or language barriers. These students, and others, would benefit from alternative approaches to care and/or unique outreach.
- ▶ **UCONN provides only case management and referral at the regional campuses.** Regional campuses operate an effective case management model and refer students who seek mental health services to community providers. Case managers and other staff facilitate wellness programming and collaborate with campus partners on prevention and health promotion activities.

### **Operational Effectiveness, Productivity, and Integration**

SMH has lacked routine accountability, effective and equitable oversight, and appropriate review of operational processes and practices.

- ▶ **SMH does not have standards that articulate expectations for the allocation of providers’ time to direct service to clients.** This has resulted in significant variations in the allocation of provider time and in inconsistent patterns of service delivery.
- ▶ **Provider productivity levels vary sharply but are generally very low.** With one exception, the providers at SMH allocate far less than 60–65% of their time—on average, far less than 50%—to direct service to students. Significant proportions of provider time devoted to administrative, supervisory, outreach, service, or other poorly defined responsibilities take away from critical direct service to students.

- ▶ **There are opportunities for closer collaboration between SHaW-MH and SHaW to eliminate existing gaps in service, promote efficiency, and ensure better service to students.** Excessive barriers to sharing essential student information with Student Health Services (SHS) do not optimize communication on students' behalf.
- ▶ **Assessment and evaluation activities lack cohesion and are not linked to a larger assessment framework.** SMH lacks the necessary components (goals, learning outcomes, metrics) and structure to determine the effectiveness of the Department and its services, or provide guidance for continuous improvement of services.

### **Equity and Inclusion**

- ▶ **There are persistent and pressing concerns related to diversity, equity, and inclusion in SMH at UConn.** There is inadequate attention to and insufficient consciousness of the needs of an increasingly diverse student body. Outreach to diverse communities at UCONN is ineffective, and students from historically underrepresented groups who are seen at SMH feel unheard and underserved.
- ▶ **Students and staff outside of SHaW indicate that they desire a more broadly representative, inter-culturally competent, cross-culturally informed, and responsive SMH staff.** Some staff, both in and outside of SMH, indicate that the culture in SMH is not conducive to maintaining diversity and believe ongoing, iterative, and increasingly relevant intercultural training should be available and required for SMH staff.

### **Communication, Outreach and Collaboration**

- ▶ **The marketing, messaging, and promotion of mental health services are uneven and lack a cohesive strategy.** Messaging about mental health services is inconsistent and haphazard. Students report that they struggle to find accurate information about programs and services on the University website, and do not know “where to start” when seeking help.
- ▶ **Many campus units desire greater collaboration with SMH.** SMH “operates in a silo” and collaborates unevenly with other departments, programs, and services across campus. SMH does not sufficiently reach out to help educate students and the University community about students' mental health and well-being. Students, faculty and staff seek help and feel unprepared to respond to students who are experiencing psychological distress or are in crisis.

## Primary Recommendations

---

1. **SMH must create a unifying vision and identity as a contemporary multi- and interdisciplinary university mental health service, within a fully integrated health and wellness organization, that is dedicated to responding effectively and empathically to students' mental health needs and enhancing their well-being, learning, and success.** SMH must design and implement a coherent strategy through which to translate vision into practice, focusing on continuous improvement, and achieving organizational, administrative, and student service goals.
2. **The University must place new, inspirational leadership in SMH**—a director who will lead and manage change, create a culture of excellence and accountability within the department, ensure that SMH builds a student-centered culture that prioritizes accessible and high-quality services, advances the full integration of services in SHaW, and sustains strong collaborative relationships across the University.
3. **SMH must establish, articulate, and communicate a clear, consistent, and comprehensive care and service model that prioritizes direct service to students and defines the range, extent, and limitations of clinical, preventive, and outreach services provided.** The new service model should fully embrace the principles and practices of stepped care and adopt innovative methods of service, utilizing a broad portfolio of treatment modalities, service types, and delivery formats tailored to the needs of individual students. SMH must implement the new service model consistently, equitably, and accountably for all categories of professional staff.
4. **SMH must develop and implement a new, streamlined, and equitable triage process** that efficiently transitions students from initial contact to an appointment with a provider in alignment with best practices and consistent with updated internal expectations.
5. **UConn must make the ways and means of accessing SMH services, the triage process, and the service options available (including by referral) clear to students, faculty, and staff.** Information and other resources about SMH should be student-focused and easy to understand.
6. **The University and SMH must advance a unified approach to mental health services that recognizes and equitably responds to the needs of all students, including graduate students, international students, and students from historically marginalized or underrepresented groups.** SMH should assess and improve services for users in all demographic categories, including those from marginalized or

underrepresented groups. SMH should systematically collect data from students who have not used SMH services to identify barriers to accessing care.

7. **SMH should ensure that providers, regardless of their discipline, graduate degree, or title should consistently dedicate 60–65% of their total work hours to direct service to students.** SMH should resolve any problems involving the facility, workflow, administrative support, or policies that inhibit regular achievement of that standard.
8. **New leadership in SMH must establish a sound organizational structure** that reflects clear lines of responsibility, communication, and accountability and provides opportunities for full and equitable participation by all members of the organization.
9. **SHaW must become a fully integrated, comprehensive health and wellness organization;** to support this goal, SMH must ensure that its vision, direction, strategy, operations, and programs and services are fully aligned with SHaW's mission, vision, and identity.
10. **SMH must make a more consistent and visible commitment to support the needs of a diverse student population at UConn.** SMH should equitably welcome and serve students of any background and identity and must (1) improve the cultural literacy of the staff by routinely engaging with students “where they are” (outside of SMH) and (2) ensure that hiring, professional development, and training within SMH are cross-culturally informed and responsive to the needs of a broadly diverse group of students.
11. **SMH should plan and implement a robust communications strategy to educate or re-educate all members of the campus community about programs and services, with an emphasis on responding to the needs of all students.** SMH staff should maximize in-person opportunities (such as open houses, presentations and forums, or visits to other offices and centers) to engage with students, faculty, and staff; respond to questions; and orient the campus community to the renewed organization and its programs, services, and staff.
12. **SMH must build strong, collaborative, and supportive relationships with campus partners,** including Residential Life, Student Activities, the Cultural Centers, Disability Services, Athletics, the CARE Team, and faculty. Some of these partnerships should include providing training experiences for student-facing staff, including RA's.
13. **SMH must partner with SHaW Health Promotion to establish an organized and robust mental health outreach and education effort.** SMH providers and leadership should serve as advisors and collaborators, but Health Promotion staff should be the primary outreach messengers and serve as resources for other campus departments

and student groups that wish to develop programs or activities to support mental health and well-being.

14. SMH should work with academic leaders, faculty, administrators, and staff to provide professional development and training experiences, such as Mental Health First Aid, that strengthen the capacity and confidence of others to respond, within the boundaries of their professional roles, to students who experience or demonstrate psychological distress. SMH must play a lead role—but should not work independently—in developing a holistic campus-wide approach to strengthening health and wellness on campus. SMH should maintain a visible presence and exhibit flexibility, active participation, and ongoing connection to the spectrum of institutional efforts to improve the health and well-being of the UConn campus community.