NNDC COLLEGE MENTAL HEALTH TASK GROUP

Presenters:
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Sarah Ketchen Lipson
Leigh White
Co-Chair Contact Information

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MEMBERSHIP

- Michelle Riba, MD - U of M (co-chair)
- Sarah Ketchen Lipson - U of M (co-chair)
- Ronald Albucher, MD - Stanford
- Catherine Bell, PhD - McLean
- Laura Blake Jones, PhD - U of M
- Amy Brudnick Cerel, MSW, BA - UMass
- Jacqueline Collins, MD - Cincinnatti
- William Coryell, MD - Iowa
- Charles DeBattista, MD - Stanford
- Nikhil Dewan, MD - U of M
- Lilian Dindo, PhD - Iowa
- Daniel Eisenberg, PhD - U of M
- Amy Farabaugh, PhD - Mass General
- Maurizio Fava, MD - Mass General
- Elyse Galles - UCSD
- Steven Garlow, MD, PhD - Emory
- Rachel Glick, MD - U of M
- Matthew Goodnow - UMass
- Daphne Holt, MD, PhD - Johns Hopkins
- Doris Iarovici, MD - Duke
- Adam Kaplin, MD, PhD - Johns Hopkins
- Elizabeth Kastelic, MD - Johns Hopkins
- Cheryl King, PhD - U of M
- Daniel Kirsch, MD - UMass
- David Lohr, MD - Louisville
- Emily McCort, MD DFAPA - UC Denver
- Thomas Meyer, PhD - UT Health, Houston
- Trish Meyer, EdM - U of M
- Maren Nyer, PhD - Mass General
- Paola Pedrelli, PhD - Mass General
- Stephanie Pinder-Amaker, PhD - McLean
- Anthony Rostain, MD, MA - UPenn
- Gary Sachs, MD - Mass General
- Brian Skehan - UMass
- Jessica Stewart, MD - Columbia
- Gordon Straus, MD - Louisville
- Sudhakar Selvaraj, MD, PhD
- Suzanne Thomas, PhD - MUSC
- Kristin Vickers Douglas, PhD - Mayo Clinic
- Leigh White, MD - MSU
- Preston Wiles, MD - UTSW
- Albert Yeung, MD - Mass General
College Mental Health has no organizing national body

- NNDC CMH Task Group is a recognized national entity
- Collaborative relationships
  - JED Foundation (Victor Schwartz, M.D.)
  - AACAPAPA
  - ACHA
  - AADPRT
Health Minds Network: Updates

- Healthy Mind Study: AY 2016-17, largest year
  - 54 campuses
  - 48,000 students
- Partnerships with JED Campus and CCMH
- Increased focus on marginalized student populations
- Campus Suicide Awareness Series
- College Mental Health Research Symposium
  - White papers
  - Data dashboard
  - Resource warehouse
  - Wellness paradigm

Lipson, S, & Eisenberg, D (2016). Do resident advisors serve as mental health gatekeepers?: evidence from a natural experiment on college campuses. *Journal of Psychiatry and Mental Health, 1*(2).


Eisenberg, D, Lipson, S, & Posselt, J (2016). “Promoting resilience, retention, and mental health” in New Directions in College Student Mental Health, 156, 87-95 (book chapter).


Abstract
The University of Michigan, as the flagship public university in the state of Michigan, educates over 43,000 students a year and is the largest employer in the state of Michigan. Despite strong institutional commitment to mental health services, 24% of UM students report thinking about suicide, while 11.3% seriously considered attempting suicide at least once in the last academic year. In addition, 1.1% of students said they had attempted suicide at least once. UM’s Campus Suicide Prevention Grant will build upon a strong foundation of universal approaches to mental health education, student support, and stigma reduction at UM to make suicide prevention a core university-wide priority.

The goals of our 3-year Campus Suicide Prevention Grant will be to:
1. Capitalize on existing collaborations at the University of Michigan to increase capacity for suicide prevention. In Year 1, our Suicide Prevention Task Force will complete required activities such as a) updating the university’s mental health needs assessment (last updated in 2005) b) assessing provider capacity/training both on and off campus, and c) developing and disseminating a long-term, comprehensive suicide prevention and crisis management plan aligned with the National Strategy for Suicide Prevention.

2. Build upon our foundation of universal prevention by initiating indicated prevention strategies for 3 high-risk groups at U of M: returning veterans and their families, LGBTQ youth, and “disconnected” students (defined as first generation students and/or those on academic probation).

3. Partner with Michigan’s State GLS grant to provide training opportunities to university clinical staff as well as local community providers in evidence-based suicide risk assessment and care management (AMSR) as well as intensive gatekeeper training (ASIST). These training opportunities will expand U of M’s existing QPR gatekeeper training program and will prioritize a) graduate student instructors, b) pre-service training for students studying to enter helping professions as well as c) tailored trainings to support the needs of our identified high risk populations.

With the support of our Suicide Prevention Task Force, we will identify “suicide prevention champions” across departments and organizations at the university who will actively support suicide prevention as a core priority and who will ensure sustainability of suicide prevention activities post grant award.
### Comprehensive Campus Suicide Prevention Model

<table>
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<tr>
<th>Inputs</th>
<th>Community Partners</th>
<th>Continuum of Activities</th>
<th>Goals</th>
<th>Initial Outcomes</th>
<th>Long-Term Goals</th>
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<tbody>
<tr>
<td>University Resources</td>
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<td>Primary Prevention &amp; Wellness</td>
<td>University culture that sees mental health &amp; suicide prevention as a core priority</td>
<td>Increases in help seeking &amp; support</td>
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<td>SAMHSA Funding</td>
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<td>Secondary &amp; Indicated Prevention</td>
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<td>Treatment</td>
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<td>Crisis Management</td>
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<td>Training</td>
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<td>Sustainability</td>
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<td>Existing &amp; New Collaborators</td>
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<td>Campus Advocacy Groups</td>
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<td>Grant Staff</td>
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<td>Community Resources</td>
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<td>State Tribal Grant</td>
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**IMPACT**
Reduction in suicide attempts & deaths at UM
National College Depression Partnership

Multi-University Quality Improvement Project

• 2006-2014
• 46 partnering universities

Goal: to improve depression detection and care while using all student health/counseling resources

• implemented depression screening in primary care
• Roadmaps for referral and treatment
• care managers
• registries and data collection

Impact: markedly increased screenings particularly among students unlikely to present to counseling, improved outcomes, improved relationship and collaboration between services
### Differences in Collaborative Learning Models

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<thead>
<tr>
<th>Characteristics</th>
<th>Breakthrough Series</th>
<th>Learning Network</th>
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<tbody>
<tr>
<td>Composition</td>
<td>Clinical team</td>
<td>Co-production with clinical team, researchers, and patient/families</td>
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<tr>
<td>Time Frame</td>
<td>Time bound</td>
<td>Until aims are achieved and sustained</td>
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<td>Enrollment</td>
<td>Cohorts</td>
<td>Rolling</td>
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<td>Approach to Improvement</td>
<td>QI</td>
<td>QI + Research + Innovation</td>
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<tr>
<td>Structure</td>
<td>Learning Sessions, Monthly Calls, Monthly Reports</td>
<td>Learning Sessions, Monthly Calls, Monthly Reports</td>
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<tr>
<td>Use of data</td>
<td>Very Important</td>
<td>Very Important</td>
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Leveraging Non-traditional Partners for Expanding the Identification of Students with Depression: Screening for Barriers to Academic Success in Academic Advising

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Director, Center on Young Adult Health and Development
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Use our voices to:

- Increase awareness
- Educate
  - The profession
  - The public
  - Students

For our profession