Task Force on Student Mental Health and Well-being

Appendix
February 2018

Task Force on Student Mental Health and Well-being Appendices

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APPENDIX A

Task Force on Student Mental Health and Well-being
Membership Roster

Co-Chairs		
Daniele	Fallin	Professor and Chair, Department of Mental Health, BSPH
Terry	Martinez	Associate Vice Provost and Dean of Students, HSA
Members		
Allison	Avolio	Director of Residential Life, HSA
Khorey	Baker	Director of Student Life, SAIS
Frank	Bowers	Graduate Student, KSAS
Aaron	Cary	Undergraduate Student, KSAS
Maria	Chroneos	Undergraduate Student, KSAS
Michelle	Colder Carras	PhD Candidate, BSPH
Norma	Day-Vines	Professor, Counseling and Human Development, SOE
Michael	Falk	Professor, Materials Science and Engineering, WSE
Mayriam	Robles Garcia	Graduate Student, BSPH
Deborah	Gross	Professor, Department of Acute and Chronic Care, SON
Clara	Han	Associate Professor, Department of Anthropology, KSAS
Calliope	Holingue	Graduate Student, BSPH
Lee	James	Executive Director, Campus Safety and Security
Elizabeth	Kastelic	Assistant Professor, Department of Psychiatry and Behavioral Sciences, SOM
Sophie	Mancini	Undergraduate Student, KSAS
Spyridon	Marinopoulos	Director, University Health Services
Mateen	Milan	Undergraduate Student, Peabody
Brent	Mosser	Director, Student Disability Services
Alissa	Putman	Director, FASAP/JHSAP
Tamar	Rodney	Graduate Student, SON
Davis	Rogers	Graduate Student, SOM
Kyley	Sommer	Director of Student Affairs and Disability Resources Coordinator, Peabody Institute
Bobbie	Tchopev	Director of Student Services, CBS
Matthew	Torres	Executive Director, Johns Hopkins University Counseling Center
AJ	Tsang	Undergraduate Student, WSE
Holly	Wilcox	Associate Professor, Department of Psychiatry & Behavioral Sciences, SOM
Task Force Staff Support		
Franklin	Branch	Operations and Communications Manager, Office of the Provost

APPENDIX B

Mental Health Service Providers at Johns Hopkins University

Appendix B.1 – Johns Hopkins Student Assistance Program (JHSAP)

Mission: The mission of the Johns Hopkins Student Assistance Program (**JHSAP**) is to provide graduate, medical, and professional students with free, convenient, and confidential services to assist with managing life challenges in healthy ways. Both services to individuals and outreach programs to groups aim to enhance students' personal development and emotional well-being. JHSAP values its role in supporting the development of professionals who will impact people's health and welfare in Baltimore, the U.S., and beyond. As a result, JHSAP engages in dialogue and outreach that supports meaningful change, while striving to create a safe space where diversity can be explored.

Students Eligible: JHSAP provides mental health services to graduate students in the following seven divisions and programs: the Bloomberg School of Public Health, the Carey Business School, Engineering for Professionals, the School for Advanced International Studies, the School of Education, the School of Medicine, and the School of Nursing.

Services Provided:

- Short-Term Counseling: identification and assessment of personal, family, and school/work-related issues, brief counseling and consultation, and referrals to appropriate and accessible services and resources.
- Crisis Response (24/7 emergency and after-hours coverage): individual support as well as support for small student groups or departmental meetings with a counselor to help process the emotional consequences of a crisis and to provide resources for additional support.
- Healthy Relationship Support: support and guidance to enhance trust, respect, and communication between partners. Problem-solving and coping strategies for difficult relationships.
- School-Life Coaching and Adjustment: academic and professional development support on topics such as study skills, stress management, school-life balance, financial management, and adjusting to a new culture.
- Educational Workshops: preventive and educational sessions to benefit students and support staff and faculty on topics such as managing competing demands, study skills, identifying distress in students and financial wellness.
- Special events to increase awareness of and destigmatize mental health issues (stress, anxiety, depression, suicide) including the Stay Ahead of the Stress Fest and the American Foundation for Suicide Prevention, Out of the Darkness Walk.
- Dean, Faculty, Staff, and Student Consultations: collaborative consultations between a JHSAP counselor and the dean, faculty member, or staff member to problem-solve student issues and provide effective guidance.

Management Team: The JHSAP Management Team includes leader representatives from each of the seven schools and programs served. This team helps identify student needs for outreach and provides consultation to the JHSAP assistant director and program manager.

JHSAP Student Representative Committee (SRC): The SRC establishes a relationship between the JHSAP program manager and students from each of the schools and programs served by JHSAP, to facilitate discussion of how to best serve graduate, medical, and professional students at JHU. The SRC aims to enhance JHSAP's accessibility and visibility to support student success and wellness. The SRC recognizes that stigma surrounding asking for help contributes to students underusing JHSAP services and seeks to de-stigmatize these services. Student Representatives are asked to:

- Attend meetings approximately 4 times per year
- Commit to serving for at least 1 year
- Find their replacement upon graduation
- Help identify unmet student needs on campus
- Promote JHSAP services, workshops, and website

JHSAP Service Utilization:

Table B1 – JHSAP Service Highlights	2016	2017
Direct Service	#	#
Total Unique Users	565	643
Total Number of Cases	703	725
Total Number of Individual/Couple Sessions Provided	914	1,026
Total Number of Counseling Hours Provided	2,224	2,111
Outreach Events		
Total Number	44	60
Total Number of Participants	1,200*	1,638
*" * " = number approximated*		

Table B2 – JHSAP Utilization Rates (based on enrollment)	2016	2017
JHSAP Schools:	%	%
Bloomberg School of Public Health	8.9	9.4
Carey Business School	3.0	4.1
Engineering for Professionals	0.4	0.45
School of Advanced International Studies	12.2	10.1
School of Education	2.6	4.77
School of Medicine – Graduate Students	11.4	8.6
School of Medicine – Medical Students	10.8	9.1
School of Nursing	8.1	8.9

Table B3 – Presenting Problems Reported at JHSAP (%)

*The data in the column to the left shows the most commonly reported presenting problem is 'Mental Health'. The adjacent data more specifically identifies those mental health concerns.

Presenting Problem:	%	Mental Health* (expanded):	%
Mental Health*	53	My Mental Health	98
School	19	Very Anxious or Worried	58
Relationship	15	Stress	33
Work	10	"Down" or "Depressed"	18
Alcohol	1	Psychiatric Problem	10
Financial	1	Trauma/Traumatic Event	5
Other	1	Grief/Death/Bereavement	3
Medical	1	Other	3
Drug	0	Someone Else's Mental Health	2
Legal	0	Anger	2
Personal	0		

*" * " = from FY2016, not mutually exclusive*

Appendix B.2 – JHU Counseling Center

Mission: The mission of the JHU Counseling Center is to facilitate the personal growth and development of students. Counseling services and outreach programs are designed to enhance the personal and interpersonal development of students and to maximize their potential to benefit from the academic environment and experience. The Counseling Center further strives to foster a healthy, caring university community that is beneficial to the intellectual, emotional, and physical development of students. The Counseling Center values social justice inside and outside of the university. We therefore engage in and support dialogue about how to facilitate meaningful changes on individual and societal levels. We strive to create a safe space where thoughtful and appreciative exploration of diversity is the norm.

Students Eligible: The Counseling Center provides services, free of charge, to the following categories of students:

- All undergraduate and graduate students who are currently enrolled in full-time programs in the Krieger School of Arts and Sciences (KSAS) and the Whiting School of Engineering (WSE)
- All students of the Peabody Conservatory (Students at Peabody Preparatory are not eligible)
- All students enrolled in the Post-Baccalaureate Pre-med program

Services Provided: The Counseling Center provides services to assist students in meeting their personal and mental health needs and goals. The Center provides individual and group therapy, psychiatric consultation and medication management, psychoeducational outreach programming and training, and consultations to students, faculty, staff, and parents regarding students of concern. All Counseling Center services are free of charge.

Individual counseling at the Counseling Center is short-term oriented, generally the length of a semester or less. Counseling Center groups fall into two main categories: (1) Practical Skills and Academic Support (including Anxiety and Stress Management; Dissertation Support; Social Anxiety) and (2) Social Support/Community Building (including LGBTQ Support Group; Eating Disorders Treatment Group; General Therapy Groups). Workshops focus on topics such as Stress Management; Mindfullness; and Suicide Prevention. Additional programming is also available to residence life student professionals and to other campus organizations and departments.

In order to best meet the needs of underserved populations, the Counseling Center staff includes coordinators of services to the following groups of students: LGBTQ students; black students; Latina/o students; international students; and students of Asian origin. These coordinators connect and collaborate with university offices and student groups to develop and provide services and programming and to reduce barriers to accessing Counseling Center services.

For those students whose needs may be better met outside the Center, the Counseling Center has a referral specialist who helps provide referrals which are compatible with the student's insurance plan.

JHU Counseling Center Service Utilization:

Table B4 – Individual Psychotherapy Statistics: May 16, 2016 – May 21, 2017	
1. General Numbers	**#**
No. of clients seen in personal counseling (full year)	1,404
No. of therapy sessions (full year) - (not including consulting psychiatrists)	8,214
No. of clients seen by consulting psychiatrists (full year)	380 (27%)
No. of therapy sessions by consulting psychiatrists (full year)	1,647
No. of Peabody Conservatory students served (% of all clients)	107 (7.6%)
No. of Peabody Conservatory students therapy sessions	634
No. of Peabody students served by consulting psychiatrists (% Peabody)	37 (35%)
No. of Peabody Conservatory students consulting psychiatrist sessions	127
No. of clients seen in urgent need/emergency/crisis (day–academic Year)	256
No. of clients seen in urgent need/emergency/crisis (day–fall semester)	136
No. of clients seen in urgent need/emergency/crisis (day–spring semester)	114
No. of emergency clients served after-hours by CC staff	139
No. of emergency phone calls received after-hours by CC staff	218

No. of help line calls received after hours by CC staff	24
No. of sexual sssault help line calls received daytime plus after-hours	48
No. of clients that required counselor face-to-face evaluation	2
No. of hours spent in after-hours emergencies by CC staff	117 hrs, 19 min
Avg. number of minutes spent responding to each after-hour emergency call	33 min
No. of weeks during year that required after hours emergency response	49 of 52
No. of students sent to emergency room– after hours plus day	31
No. of students sent to emergency room– after hours	27
No. of students sent to emergency room– day	4
No. of students hospitalized - after hours plus day	18
No. of students hospitalized - after hours	27
No. of students hospitalized - day	4
No. of clients CC estimated to have helped stay in school	121 (9%)
No. of students who received CC mental health withdrawal recommendations	64 (7%)
No. of clients given academic assistance (i.e., letter for withdrawal or extension)	53 (4%)
No. of students who received readmission evaluation	65 (5%)
No. of clients in CC suicide tracking system	105 (7%)
No. of clients with whom steps were taken to prevent from harming self/others	156 (11%)
No. of clients who presented with or were believed to have ADHD	37 (3%)
No. of clients treated or assessed for substance abuse	106 (8%)
No. of clients treated or assessed for eating disorders	81 (6%)
No. of clients who received some form of violence assessment	4 (<1%)
No. of clients who report that “someone in their family owns a gun”	201 (15%)
No. of clients who received counseling for a sexual assault in the past year	41 (3%)
No. of clients estimated to have successfully terminated at end of AY	224 (16%)
No. of clients referred off campus	182 (13%)
No. of client referrals assisted by case manager	240
No. of non-client referrals assisted by case manager	120

Table B5 – Counseling Center Services and JHU Student Mental Health

	Year and total/frequency		Average for similar size schools (between 7,501 and 10,000 students)
Total number of clients served	2017 2016 2015	1,404 1,353 1,307	657
Average number of sessions per client	2017 2016 2015	5.9 5.7 6.1	5.03
Hospitalizations/emergency room visits for psychological reasons	2017 2016 2015	31 29 24	14
Medical Leaves for psychological reasons	2017 2016 2015	64 90 77	32

Table B6 – The Most Common Problems/Symptoms Presented During Individual Therapy During AY 2016–17

Problem/Symptom	Percentage of Clients (not mutually exclusive)
General anxieties and worries	41%
Feelings of being overwhelmed	38%

Time management and motivational issues	34%
Academic concerns	26%
Lack of self-confidence or self-esteem	24%
Overly high standards for self	24%
Generally unhappy or dissatisfied	22%
Depression	19%
Thoughts of ending your life	18%
Lack of motivation, detachment, and hopelessness	19%
Sleep problems	17%

JHU Counseling Center Advisory Board: The Counseling Center Advisory Board (CCAB) serves as a bridge between the various student groups and individuals on campus who are interested in mental health issues and the Counseling Center. The Counseling Center has a staff member assigned to work with this group of students, with meetings scheduled at various points during the year. This staff member works to solicit CCAB members from the constituencies of various groups of undergraduate and graduate students with the hope that the CCAB membership will be representative of the various types of students served by the Counseling Center.

Appendix B.3 – University Health Services – Mental Health (UHS-MH)

Mission: University Health Services - Mental Health (UHS-MH) offers mental health (psychiatric) services to East Baltimore-based students and trainees facing mental health conditions.

Students Eligible: All East Baltimore-based full-time students and trainees (SOM, SPH, SON) are enrolled in University Health Services for a $475 annual fee. Part time students also have the option to enroll.

Services Provided: Enrollment provides access to adult outpatient mental health services as long as the student/trainee remains active and is current with payment of the health fee. UHS-MH provides psychiatric assessment and treatment, including medication evaluation and medication management, and individual therapy. The program evaluates and treats a wide range of psychiatric conditions, including but not limited to: (a) adjustment disorders, (b) mood disorders, including depression and bipolar disorder, (c) anxiety disorders, including post-traumatic stress disorder (PTSD), and (d) schizophrenia. Availability of services ceases upon graduation or completion of the training program. To facilitate the smooth transition of care to an outside mental health professional, UHS-MH will follow students for up to 90 days after graduation from their program.

Access: Students access the program by calling 410-955-1892 to be scheduled for a same-day phone triage appointment with a UHS-MH clinician who will conduct a preliminary assessment of the student's needs. Following this phone appointment, the student is given an in-person appointment with an appropriate mental health care provider; a psychiatrist, a psychotherapist, or both.

For routine (non-urgent) issues, UHS-MH will provide a same-day phone triage appointment followed by an in-person appointment within two weeks. For more urgent matters, UHS-MH will provide an in-person visit within 24–48 hours. Same day emergency psychiatric appointments are available on a case-by-case basis depending on the urgency of the situation. For psychiatric emergencies, UHS-MH will refer a patient to the emergency department for immediate care.

Duration and Scope of Care: Treatment duration and frequency are determined after the initial evaluation and reassessed periodically depending on the patient's condition and progress. The program's psychiatrists/mental health professionals will recommend a treatment plan tailored to each individual case. Treatment may include pharmacotherapy (initiation or continuation of medication regimens), psychotherapy, or both. Most psychotherapy cases are addressed through short-term psychotherapy aimed at returning the learner to his/her pre-crisis level of functioning. However, long-term psychotherapy is provided on a case-by-case basis, as medically indicated, if prescribed by a psychiatrist.

In addition to the above, certain conditions may require specific expertise and/or specialized services that may not be available through UHS-MH. In these cases, referral to outside providers/facilities is made using the student's insurance. Examples of conditions that the program does not currently have the expertise or resources to treat include: (a) eating disorders requiring active specialty management, (b) substance abuse and/or dependence requiring active specialty management, (c) longstanding conditions for which a long-term stable relationship with a therapist is the treatment of choice, and (d) situations in which the treating psychiatrist feels that the severity or complexity of the diagnosed condition cannot be appropriately treated in the office setting.

Psychiatric Emergencies and After Hours Coverage: During business hours, a mental health clinician can be reached by calling UHS-MH and speaking with a coordinator. After hours and on weekends, a UHS-MH psychiatrist on-call can be reached through the Johns Hopkins Hospital's page operator.

UHS-MH Service Utilization:

Table B7 - University Health Services-Mental Health Utilization FY 2013-2016 YTD								
	Division	Budget Enrollment	% of Enrollment	Count of Students	% of Students	% of Students Utilizing	Total # of Visits	% of Visits
	BSPH	1,377	25%	193	30%	14%	1,970	32%
FY13	SOM/JHH	3,780	69%	357	55%	9%	3,376	55%
	SON	435	8%	102	16%	23%	843	14%
	Total Students	5,592		652		12%	6,189	
	Division	Budget Enrollment	% of Enrollment	Count of Students	% of Students	% of Students Utilizing	Total # of Visits	% of Visits
	BSPH	1,433	26%	217	33%	15%	2,415	37%
FY14	SOM/JHH	3,715	67%	345	52%	9%	3,405	52%
	SON	370	7%	105	16%	28%	705	11%
	Total Students	5,518		667		12%	6,525	
	Division	Budget Enrollment	% of Enrollment	Count of Students	% of Students	% of Students Utilizing	Total # of Visits	% of Visits
	BSPH	1,306	24%	209	29%	16%	2,187	33%
FY15	SOM/JHH	3,716	69%	390	55%	10%	3,542	54%
	SON	400	7%	110	16%	28%	866	13%
	Total Students	5,422		709		13%	6,595	
	Division	Budget Enrollment	% of Enrollment	Count of Students	% of Students	% of Students Utilizing	Total # of Visits	% of Visits
	BSPH	1,306	24%	206	31%	16%	1,614	32%
FY16	SOM/JHH	3,710	68%	372	56%	10%	2,931	57%
	SON	480	9%	90	13%	19%	570	11%
	Total Students	5,496		668		12%	5,115	

UHS Advisory Board: The University Health Services Advisory Board (UHS AB) is a standing board of the Schools of Medicine, Public Health and Nursing and the institutional body responsible for the overall design, management, and evaluation of health services and benefits for students, house staff, post-doctoral fellows, and trainees at the Johns Hopkins East Baltimore Campus. The UHS AB examines a wide range of issues including, but not limited to, the following aspects of health services and benefits:

- Health and wellness needs of the UHS population, including primary care, mental health, women's health, and coordination of care to specialty services, as needed and required.
- Methods of health care delivery that best meet the unique needs of all students and trainees in East Baltimore, and of their families and significant others.
- Health care benefits targeted to students and trainees in East Baltimore, including the offering of insurance and the setting of insurance premiums, and the changes involving these offerings.
- The human and financial resources required to meet the unique needs of the East Baltimore student and trainee population, including specific subpopulations.
- The needs of multiple institutional stakeholders across the Schools of Medicine, Public Health and Nursing as UHS and the Student Health Plan represent a tri-school service/benefit at the Johns Hopkins East Baltimore campus.

The UHS AB is also responsible for approving any substantive changes to health services and benefits, as well as plans for implementation of said changes. No substantive changes can be made to health services and benefits without this approval. Membership includes representation by SOM, BSPH and SON leadership as voting members of the board.

Meetings of the UHS AB are held at least quarterly throughout the academic year. Special meetings may also be convened at intervals as determined by the need to discuss substantive issues affecting health services and benefits for the student and trainee population in East Baltimore, and especially when such matters may be controversial and require broad-based and in-depth discussion among UHS AB members.

The primary role of the UHS AB is to assure that the health services and benefits for students and trainees meet their unique needs and that the resources required will be made available to meet these needs. The work of the UHS AB is carried out through certain standing committees that convene regularly to examine and discuss specific aspects of health services and benefits, and to communicate policies and future plans to important constituencies.

These committees currently include a **Student Health Advisory Committee (SHAC)** chaired by the director, University Health Services. Membership includes UHS leadership, the appointed representatives of student government from the Schools of Medicine, Public Health and Nursing, the house staff council and the SOM postdoctoral association, and respective student affairs and benefit administrators of each of the participating schools and JHSAP. The SHAC meets monthly to discuss and communicate any and all issues affecting health services and benefits, including available services, insurance coverage and premiums, and requests from student bodies regarding benefits.

APPENDIX C

National University Mental Health Services

Types of services, national counseling center data: In the Association for University and College Counseling Center Directors 2015 Annual Survey, 61% of students reported that psychiatric services are offered on their campus, of which 36.3% were housed in the counseling center.[1] Twenty-eight percent of directors reported their centers were administratively integrated with a health service. Some form of tele-psychology was offered by 9.1% of counseling centers, up from 6.6% the prior year. A little less than half of counseling centers nationally do not offer services outside the normal 8 a.m. to 5 p.m. hours. Among those that do, there is an approximately equal spread across how many days per week extended hours are offered. Additional types of services provided nationally are shown in **Table C1**.

Table C1 - Services Offered on College Campuses

	Count	Percent
On-campus services: Personal counseling to all students	503	97.1%
On-campus services: Consultation	471	90.9%
On-campus services: Workshops	444	85.7%
On-campus services: Suicide prevention programming	427	82.4%
On-campus services: Couples counseling	407	78.6%
On-campus services: Therapy groups	367	70.8%
On-campus services: Structured groups	345	66.6%
On-campus services: Sexual assault prevention	281	54.2%
On-campus services: Alcohol and other drug abuse prevention	254	49.0%
On-campus services: Psychiatry	240	46.3%
On-campus services: Sexual assault advocacy	236	45.6%
On-campus services: Career counseling to students	164	31.7%
On-campus services: Psychological testing and assessment	163	31.5%
On-campus services: Individual study skills counseling	127	24.5%
On-campus services: ADHD testing and assessment	117	22.6%
On-campus services: Biofeedback	108	20.8%
On-campus services: Study skills workshops	103	19.9%
On-campus services: Career testing to students	92	17.8%
On-campus services: Teaching (Staff member does not receive additional pay for teaching class)	81	15.6%
On-campus services: Family therapy	77	14.9%
On-campus services: Yoga	70	13.5%
On-campus services: Learning disabilities testing and assessment	61	11.8%

APPENDIX D

[1] Association for University and College Counseling Center Directors. 2015. *The Association for University and College Counseling*

Examples of Student Organizations Promoting Mental Health and Well-being

Homewood Campus

Active Minds – Active Minds at JHU aims to remove the stigma surrounding mental health issues on our campus. By opening safe and supportive dialogues about mental illnesses, mental disorders, and everyday mental health, the group hopes to build a Hopkins where students can learn while being accepted and understood by their peers, and supported by the institution.

Active Minds was founded in 2001 at the University of Pennsylvania and is registered as an independent nonprofit organization, allowing it to grow to encompass over 250 chapters today. JHU's chapter was founded in 2006.

A Place to Talk – A Place to Talk is the student-to-student peer listening group for the Hopkins community. It provides a comfortable environment for student's to discuss anything, from everyday frustrations to serious concerns. Peer listeners are undergraduate students who have been selected and trained in 40 hours of listening skills and crisis intervention through the JHU Counseling Center. During the semester, sessions take place on Sundays through Thursdays from 7 p.m. to 1 a.m.

Bystander Intervention Training (BIT) program – BIT is an interactive, student-facilitated training that aims to engage everyone in preventing gender violence on the JHU Homewood campus. Bystander Intervention Training helps students identify situations of concern, and provides knowledge and tools to encourage safe and successful interventions by training participants to intervene in safe and creative ways, rather than standing aside as a passive bystander.

PEEPs (Preventative Education & Empowerment for Peers) – PEEPs part of a peer health education program designed to provide a setting in which students can discuss and explore health issues. PEEPs are trained to present health information for their peers on a variety of topics such as healthy living, sexual health, nutrition, stress management, and alcohol, drugs, and tobacco.

SARU (The Sexual Assault Resource Unit) – SARU is a student-run advocacy group that supports all survivors of sexual violence and works to dismantle rape culture.

Stressbusters – Stressbusters trains and dispatches volunteer teams of students to provide free five-minute backrubs and health information to other students and staff at campus events, residence halls, organization meetings, and other locations on campus to reduce stress and promote health and wellness.

Yesplus – Yesplus supports the Hopkins campus community with tools to achieve happiness, social connection, and resilience so that students can achieve personal and professional success as compassionate and service-minded leaders of tomorrow. Students are taught how to deal with stress in healthy ways such as proactive approaches to stress-reduction, enhanced social connection, and service-based engagement with community, which can significantly enhance health, happiness, and quality of life for students.

Bloomberg School of Public Health

Student Assembly Quality of Life Committee – This committee organizes periodic town hall meetings, conducts an annual quality of life survey, serves on the school's Deans for Students Network to represent students voice. It solicits regular feedback from students regarding quality of life issues and communicates response and resolution of these issues to students. In addition, it responds to student questions, concerns, and suggestions as appropriate.

School of Medicine

College Advisory Program (CAP) – The College Advisory Program (CAP) is a learning community of students and faculty, dedicated to supporting medical students' professional growth, career development, and well-being. CAP values collaboration, interpersonal connection, and longitudinal advising relationships as the means to support caring attitudes and commitment to excellence in the practice of medicine.

Core elements of CAP include developing a shared understanding of who a student is given prior life, family, school, and work through iterative meetings; ensuring an ongoing dialog about experiences in/around medical school as they reinforce or alter where a student is/needs to be; providing individualized feedback and space to facilitate reflection and self-awareness; monitoring growth across academic and personal domains through a longitudinal, iterative, relationally based lens; and supporting exploration and decision making around career choice.

School of Medicine Medical Students, Student Wellness Initiative (SWI) – The SWI mission is to empower student peers to create and practice their own vision of personal and professional wellness. Formed in 2011, SWI has increased the conversation about mental health, work-life balance, and self-care through regular meetings, hosting wellness workshops, and through the *LiveWell* newsletter.

APPENDIX E

JHU Student Mental Health Survey: Email and Survey Questions

Dear student,

Johns Hopkins University is committed to ensuring the health and well-being of all of its students. The university seeks to instill a culture of care by sending a clear and consistent message about the importance of wellness. We want to promote an environment that encourages healthy choices and supports students in successfully managing situational crisis, stress, and psychological issues.

In the last 5 years, Johns Hopkins, along with campuses across the nation, has seen an increase in demand for mental health services. The university is committed to ensuring that outreach and support programs, policies, and practices regarding student psychological well-being meet the diverse needs of our students and reflect both the current state of scientific knowledge and national best practices. To this end, last spring, we convened a Task Force on Mental Health and Well-Being, consisting of faculty, administrative representatives, and both undergraduate and graduate students from across the university. The task force is assessing the current state of mental health services and resources at Johns Hopkins, canvassing current research on effective strategies for mental health promotion, and benchmarking against best practices at peer institutions. Ultimately, the task force will make recommendations for effective services and interventions that can lead to an enhanced climate of health at Johns Hopkins.

If you are a returning student with at least one year of experience at JHU, we ask that you please fill out the survey below to help us assess both the academic and co-curricular environment on your campus and how elements of them affect the well-being and mental health of our students. Your answers will be recorded anonymously and the information collected will be kept strictly confidential. Completing this survey will help inform the task force's recommendations for practices, services, and policies to help address the issues related to mental health and wellness.

To encourage participation in this important initiative, we will provide 100 randomly selected students who complete the survey with $20 Visa gift cards. If you chose to answer the questions and would like to be included in the gift card raffle, please click the link at the end of the survey to provide your contact information. Your name will be stored in a separate database, so that your responses to this survey will remain anonymous. We will notify raffle winners about how to collect the gift cards on **Thursday, September 22.**

Click on the following link to complete the survey: JHU Mental Health Survey

Thank you in advance for taking time to complete the survey.

Sincerely,

Kevin G. Shollenberger

Vice Provost for Student Affairs

Welcome!

Thank you for participating in the Task Force on Mental Health and Well-being Student Survey.

In March 2016, President Daniels and Provost Lieberman convened a task force to assess the current state of support programs and mental health resources available to students in all schools and make recommendations for effective services and interventions that can lead to an enhanced climate of health on campus. In an effort to better understand the different environments across JHU that affect the well-being and mental health of our students, we ask for your participation in this survey.

Your answers will be recorded anonymously and the information collected will be kept strictly confidential. The survey will take approximately 5 to 10 minutes to complete.

At the end of the survey, you will have an opportunity to enter a raffle to win one of 100 $20 gift cards.

Thank you again for your help as we strive to better support students at JHU.

1. **How often, if ever, were you so overwhelmed or depressed this past academic year that it was difficult to function?**
    a. **Rarely or never**
    b. **Occasionally**
    c. **Often**
    d. **Very often**

2. **How stressful was the following during your previous academic year?**
    a. **Managing the workload for your courses**
        i. **Not a source of stress**
        ii. **Slightly stressful**
        iii. **Moderately stressful**
        iv. **Very stressful**
    b. **Concerns about managing additional commitments (work, research, extracurricular activities)**
        i. **Not a source of stress**
        ii. **Slightly stressful**
        iii. **Moderately stressful**
        iv. **Very stressful**
    c. **Concerns about your finances**
        i. **Not a source of stress**
        ii. **Slightly stressful**
        iii. **Moderately stressful**
        iv. **Very stressful**
    d. **Concerns about your future plans/career**
        i. **Not a source of stress**
        ii. **Slightly stressful**
        iii. **Moderately stressful**
        iv. **Very stressful**
    e. **Maintaining personal relationships (family, friends, significant others)**
        i. **Not a source of stress**
        ii. **Slightly stressful**
        iii. **Moderately stressful**
        iv. **Very stressful**

3. **What time during the academic year creates the highest level of stress or anxiety? Select all that apply.**
    a. **The beginning of a new academic year**
    b. **During mid-term examinations**
    c. **During final examinations**
    d. **Other – please specify**

4. How much do you agree or disagree with the following statements?
    a. I feel like part of a community at Johns Hopkins.
        i. Strongly agree
        ii. agree
        iii. Neither agree nor disagree
        iv. Disagree
        v. Strongly disagree
    b. The university holds enough sponsored events/campus activities to foster a sense of community and/or school spirit.
        i. Strongly agree
        ii. Agree
        iii. Neither agree nor disagree
        iv. Disagree
        v. Strongly disagree
    c. I would feel comfortable approaching the majority of my professors to discuss mental health issues as it relates to assignments/requirements for a particular course.
        i. Strongly agree
        ii. Agree
        iii. Neither agree nor disagree
        iv. Disagree
        v. Strongly disagree
    d. I would feel comfortable approaching at least one university staff member to discuss mental health issues

5. Were you treated by a mental health professional prior to enrolling at Johns Hopkins University for any of the following conditions? Check all that apply.
    a. Academic Stress
    b. Addiction/substance abuse
    c. Anxiety
    d. Attention Deficit Disorder (ADD)
    e. Attention Deficit and Hyperactivity Disorder (ADHD)
    f. Bipolar disorder
    g. Depression
    h. Eating disorder
    i. Gender/sexuality concerns
    j. Race/Cultural Concerns
    k. Self-harm
    l. Sleep difficulties
    m. Social concerns (loneliness/isolation)
    n. Other, please list:
    o. Not applicable, I was not treated prior to enrolling at JHU

6. Were you prescribed medication when you were treated by a mental health professional before enrolling at Johns Hopkins University, were you prescribed prescription medication?
    a. Yes
    b. No
    c. Not applicable

7. During the past academic year, did you ever seek professional counseling outside of JHU?
    a. Yes
    b. No
    c. Not applicable

8. During the past academic year, did you ever seek professional counseling within JHU? (Through the Counseling Center, JHSAP, or University Health Services)?
    a. Yes
    b. No

9. For what condition(s) did you seek professional counseling through the Counseling Center, JHSAP, or University Health Services? Check all that apply.
    a. Academic Stress
    b. Addiction/substance abuse
    c. Anxiety
    d. Attention Deficit Disorder (ADD)
    e. Attention Deficit and Hyperactivity Disorder (ADHD)
    f. Bipolar disorder
    g. Depression
    h. Eating disorder
    i. Gender/sexuality concerns
    j. Race/Cultural Concerns
    k. Self-harm
    l. Sleep difficulties
    m. Social concerns (loneliness/isolation)
    n. Other, please specify:
    o. Not applicable

10. How would you rate the quality of care you received?
    a. Very good
    b. Good
    c. Fair
    d. Poor
    e. Very poor
    f. Not applicable

11. Please answer the following questions related to any professional counseling you received at JHU during the 2015–2016 academic year:
    a. Do you believe your counselor understood the unique challenges you were hoping to address during your sessions?
        i. Yes
        ii. No
        iii. Unsure
        iv. Not applicable
    b. Were you given the flexibility to change counselors if requested?
        i. Yes
        ii. No
        iii. Unsure
        iv. Not applicable

12. What type of support are you most interested in receiving from professional counselors at Johns Hopkins? Check all that apply.
    a. Immediate support during a crisis
    b. Short-term support
    c. Long-term support throughout a semester or year
    d. None of the above
13. How helpful was your school's orientation program in providing information about available resources to address mental health concerns?

a. Very helpful
b. Moderately helpful
c. Slightly helpful
d. Not helpful

14. How helpful were your resident advisors (RAs) were in providing information about available resources to address mental health concerns?
    a. Very helpful
    b. Moderately helpful
    c. Slightly helpful
    d. Not helpful
    e. Not applicable

15. How helpful was your school's Student Affairs or Student Life Office in providing information about available resources to address mental health concerns?
    a. Very helpful
    b. Moderately helpful
    c. Slightly helpful
    d. Not helpful
    e. Not applicable

16. Have you ever seriously considered suicide? Check all that apply.
    a. Yes, prior to enrolling as a student at Johns Hopkins University
    b. Yes, while a student at Johns Hopkins University
    c. Never

If you have had suicidal thoughts or engaged in suicidal behavior, we strongly advise you to contact the Suicide Prevention Lifeline at 1-800-273-TALK (8255)

17. If you were particularly concerned about your mental health, where would you most likely turn for support? Check all that apply.
    a. Faculty members
    b. Friends
    c. Family
    d. Professional counseling services at JHU
    e. Peer leaders or TA's
    f. Student support groups
    g. Student advisors
    h. Staff/administrators
    i. I do not feel comfortable seeking support from others about mental health concerns
    j. Other, please specify:

18. In the previous academic year, did you use prescription medication that was NOT prescribed to you for any of the following reasons? Check all that apply.
    a. Anxiety
    b. Depression
    c. Recreation
    d. Study enhancement
    e. Other
    f. Not applicable

19. In the previous academic year, how often did you use prescription medication NOT prescribed to you?

a. Rarely
b. Occasionally
c. Often
d. Very often

20. If you previously considered scheduling an appointment with a professional mental health counselor at JHU but decided not to, what was the primary reason you did not schedule a meeting? Check all that apply.
    a. Fear of being seen by others entering the facility
    b. Difficulty finding a time that fits within your schedule
    c. Longer than expected wait time for your first appointment
    d. Not wanting to admit there may be a problem
    e. Not believing counseling sessions would help
    f. Not applicable, I have scheduled at least one appointment before with a JHU mental health professional
    g. Not applicable, I have never considered scheduling an appointment with a JHU mental health professional
    h. Other, please explain:

21. What changes would be most beneficial towards addressing the mental health concerns of students? Check all that apply.
    a. Increased access to mental health services
    b. A more open dialogue on campus about mental health
    c. Additional student support groups that understand my specific concerns
    d. More opportunities to socialize and meet new people
    e. Other – please explain:

22. If you have not been satisfied with your experience with the mental health services on campus, please explain how they could improve to better meet your expectations.

23. Please offer any additional comments, recommendations, or experiences that may help the Task Force on Mental Health and Well-Being understand and improve your experience at JHU.

<u>Demographic Questions</u>

1. What is your current gender identity?
    a. Male
    b. Female
    c. Gender Non-conforming
    d. Other
    e. Choose not to disclose

2. Are you transgender?
    a. Yes
    b. No
    c. Choose not to disclose

3. What will be your year in school during the fall 2016 semester?
    a. 1st year undergraduate
    b. 2nd year undergraduate
    c. 3rd year undergraduate
    d. 4th year undergraduate
    e. 5th year or more undergraduate
    f. Graduate – Masters
    g. Graduate – Doctorate
    h. Post-Doc

i. Other, please list:

4. What School will you be enrolled in during the fall 2016 semester? Check all that apply
    a. Krieger School of Arts and Sciences
    b. Whiting School of Engineering
    c. Bloomberg School of Public Health
    d. Carey Business School
    e. School of Advanced International Studies
    f. School of Education
    g. School of Medicine
    h. School of Nursing
    i. Peabody Institute

5. How would you describe yourself? Check all that apply.
    a. White, non-Hispanic
    b. Black
    c. Hispanic or Latino/a
    d. Asian
    e. Pacific Islander
    f. American Indian, Alaskan Native, or Native Hawaiian
    g. Biracial or Multiracial
    h. Other
    i. Choose not to disclose

6. What is your sexual orientation?
    a. Heterosexual
    b. Gay or Lesbian
    c. Bisexual
    d. Questioning
    e. Other
    f. Choose not to disclose

7. Are you a:
    a. US Citizen
    b. US Permanent Resident
    c. International Student (F-1, J-1, etc.)
    d. Other

8. During the 2015–2016 academic year were you a full-time student or a part-time student
    a. Full-time
    b. Part-time
    c. Both
    d. I was not enrolled last year

9. During the 2015–2016 academic year, do you take at least one course in-person on a JHU campus (if you check “no” we will assume you were taking classes entirely on-line).
    a. Yes
    b. No

APPENDIX F

JHU Student Mental Health Survey: Results and Analysis

As part of its deliberations, the task force distributed an online survey in September 2016 via an email from the vice provost for student affairs to registered students across all divisions that host on-campus courses, excluding incoming undergraduate first-year students and transfer students. These populations were not included because many of the questions refer to services on campus that would not have been available to them. The survey collected both quantitative and qualitative data regarding the student experience and found that the issues and concerns identified were consistent across the university divisions.

Survey Design and Distribution:
The online survey was designed by task force members, with consultation from qualitative research faculty. Question content was generated from results of qualitative "listening sessions" held at many divisions of the university in spring 2016 and from task force members. Questions were piloted among students prior to full survey release. The survey (see Appendix E) was distributed by the vice provost for student affairs on September 8, 2016. Students were encouraged to participate by automatically being entered into a raffle to win one of 100 $20 Visa gift cards upon completing the survey.

Student Population and Analytic Methods:
Out of approximately 16,014 students surveyed, 2,260 completed the survey (14.1%). There were 101 responses with missing data on all variables. Another 240 responses (9.75%) were missing over 75% of variables. We excluded students missing all variables or who were not current students. In addition, almost 4% answered only the first question. For the 205 students (8.7%) who were missing all school and demographic variables, we included responses where possible, but excluded them from school or demographic-specific results where data were missing.

We derived some variables by combining answers to separate survey responses. For example, the variable "substance use problems" was created from endorsing question 9b (*sought treatment at JHU in the last year for Addiction/substance abuse)* and endorsing question 18 a through f., (i.e. *use of any prescription medication that was not prescribed to you),* per the definition of prescription drug misuse and abuse by the Substance Abuse and Mental Health Services Administration.[2] We imputed quantitative data from qualitative data in several instances. For example, after reading the text responses, if someone wrote about prior suicidal ideation or behavior as a text response but didn't check that as a symptom, we recoded them as having had that symptom. We also derived composite variables such as trauma, substance use problem, and being a high-risk individual based on both quantitative data and qualitative data. For example, high risk individuals were those who had either experienced suicidality at JHU, trauma, sexual harassment, or some other crisis, or they had either post-traumatic stress disorder or any type of substance use problem, including misuse of prescription drugs.

The proportion of respondents from each school out of the total sample was similar to the distribution across the entire school population **(Table F1)**. The proportion of female and male students in undergraduate, graduate, and professional programs were also similar to the overall school distribution, though more female undergraduates tended to participate **(Table F2)**.

[2] Substance Abuse and Mental Health Services Administration SAMHSA. (2017, October 30). Prescription Drug Misuse and Abuse. Retrieved November 15, 2017, from https://www.samhsa.gov/topics/prescription-drug-misuse-abuse

Table F1. Proportion of survey respondents from each school				
	School Enrollment (N=17,495)		Sample (n=2,260)	
	N	%	n	%
CBS	1787	10%	85	4%
KSAS	4474	26%	674	30%
Peabody	591	3%	59	3%
SAIS	819	5%	90	4%
SOE	2190	13%	127	6%
SOM	1291	7%	182	8%
SON	1343	8%	56	2%
SPH	2100	12%	327	14%
WSE	2900	17%	545	24%
Missing			207	9%
>1 school			84	4%

Note: Students were able to check more than one school; percentages are relative to the number of respondents included in the analysis sample (2260) rather than the total number of responses.

Table F2. Gender distribution							
School Enrollment (N=17,495)				Survey Sample (N=1,981)			
		N	%			N	%
Graduate	Female	6146	35%	Graduate	Female	680	34.3%
	Male	4353	25%		Male	417	21.0%
Professional	Female	240	1%	Professional	Female	32	1.6%
	Male	232	1%		Male	24	1.2%
Undergraduate	Female	3520	20%	Undergraduate	Female	549	27.7%
	Male	3004	17%		Male	279	14.1%

Note: Percentages for survey sample are for cases with complete data on student status and gender (n=1981).

The largest proportion of respondents to the survey were white individuals (48.5%), US citizens (74%), self-identified females (55.9%), and self-identified heterosexual individuals (73.1%). These descriptive statistics can be found in **Survey Tables F3–F6**. As shown in **Figure F1**, the percentage of survey respondents who identified as non-heterosexual (LGBTQ, 13.3%) was far greater than that of the US population of adults ages 18 to 44 who identified as gay or lesbian, bisexual or "something else" (2.5%).

Table F3. Race/Ethnicity		
	N	%
White, non-Hispanic	1095	48.5%
Black	141	6.2%
Hispanic/Latino	152	6.7%
Asian	587	26.0%
Pacific Islander	13	0.6%
Am. Indian/Alaskan Nat/Hawaiian	12	0.5%
Biracial/multiracial	90	4.0%

Other race	37	1.6%
Choose not to disclose	96	4.2%
Missing	210	9.3%
TOTAL	2433	108%

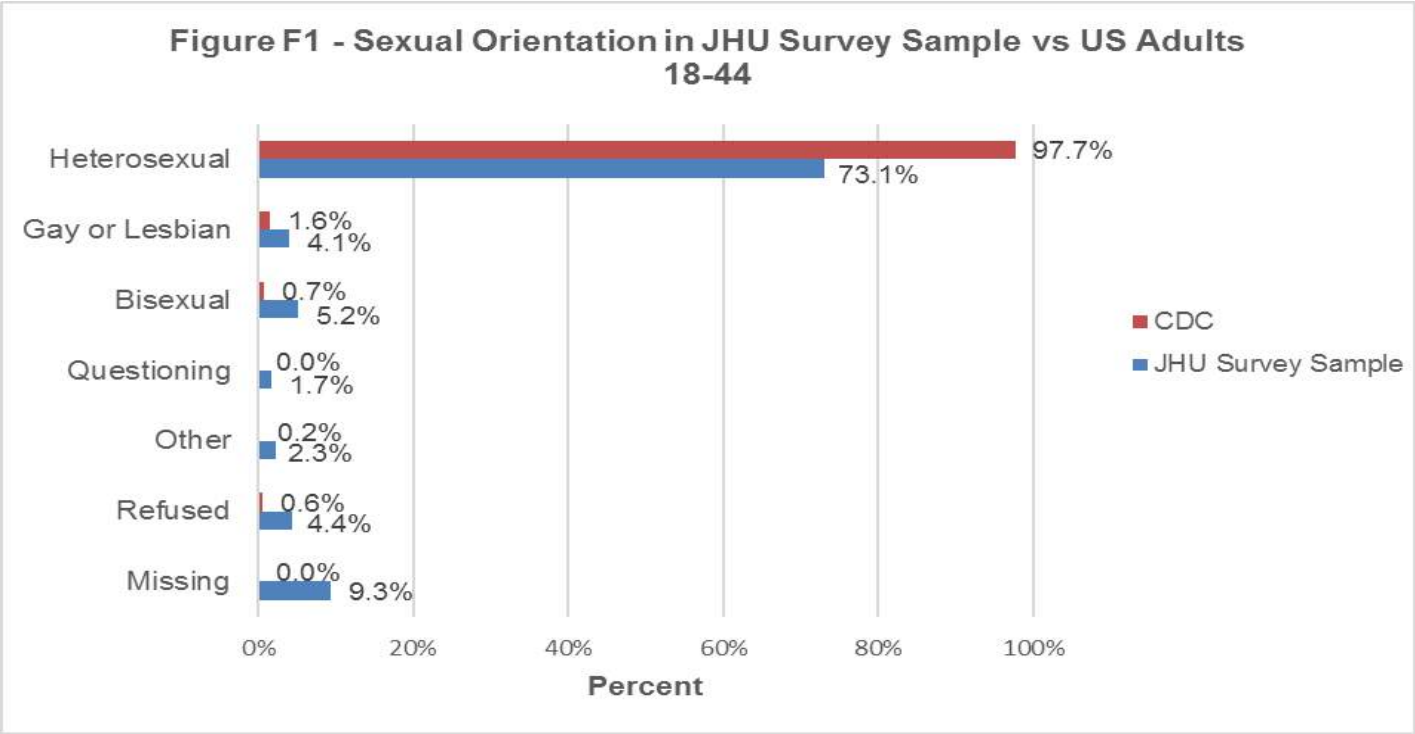
Note: Percentages sum to >100% because respondents were able to choose more than one category

Table F4 – Citizenship		
	N	**%**
US citizen	1672	74.0%
Us permanent resident	53	2.3%
International student	274	12.1%
Other	15	0.7%
Choose not to disclose	36	1.6%
Missing	210	9.3%
Total	2260	100%

Table F5 – Gender Identity		
	N	**%**
Male	724	32.0%
Female	1263	55.9%
Gender non-conforming	14	0.6%
Transgender	8	0.4%
Other	7	0.3%
Choose not to disclose	42	1.9%
Missing	210	9.3%
Total	2268	103%

Note: Table sums to <100% because students were allowed to choose more than one.

Table F6 – Sexual Orientation		
	N	**%**
Heterosexual	1,651	73.1%
Gay/lesbian	93	4.1%
Bisexual	118	5.2%
Questioning	38	1.7%
Other	51	2.3%
Choose not to disclose	99	4.4%
Missing	210	9.3%
Total	2,260	100.0%



US adults sample source: Ward, Brian W., et al. "Sexual orientation and health among US adults: National Health Interview Survey, 2013." (2014). Figures for Questioning and Missing were not reported in the US sample.

While the distribution of school participants was similar to the overall school distribution, certain groups of individuals seemed more likely to participate in the survey. It is probable that individuals who participated were more likely to have had experiences with mental health challenges and interactions with the mental health treatment system. For these reasons, the results and recommendations made in the survey may not be representative of the entire Johns Hopkins University student population. However, they still reflect important issues and needs. Future surveys of the student population should aim to maximize the participation rate and query individuals who were less likely to respond to this survey.

Results:

Mental Health Symptoms and Stressors: Survey participants were asked about conditions for which they sought counseling in the past academic year at JHU as well as their reasons for seeking counseling prior to attending JHU. As shown in **Figures F2 and F3 below**, depression and anxiety were the two most common mental health symptoms for which students sought treatment at JHU (each endorsed by about 14–15% of the sample both prior to coming to JHU and during the past academic year). In the past academic year, the next most common symptoms endorsed by students who sought counseling were stress due to academics (13.3%), suicidal thoughts/behavior (11.5%), social problems (8.7%), and substance use issues (6.7%). Students could report multiple reasons for seeking counseling, so these symptoms estimates are not mutually exclusive.

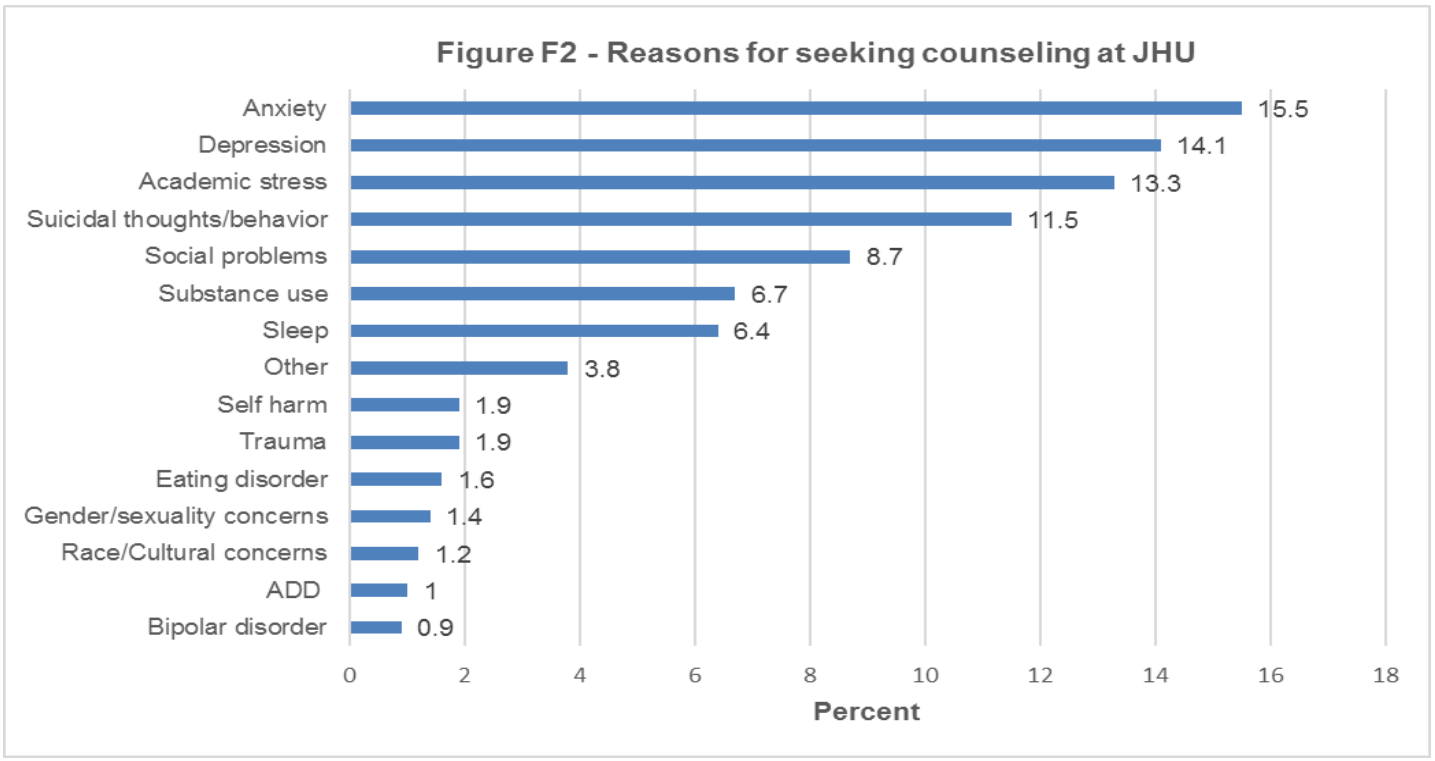


Figure F2 - Reasons for seeking counseling at JHU
Anxiety 15.5
Depression 14.1
Academic stress 13.3
Suicidal thoughts/behavior 11.5
Social problems 8.7
Substance use 6.7
Sleep 6.4
Other 3.8
Self harm 1.9
Trauma 1.9
Eating disorder 1.6
Gender/sexuality concerns 1.4
Race/Cultural concerns 1.2
ADD 1
Bipolar disorder 0.9
0 2 4 6 8 10 12 14 16 18
Percent

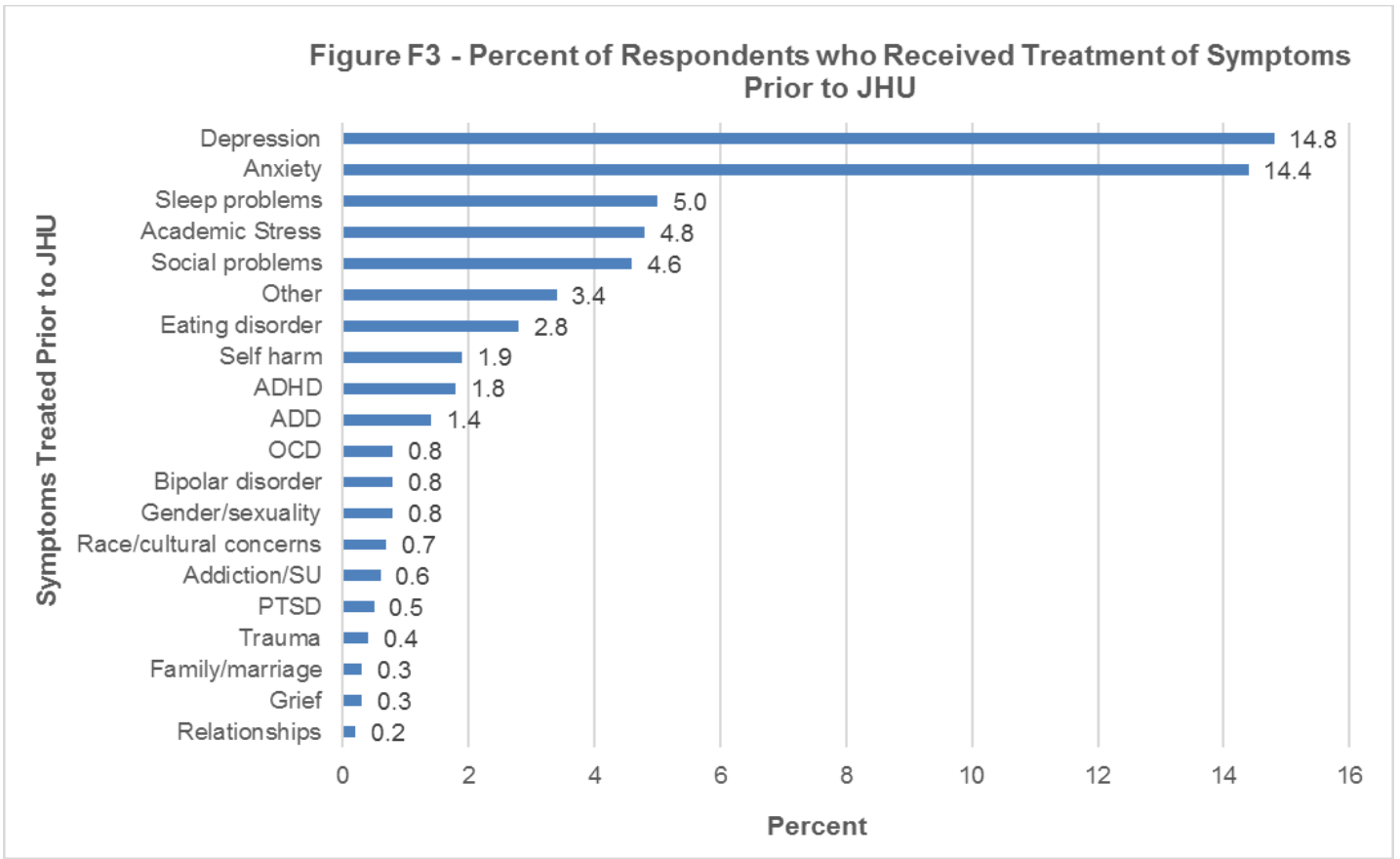


Figure F3 - Percent of Respondents who Received Treatment of Symptoms Prior to JHU
Symptoms Treated Prior to JHU
Depression 14.8
Anxiety 14.4
Sleep problems 5.0
Academic Stress 4.8
Social problems 4.6
Other 3.4
Eating disorder 2.8
Self harm 1.9
ADHD 1.8
ADD 1.4
OCD 0.8
Bipolar disorder 0.8
Gender/sexuality 0.8
Race/cultural concerns 0.7
Addiction/SU 0.6
PTSD 0.5
Trauma 0.4
Family/marriage 0.3
Grief 0.3
Relationships 0.2
0 2 4 6 8 10 12 14 16
Percent

Frequency and reasons for seeking counseling differed by sexual orientation, racial group, division, and undergraduate versus graduate students. A minority of the sample (25.8%) reported having sought counseling prior to coming to JHU, while 31.7% reported seeking counseling in the past year, either within or outside of JHU. Of those who sought counseling in the past year, 72% sought counseling within JHU. LGBTQ students reported frequency of seeking counseling at JHU (40%) on par with individuals who had sought counseling prior to attending JHU; however only 40% of LGBTQ students had previously sought therapy, while 45% of those who were currently in treatment had received treatment previously.

Black and multiracial individuals were more likely to report feeling too overwhelmed to function (75%), and American Indian individuals more likely to report seeking counseling for anxiety (25%) or sleep issues (17%). Multiracial individuals were more likely to report seeking treatment for depression (22%), social concerns such as loneliness or isolation (19%), or substance use disorder treatment or misuse (12%). American Indian individuals were also more likely to be a "high risk" group (42%), meaning they had either experienced suicidality, trauma or sexual harassment, or some other crisis, or they had experienced or been treated for other post-traumatic stress disorder or a substance use disorder. As some of these subgroups contained very few people, these estimates may not be representative of those of the whole student population but warrant further attention. Reasons for seeking counseling and feeling overwhelmed by division and graduate versus undergraduate are shown in Tables **F7-F9**, while distributions by race, sexual orientation and gender are in **Tables F10 and F11, and Figure F4**.

Table F7 – Treatment / Symptoms by School, All Students (%)

Symptom	CBS n=73	KSAS n=623	Peabody n=50	SAIS n=88	SOE n=124	SOM n=157	SON n=53	SPH n=310	WSE n=486
Overwhelmed feeling/depression	63%	77%	72%	61%	63%	73%	76%	74%	59%
Anxiety	1%	23%	24%	8%	2%	26%	24%	17%	10%
Depression	1%	23%	14%	7%	3%	22%	15%	14%	10%
Academic stress	1%	21%	6%	6%	3%	17%	19%	14%	11%
Suicidal thoughts at JHU	7%	21%	18%	0%	5%	13%	6%	10%	7%
Social concerns (loneliness/isolation)	0%	15%	14%	2%	1%	12%	19%	6%	6%
Substance use problems	5%	11%	6%	4%	7%	6%	0%	0%	6%
Sleep	0%	10%	6%	3%	1%	9%	7%	8%	4%
High risk	12%	28%	25%	1%	13%	21%	11%	15%	12%

Note: Table excludes students who endorsed attending more than one school (n=84).

Table F8 – Grad Students: Treatment/symptoms by school (%)

Symptom	CBS n=67	KSAS n=108	Peabody n=20	SAIS n=84	SOE n=104	SOM n=145	SON n=48	SPH n=297	WSE n=230
Overwhelmed feeling/depression	64%	80%	80%	62%	65%	73%	75%	75%	54%
Anxiety	2%	32%	20%	8%	3%	28%	23%	18%	6%
Depression	2%	31%	10%	7%	4%	23%	13%	15%	7%
Substance use problems	6%	7%	10%	0%	7%	6%	0%	5%	2%
High risk	12%	23%	20%	1%	14%	21%	8%	15%	7%
Suicidal thoughts at JHU	6%	18%	10%	0%	5%	13%	2%	10%	4%
Self-harm	2%	3%	0%	0%	1%	2%	2%	2%	0%

Sleep difficulties	0%	16%	0%	0.04%	1%	10%	6%	8%	3%
Academic stress	2%	29%	5%	5%	4%	18%	17%	15%	7%
Social concerns	0%	19%	10%	2%	1%	13%	16%	6%	3%
Gender/sexuality concerns	0%	3%	0%	0%	0%	3%	2%	0%	0%
Race/cultural concerns	0%	1%	0%	0%	0%	3%	0%	0%	0%

Note: Table excludes students who endorsed attending more than one school (n=84).

Table F9 – Undergraduates: Treatment/Symptoms by School (%)

Symptom	KSAS (n=514)	WSE (n=226)	Peabody (n=30)
Overwhelmed feeling/depression	76%	66%	67%
Anxiety	22%	16%	27%
Depression	22%	14%	17%
Substance use problems	12%	9%	0%
High risk	30%	18%	27%
Suicidal thoughts at JHU	22%	11%	23%
Self-harm	4%	3%	3%
Sleep difficulties	9%	6%	10%
Academic stress	19%	16%	7%
Social concerns	14%	9%	17%
Gender/sexuality concerns	3%	2%	3%
Race/cultural concerns	3%	0%	3%

Note: Table excludes students who endorsed attending more than one school (n=84).

Most students reported feeling at least occasionally so *overwhelmed or depressed* during the previous academic year that it was difficult to function. This estimate also differed by subgroups within the sample. Populations more likely to report this were individuals who had sought counseling prior to coming to JHU (83%), LGBTQ students (82%) and female students (76%) **(Table F10)**.

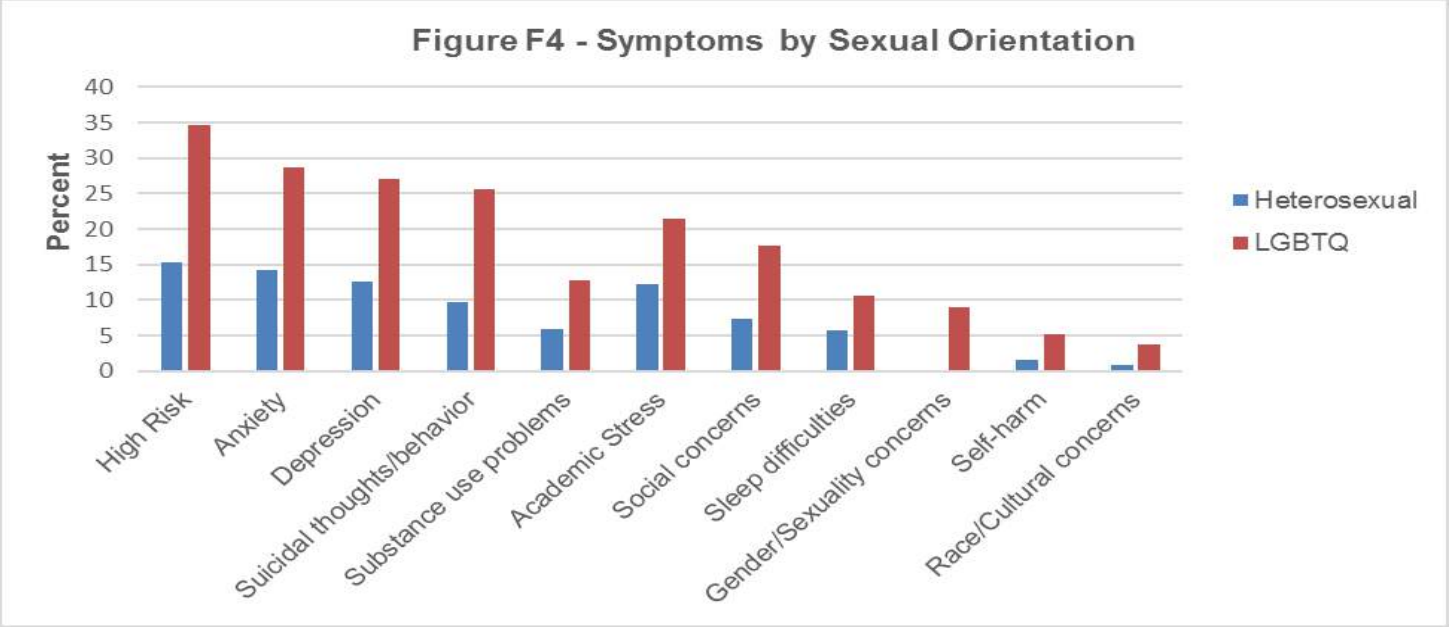
Table F10 – Symptoms by Population Group

Question: How often, if ever, were you so overwhelmed or depressed during the previous academic year that it was difficult to function?

Group	Percent of Students who responded "occasionally" or more
Individuals who sought counseling prior to JHU	83%
LGBTQ	82%
Female	76%
Undergraduate	72%
Non-US citizen/resident	71%
Graduate	69%
US citizen/resident	69%
Heterosexual	67%
Male	57%
Professional	53%

Table F11. Symptoms By Race/Ethnicity (%)								
Symptom	**White (n=1095)**	**Black (n=141)**	**Asian (n=584)**	**Hispanic (n=152)**	**Pacific Isl (n=13)**	**AmInd (n=12)**	**Multirace (n=89)**	**Other (n=37)**
Overwhelmed feeling/depression	68%	75%	70%	76%	62%	42%	75%	62%
Anxiety	19%	16%	12%	15%	23%	25%	21%	22%
Depression	17%	16%	12%	15%	23%	17%	22%	11%
Academic stress	14%	18%	13%	18%	31%	17%	19%	14%
Suicidal thoughts/behavior	13%	12%	12%	13%	15%	17%	13%	14%
Social concerns (loneliness/isolation)	11%	12%	8%	11%	7%	17%	19%	11%
Substance use problems	8%	4%	7%	10%	7%	8%	12%	8%
Sleep difficulties	7%	9%	5%	9%	0%	17%	14%	11%
High risk*	20%	17%	16%	22%	24%	42%	31%	19%

**High risk individuals were those who had either experienced suicidality at JHU, trauma, sexual harassment, or some other crisis, or they had either post-traumatic stress disorder or any type of substance use problem, including misuse of prescription drugs.*



Graduate, professional, and undergraduate students differed in terms of the types of stressors **(Figure F5)** and timing they reported, though they all reported midterm or final exams being a time of high stress **(Table F12)**. Some stressors, such as doctoral research deadlines, were not queried, but were reported by students in answers to the open-ended questions, indicating that future surveys should gather quantitative data on these issues in order to better understand challenges. As illustrated by Figure 5, "future planning/career" and "managing course workload" were the two highest reported sources of stress for undergraduate students.

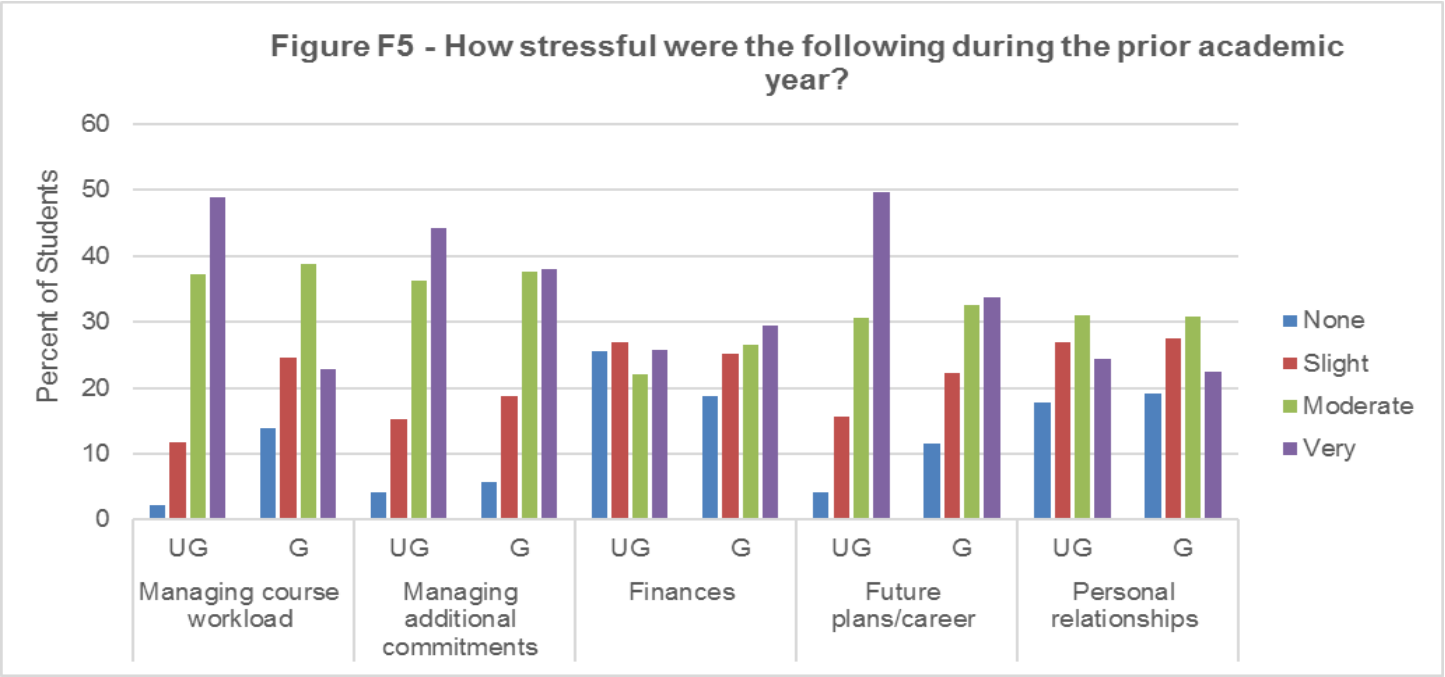
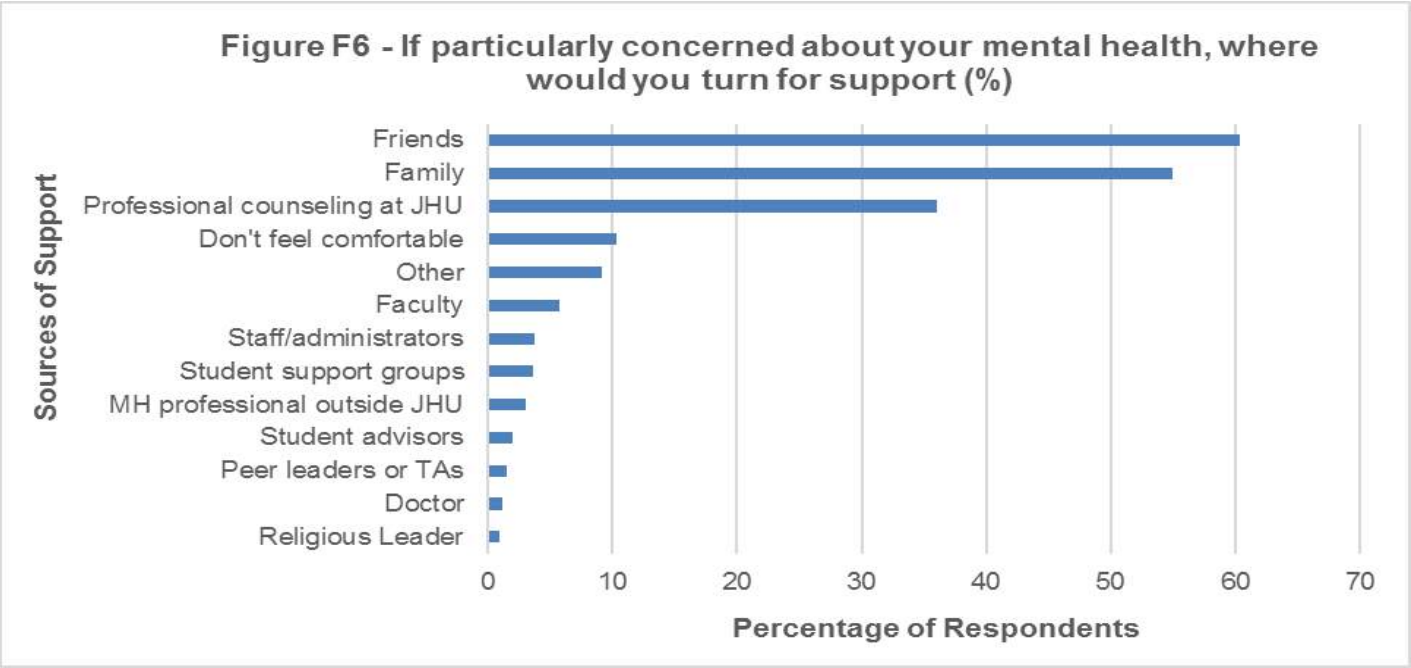


Table F12 - Times of Highest Stress Level during Academic Year (%)				
Time	**Overall**	**Among grad students**	**Among professional students**	**Among undergrad students**
Beginning of new academic year	25%	27%	23%	22%
During mid-term exams	43%	27%	32%	66%
During final exams	57%	55%	60%	59%
Other	18%	23%	17%	11%

Treatment, Services, Support: The vast majority of students reported they would turn to friends (60.4%) or family (54.9%) for support if they were concerned with their mental health **(Figure F6)**. Thirty-six percent (36%) stated they would turn to a professional counseling at JHU. Other sources of support included faculty (5.7%), staff or administrators (3.8%), student support groups (3.7%). Students could select more than one type of support system.



Students provided feedback on what type of support they are looking for from service providers (the Counseling Center, JHSAP, or UHS-MH) and what their experiences of care were. **Tables F13** and **F14** summarize support duration desired across schools and the perception of the quality of care received. **Table F15** summarizes perception of quality by demographic groups.

Table F13 - Support duration desired from service providers across schools (%)

	CBS n=85	KSAS n=674	Peabody n=59	SAIS n=90	SOE n=127	SOM n=182	SON n=56	SPH n=327	WSE n=545
Want immediate support	23.5%	38.3%	42.2%	30.1%	19.7%	35.7%	30.4%	35.5%	30.1%
Want short term support	27.1%	34.3%	37.8%	30.3%	28.3%	39%	35.7%	34.6%	30.3%
Want long term support	34.1%	59.3%	37.8%	42.9%	39.4%	59.3%	48.2%	56.3%	42.9%

Table F14 - Perception of quality of care across schools among students who have used JHU services (%)

	CBS	KSAS	Peabody	SAIS	SOE	SOM	SON	SPH	WSE
Quality of care good or very good	33.3%	60.5%	78.6%	58.3%	66.7%	71.7%	66.7%	68.2%	66.2%
Felt understood by counselor	75%	69.6%	78.6%	36.4%	50%	78%	72.2%	74.2%	71.4%
Given flexibility to change counselors	50%	60.5%	44.4%	20.0%	50%	41.7%	41.7%	57.4%	56.1%

Note: Sample size varied by question; percentages represent proportion of "yes" responses among students who answered "yes", "no" or "unsure."

Table F15 - Perception of quality of care from service providers by demographic groups among those who have used JHU services (%)			
	Good/Very Good Quality of Care	**Felt Understood by Counselor**	**Flexibility to Change Counselors**
Individuals who sought counseling prior to JHU	61.8%	69.6%	55.5%
Heterosexual	65.4%	70.9%	54.8%
LGBTQ	61.2%	67.8%	53.6%
White	65.6%	72.8%	50.5%
Black	80%	75%	63.2%
Latino	71.9%	75%	64.3%
Asian	61.7%	70%	57.1%
Other	57.1%	62%	55.6%

Note: Sample size varied by question; percentages represent proportion of "yes" responses among students who answered "yes", "no" or "unsure"

Qualitative analysis highlighted mixed feelings regarding students' experiences with JHU mental health services. While some students expressed very positive statements highlighting how JHU services helped them, other students did not feel their needs were met. Although the quantitative data suggests on average students were satisfied with JHU mental health services, qualitative comments tended to be more critical of JHU services. The sample quotes below illustrate some of the key issues. Students reported wanting better continuity and flexibility of care, clear information about what services are available, and long-term options for care. Some students reported frustrations with making an appointment and others felt that the counselors were not well-equipped to deal with all mental health issues.

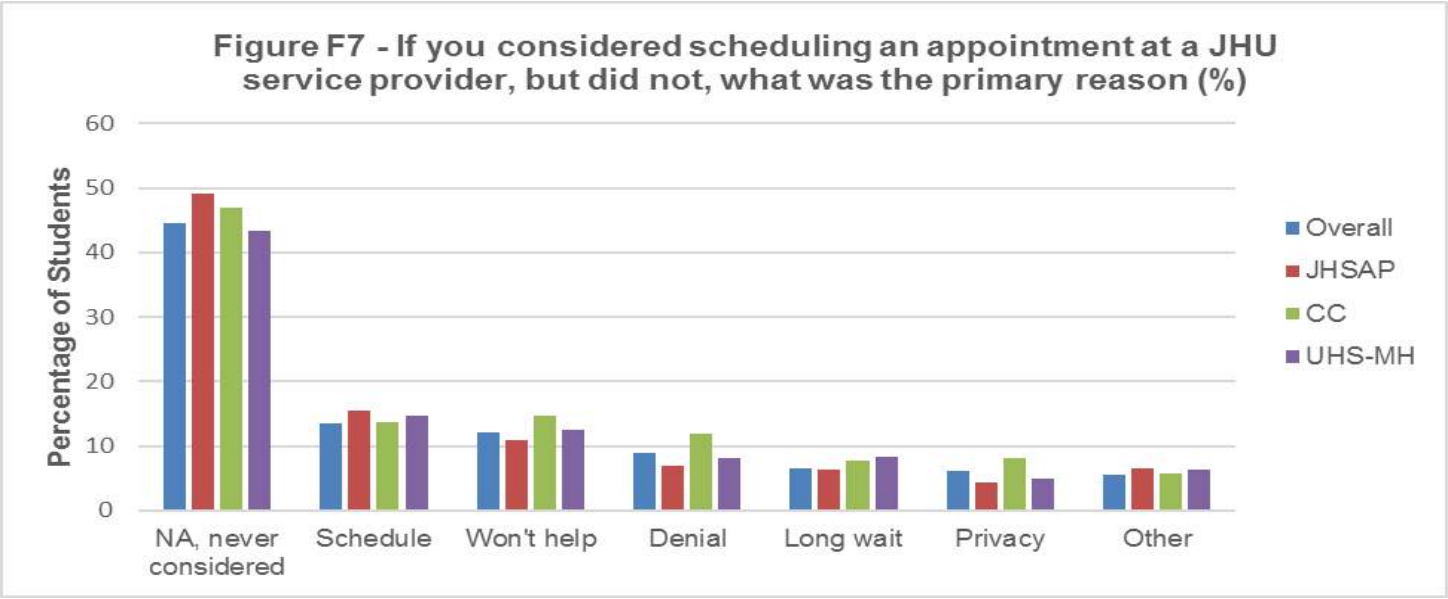
Box F1 - Select Qualitative Responses from the JHU Student Mental Health Survey

"There should be better continuity/flexibility of care for people who seek help within the JHU system"

"It would be helpful to have clear information about what services are available"

"Contacts for providers outside the JHU system if long-term counseling is needed..."

Barriers to Treatment, Knowledge of Services: The most common reasons for not scheduling a mental health appointment at JHU were issues with scheduling, perception that treatment will not help, denial about needing treatment, the long wait between making an appointment and being seen, and privacy concerns. These barriers were similar across the three treatment settings **(Figure F7)**.



The following quotes below speak to these barriers:

Box F2 - Select Qualitative Responses from the JHU Student Mental Health Survey

"...adding an appointment to my schedule would make me more stressed out..."

"...don't have the energy or motivation to figure out how to make an appointment"

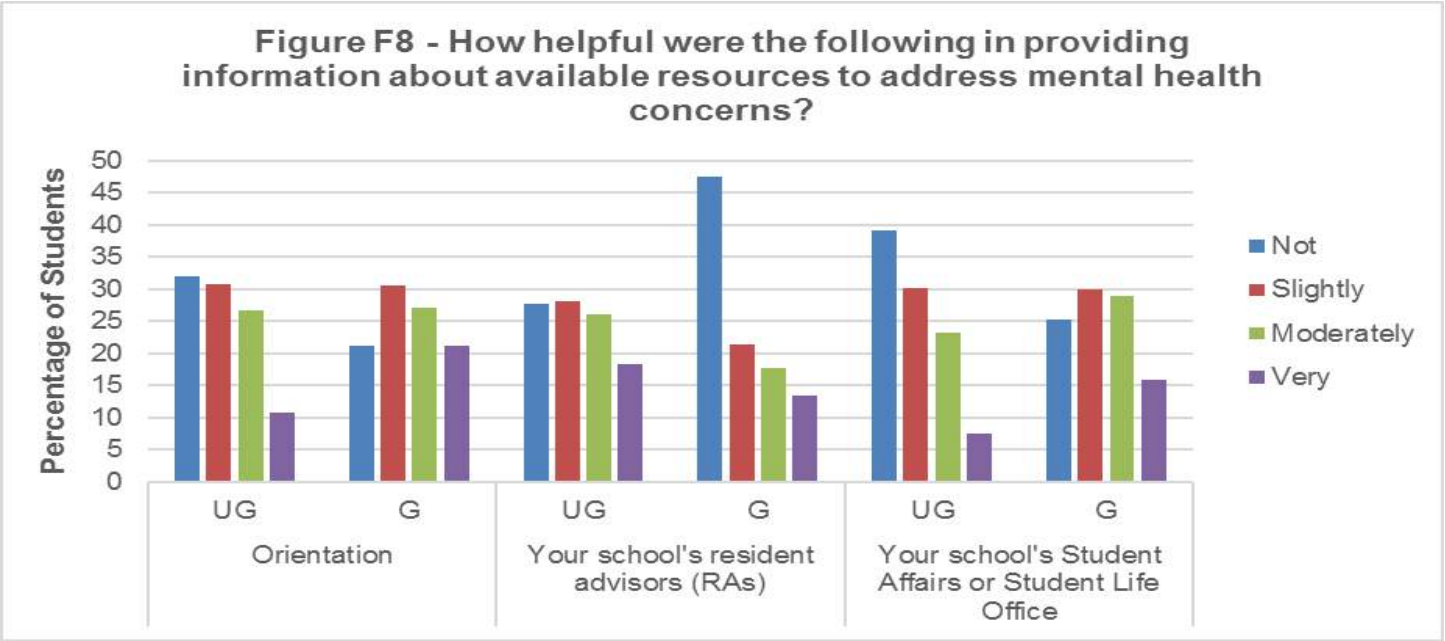
"...they did not take me seriously when I reached out for help"

"I was told...students with pre-existing mental health conditions need to seek services from the community"

"...misconceptions about how medications do or don't work, what treatments are available, and what students can expect when they seek help."

"confidentiality issue...fear of reprisal at work...possible associated potential revenge"

Limited knowledge of services was another important barrier to receiving treatment. Most students felt that orientation, RAs, and Student Affairs were either slightly helpful or not helpful in providing information about available resources to address mental health concerns, highlighting the need for more effective methods of advertising services **(Figure F8)**.



The following quotes highlight this gap in knowledge about services, despite students being exposed to it one or more times.

Box F3 - Select Qualitative Responses from the JHU Student Mental Health Survey

"I didn't know where/what the JHU services were…I was afraid I wouldn't be able to afford it"

"…I was afraid if I told anyone, they would throw me into the hospital involuntarily…"

Crises, Emergencies, Trauma, Substance Use: When we asked students whether they had ever seriously considered suicide, we found that almost 30% of undergraduates, about 25% of professional students, and over 15% of graduate students reported ever having considered suicide. Most of these individuals reported considering suicide prior to attending at JHU as well as at JHU, 6.7% of respondents also reported experiencing suicidality for the first time at JHU. Importantly, a small number of individuals mentioned engaging in self-harm in their qualitative responses **(Figure F9)**. Furthermore, 1–4% of students reported experiencing a trauma, 5–9% reported substance abuse treatment or misuse of prescription drugs, and 15–22% of students were considered high risk students **(Table F16)**.

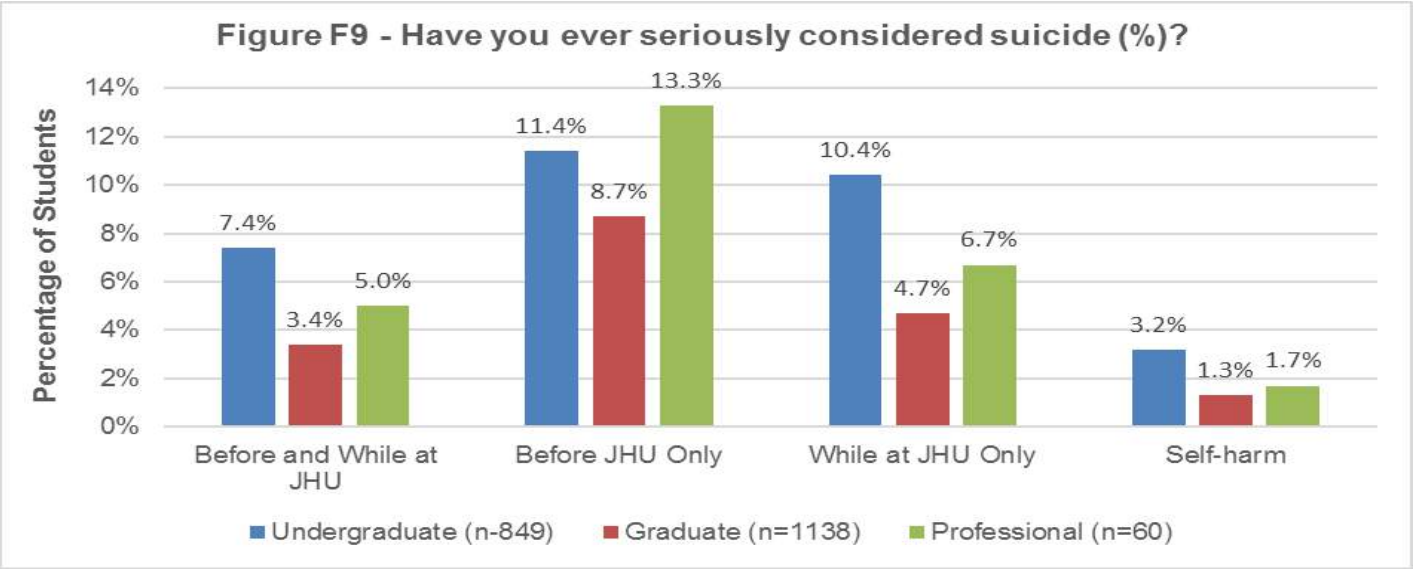


Table F16 - Prevalence of High Risk Individuals, Behaviors, Experiences (%)			
	JHSAP (n=908)	**Counseling Center (n=1232)**	**UHS-MH (n=559)**
High risk*	15%	22%	17%
Suicidal thoughts/behaviors	9%	15%	10%
Substance abuse/misuse	9%	8%	5%
Experience of trauma	3%	1%	4%

**High risk individuals were those who had either experienced suicidality at JHU, trauma, sexual harassment, or some other crisis, or they had either post-traumatic stress disorder or any type of substance use problem, including misuse of prescription drugs.*

Given these high-risk situations, there is a crucial need for crisis and emergency response systems. While some individuals had a very positive experience receiving support during a crisis, other students reported not having the help they needed. Quotes reflecting both these experiences are listed below.

Box F4 - Select Qualitative Responses from the JHU Student Mental Health Survey

"When I was faced with a family crisis...I was extremely happy with the help from Student Affairs..."

"...used the on-call services once during a serious crisis...it was immensely helpful....the Counseling Center and the Dean's Office helped me take time off to address my mental health...successfully return to school..."

"...I would get in more trouble for underage drinking than help."

"Crisis support ... did not show concern...basically hung up on me."

"The emergency mental health services phone number directs to a general security office...this is a slap in the face..."

"After a student at school died by suicide, there was no information available about grief counseling..."

Special Populations and Issues: While the survey did not attempt to systematically oversample specific subpopulations, answers to the survey's open-ended questions make it clear that special populations should be surveyed in greater depth to understand the challenges they face and how to better support them. The quotes below speak to issues of stigma,

disability, and violence against racial and sexual minorities. In some cases, students reported that they did not know how to get care, chose not to seek care, or received poor quality of mental health care at JHU due to incomplete information about services, concern about coerced care, or lack of training by mental health professionals in dealing with culturally diverse populations.

Box F5 - Select Qualitative Responses from the JHU Student Mental Health Survey

"They need to be better trained in LGBTQ issues..."

"I don't feel like I could email a professor and say 'I can't come to class today because my depression is flaring up'...having a more open dialogue between professors and students about the validity of mental illness would help to legitimize the issues many students experience."

"We need to create a culture on campus where people can openly talk about mental health and rape culture"

"I wish someone had told me about Student Disability Services and how to document my mental health issues...my life would have been easier..."

"There needs to be more attention placed on intersectional identities...having more counselors who are representative of minority students...can meet the needs of students facing more than one facet of oppression...a lot of faculty members do not understand my experience or current events that may affect my general ability to concentrate, focus, and perform well in my classes...[issues of police brutality, violence against QTPOC across the country, and general xenophobia]..."

Students' Recommendations and Positive Feedback: When asked directly, the majority of respondents (52%) agreed that a more open dialogue about student mental health on campus would be beneficial toward improving student mental health at JHU. Many respondents also endorsed increasing access to mental health services (44%), having more opportunities to socialize (36%) and having student support groups for specific concerns (23%). The quantitative data reflected that the majority of students were satisfied with the care they received, as described earlier; yet, much of the free text responses highlighted challenges or critiques. It is also important to note that many students reported extremely positive experiences with the JHU mental health system in their free text. A few examples are listed below.

Box F6 - Select Qualitative Responses from the JHU Student Mental Health Survey

"...I have had very positive experiences with the mental health care at JHU...therapist at the counseling center truly saved my life..."

"I tried medication...it worked well...my psychiatrists have been very responsive...my counselor was excellent."

"I can't thank UMH enough for the support that I received, and for improving my quality of life."

APPENDIX G

JHU Undergraduate Alcohol and Alcohol Amnesty Policy

The following policy changes and additions are based on the recommendations of the Alcohol Strategy Working Group and its student subcommittee. The work of the group was to make recommendations that create and sustain an environment and culture of individual and organizational responsibility around alcohol consumption in order to minimize incidents of excessive and dangerous consumption. The group's recommendations were released to the community, and further enhanced and improved by student engagement and feedback. A number of the recommendations were made with respect to increased awareness and education. However, the following focuses on changes and additions to university and Homewood Student Life policies regarding party registration for off-campus residences, an amnesty policy and clarification of sanctioning for individual alcohol policy violations

All students and recognized student groups/organizations must comply with all Johns Hopkins University and Homewood Student Life alcohol and drug related policies.

Alcohol/Drug Related Policies/Restriction on Use of Hard Alcohol

Consistent with current Homewood Student Life policies, only beer and/or wine may be served at parties. In particular, no "hard alcohol" (i.e. alcohol that is 30 proof or higher) may be provided or served at parties.

Responsibility for violations of this policy

Individuals who violate this policy will be held responsible under the Student Conduct Code. Additionally, recognized student groups/organizations can be held accountable when members of the student group or organization violate this or other university policies. For student groups or organizations, possible sanctions include but are not limited to: a warning, probation, suspension, or de-recognition. For more information, see the Student Conduct Code.

Amnesty Policy

Note: The Amnesty provision described in this section applies beyond the confines of the off-campus party registration policy and is intended to encourage all students to immediately seek necessary medical attention or assistance for themselves or others in need.

To encourage students to immediately seek necessary medical attention or assistance for themselves or others in need, the University will not impose disciplinary action for a violation of student alcohol or drug policies against individual students or Recognized Student Groups/Organizations when they report to or seek assistance from the University or law enforcement for a medical emergency or condition, or against the student who is subject of such medical emergency or condition, if: (1) the University determines that the violation occurred during or near the time of the alleged medical emergency or condition; (2) the student or Recognized Student Group/Organization is determined to have made the report or sought assistance in good faith; and (3) the University determines that the violation was not an act that was reasonably likely to place the health or safety of another individual at risk. However, repeated or serious medical emergencies arising from or in connection with Parties may result in disciplinary action against students and/or Recognized Student Groups/Organizations under applicable procedures.

This amnesty does not preclude disciplinary action for other violations of applicable policies including but not limited to the University Sexual Misconduct Policy and Procedures, and applicable student codes of conduct. Further, it does not preclude action by local, state and federal authorities.

In order for amnesty to apply, a student must agree to timely completion of any recommended alcohol and other drug educational requirements, assessment, treatment (depending on the level of concern for student health and safety), and/or other corrective measures. Similarly, Recognized Student Groups/Organizations must agree to implement any measures for responsible hosting of Parties in a timely manner, and to complete any recommended educational and training requirements and/or other corrective measures. Typically, the student and/or Recognized Student Group/Organization will first attend a mandatory meeting with a staff member of the Homewood Office of Student Life.

This meeting is not considered a part of the disciplinary process, but rather an opportunity to discuss corrective measures around the student's and/or Recognized Student Group's/Organization's decisions related to alcohol or other drugs. Repeated or serious incidents will result in additional corrective measures from the Homewood Office of Student Life. A failure to complete any corrective measures may result in disciplinary action against students and/or Recognized Student Groups/Organizations, up to and including revocation of recognition as a University recognized student group or organization.

A failure to seek assistance for a member of our community in medical need may have serious and lasting consequences for that individual. Disciplinary sanctions will be severe for any student and/or student group/organization who interfere with an individual's attempt or ability to take responsible action.

Sanctions and Corrective Actions

Note: The sanctions and corrective actions described in this section apply beyond the confines of this policy to all students, whether on or off-campus when they are found in violation of Student Life alcohol policies This section further clarifies the sanctions listed in the Student Conduct Code.

Individual-level Actions

Progressive Sanctioning

The university has adopted a progressive sanctioning process for student conduct code violations and this Policy is in accordance with that process. Depending on the nature of the alcohol policy violations, students may be required to participate in a mandatory meeting with staff member(s) from Homewood Student Life and/or Residence Life. The sanctions below apply to violations of all applicable alcohol policies, including this Policy. The University reserves the right, at its discretion, to impose more stringent or different sanctions depending on the facts and circumstances of a particular case. Further, consistent with the student conduct process, this Policy does not limit the University's authority to impose disciplinary sanctions, up to and including expulsion, in cases where a student is charged with violating student conduct policy and/or other University policy in addition to a violation of this Policy. Violations of this Policy will be addressed through the Homewood Student Life disciplinary procedures.

1st Minor Alcohol Violation: Formal Written Warning

Student is officially notified in writing that his or her actions constitute a violation of University policies.

2nd Minor or 1st Major* Alcohol Violation: Probation

Student is notified that his or her status with the University for a specified period of time is such that further violations of any applicable University policies will result in his or her being considered for a "higher level" sanction including suspension or expulsion from the University. If at the end of the specified time period no further violations have occurred, the student is removed from active probationary status.

3rd Minor or 2nd Major* Alcohol Violation: Deferred Suspension

In some cases, a sanction of suspension may be deferred for a specified period. This means that, if the student is found responsible for any violation during that period, he or she will be subject to suspension in addition to the disciplinary action appropriate to the new violation.

4th Minor or 3rd Major* Alcohol Violation: Suspension or Expulsion

Student is notified that he or she is separated from the University for a specified period of time. Students who are suspended must leave campus within the time prescribed by the University. Permission must be granted by the University before a student will be permitted to re-enroll. If the decision to suspend a student is made, imposition of the suspension may be delayed until the following semester at the discretion of the University, if the decision occurs very late in the semester.

**Major Alcohol Violations involve excessive and high-risk alcohol consumption that endangers the health, safety, or welfare of oneself or others.*

Corrective Measures

The university reserves the right, in its discretion, to impose additional or different corrective depending on the facts and circumstances of a particular case.

Minor Violations: Corrective measures include but are not limited to one or more of the following: educational intervention programs; reflection papers; parental/family notification (see below); and/or, notification to coaches (for members of athletic teams).

Major Violations or Repeat Minor Violations: Corrective measures include but are not limited to one or more of the following: parental/family notification and consultation (see below); notification to coaches (for members of athletic teams); educational intervention programs; referral to the Homewood Counseling Center; and/or completion of a treatment program prior to return from period of suspension.

Organization-Specific Sanctions

Parent or Family Notification for Alcohol Violations

Consistent with the Family Educational Rights and Privacy Act (FERPA), parents or legal guardians may be notified that their student was found responsible for disciplinary violation(s) of applicable law or policies governing the use or possession of alcohol or controlled substance(s) with respect to any such use or possession if the student is under the age of 21 at the time of disclosure to the parents, and/or whenever the university, in its discretion, determines such notification is necessary for the purpose of the health or safety interests, and/or as otherwise permitted by applicable law. Notification generally takes place via phone call within 48-72 hours once the determination of responsibility has been made. It is strongly recommended that students inform their parents of all incidents of conduct violations.

APPENDIX H

Suicide Prevention Programs and Training Programs

Prevention Programs

Suicide prevention strategies are of critical importance for college campuses. Many suicide prevention models are available and in place across national academic settings. The most commonly used models among counseling centers can be found in **Table H1**. As an example of secondary/tertiary prevention, the Counseling Center uses an evidence-based Suicide Tracking System for the assessment and management of its suicidal clients. This system incorporates the Collaborative Assessment and Management of Suicidality (CAMS).

Table H1 – Most Commonly Used Suicide Prevention Models

Suicide prevention protocols across counseling centers	Count	Percent
QPR	169	30.2%
Campus Connect	47	8.4%
Ask Listen Refer	29	5.2%
Applied Suicide Intervention Skills Training (ASSIST)	23	4.1%
At-Risk for University and College Faculty (Kognito)	46	8.2%
Mental Health First Aid	66	11.7%
Collaborative Assessment and Management of Suicidality (CAMS)	38	6.8%
Locally developed models	108	19.3%
Other	36	6.4%

Reetz, D.R., Krylowicz, B., Bershad, C., et al. 2016. *The Association for University and College Counseling Center Directors (AUCCCD) Annual Survey, Reporting period: September 1, 2014 through August 31, 2015.* Aurora, IL: The Association for University and College Counseling Center Directors.

A query of the National Registry of Evidence Based Programs and Practices (NREPP; http://www.samhsa.gov/nrepp) shows only one prevention program tailored to university adults with documented efficacy. Problem Solving Therapy (PST), a brief psychosocial treatment, has been shown efficacious for treatment and prevention of depression and depressive symptoms and promotion of personal resilience in this age group. Other programs with demonstrated prevention efficacy can be seen in **Table H2**, although these are not registered in NREPP, or are not annotated specifically to University students.

Table H2 – Prevention Programs with Evidence from Controlled Trials

	Universal Prevention	Selective/Indicated Prevention
Depression/Suicide	Interactive Screening Program	Cognitive Behavioral Therapy (CBT) Dialectical Behavior Therapy (DBT) Problem Solving Therapy Mindfulness CBT
Alcohol/Drugs		BASICS Therapeutic Education Systems Computerized screening and motivational intervention (ASSIST/MBIc)
Sexual Violence		RealConsent DATE

The ISP provides an anonymous, web-based method of outreach that starts with a brief, confidential online Stress & Depression Questionnaire. Each organization decides who to target through the program, and these individuals receive an email invitation sent from a designated official. The email contains a link to the organizations' customized ISP website which further explains the program and provides participants an opportunity to sign up with a self-assigned User ID and password.

At the end of the questionnaire, participants are asked to provide an email address so that they can be notified when a counselor has prepared a personalized response and posted it to their attention on the program website. Participants are assured that their email address will be encrypted into the computer system to protect their identity, and will not be made available to anyone, including the counselor who will be responding to them.

The ISP is a relatively low cost method of identifying individuals at risk and encouraging them to get treatment. Participating program sites pay an annual program fee, and also provide the clinical personnel who perform the online and in-person services offered by the ISP. The resources listed in the following table and described below are needed for successful program implementation.

Table H3 – Resources Required for Successful ISP Implementation

SERVICES	SERVICE DESCRIPTION	SERVICE FEE
ISP site development and program implementation	• Designated AFSP program staff develop the ISP website that is customized for organization or institution and protected by a secure sockets layer (SSL) certificate. • AFSP program staff provide remote counselor training in use of all program functions, including data reports to program counselors and related personnel, as identified by the organization or institution implementing ISP.	$5,000.00 (one-time fee)
Annual ISP license	• The annual license fee of $5,000 in the initial year and $5,000 in subsequent years covers the following costs: • ISP access: Unlimited access to the ISP website through the program term • Website hosting: ISP website hosting services including the domain registration and renewal and the SSL certificate registration and renewal • Technical support: Ongoing technical support and assistance with website functioning throughout the program term • Ongoing training: AFSP trains the counseling staff in all website procedures. Although the primary training occurs in the initial year of implementation, AFSP will periodically update local staff on any new program features or provide training for new staff. • Monitor the ISP website to ensure user access and smooth functioning throughout the program term.	$5,000.00

Training Programs

Several online training programs for suicide prevention that have been cited as best-practices produce positive outcomes for college and university populations include:

- CARE (Care, Assess, Respond, Empower) — a school-based and community-based assessment and counseling program that has demonstrated success in decreasing suicide risk factors for at-risk young adults. The four-hour program (two hours for assessment, two hours for counseling) is for use by mental healthcare providers.

- Kognito At-Risk for College Students — a 30-minute, online, interactive training simulation that prepares college students, including resident assistants, to provide support to peers who are exhibiting signs of emotional distress, such as depression, anxiety, substance abuse, and suicidal ideation. Participants build knowledge, skills, and confidence to identify, approach, and refer an at-risk student to counseling, mental health, or crisis support services through narrative, self-paced training modules.
- Gatekeeper Training for Suicide Prevention — a one- to two-hour educational program designed to teach those who are strategically placed to recognize and refer someone at risk of suicide what the warning signs of suicide are and how to respond effectively.
- Question Persuade Refer (QPR) — an evidence-based training program on suicide prevention for campus professionals who are in a strategic position to identify students at risk for suicide (faculty, staff, RAs, TAs peer counselors, etc).
- Campus Connect — a three-hour, interactive training program designed for use with a wide variety of campus personnel (faculty, RAs, academic advisors, etc). Campus connect is an experiential training focused on enhancing the gatekeeper's knowledge, awareness, and skills concerning college student suicide. Beyond increasing the gatekeepers' knowledge about students in a suicidal crisis, emphasis is placed on developing empathetic listening skills, communication skills, communication skills, and the ability to passionately and directly ask students about their suicidal thoughts.