

Summary of UIC and Cohort Response to Fall 2011 JED Foundation/NASPA Survey

In the Fall 2011, NASPA and the JED Foundation conducted a survey regarding current practices, programming, and policies that universities and colleges have in place for addressing the emotional health of students and supporting at-risk students. Survey questions were wide ranging with some questions specific to counseling centers and others more generally inquiring about health care services, campus programming, financial aid, and the physical environment among other items. Though the overall survey response rate was not reported, data from 205 participant universities and colleges generated national response averages; 71 of whom were designated as large universities and six identified as Illinois colleges and universities. The University of Illinois at Chicago participated in this survey and was included in each of these three cohort response averages.

- Overall, UIC compared quite favorably to each of these cohorts and is on par with the practices and programming for addressing the emotional health of students and supporting at-risk students as is commonly available at the universities and colleges across the country that participated in this survey.
- Whereas about a third of our cohort groups see student emotional health as primarily their counseling center's responsibility, we join the majority of our cohort group institutions in seeing this as a campus-wide issue involving numerous stakeholders.
- UIC, like the 60-70% majority of other survey participants, has a well-represented, multi-disciplinary committee that works on strategy and planning to promote mental health and protect at-risk students. While most institutions report that they have a planning committee, the vast majority of institutions have not engaged a formal strategic planning process.
- At most, only about a quarter to a third of our cohort groups have communicated their strategy, goals, and plans for protecting at-risk students to their larger campus. UIC's efforts to enhance communication of policies and procedures regarding at-risk students might best be coordinated through our Student Response Network.
- Some of our cohort group institutions (28% - 40%) offer the opportunity for students to access an on-campus hotline/crisis line - UIC has proudly been doing so for over thirty years through its Counseling Center's InTouch Hotline. Even fewer schools (0-20% of our cohort groups) offer e-mail or chat-based support; indicative of this not being a common, best practice.
- Nationally, 56% of schools have some type of on-campus services to serve after-hours needs. UIC offers such services through its UIC Hospital Emergency Room, Counseling Center's on-call coverage to Campus Housing staff and hotline paraprofessionals, and Dept. of Psychiatry.

- UIC is consistent within our cohort groups, in that it is not common practice for colleges and universities to have incoming first-year and transfer students complete questions related to mental health on medical history forms as a means to individually identify at-risk students.
- UIC does well in offering various wellness-related screenings and other events which attend to students' emotional health, as do about 75% or more of institutions in our cohort groups. Of some distinction, UIC was among a minority of survey participants who reported having specific program/policies preventing bullying harassment or promoting tolerance and connectedness that stand out as good practice (e.g. UIC "Enough is Enough" campaign).
- UIC joins a slight majority of cohort group institutions (51-67%) in offering anonymous online screening tools, peer education programs, initiatives that educate students on how to help themselves or a friend, and efforts to de-stigmatize mental health and encourage help-seeking.
- Like many in its cohorts (71-80%), UIC Counseling Center utilizes information exchange between the Emergency Room regarding hospitalized students. In fact, UIC Counseling Center led the development of a protocol for exchange of information between the UIC Hospital ER, Dean of Students, Campus Housing, and the Counseling Center for this specific purpose.
- All Illinois survey participants including UIC Counseling Center and 82% of the national cohort, use triage systems for quick assessment and referral, thereby reducing the wait times for students in serious need of support. The survey did not address the vexing problem of resource limitations that lead to waitlisting of students seeking individual therapy following intake.
- Compared to the national average (25%) and even among its cohort of large universities, UIC is distinguished by its utilization of internal university resources (e.g. Department of Psychiatry, Family Medicine/Student Health) to complement existing counseling and psychiatric services.
- 40%-72% of our cohort groups indicated they offer students financial planning and student loan management. Details of cohort programs were not available. UIC students do have access to these types of services through the Student Money Management website (<http://studentmoney.uillinois.edu/>)

Implications for UIC:

- UIC's efforts to further develop protocols to identify and respond to concerns about students who may be at-risk and communication of policies and procedures regarding at-risk students are to be coordinated through our Student Response Network; a well-established multidisciplinary team that mirrors best practice across the country.

- Continue development of our “U & I Care” website to provide protocols for responding to concerned others that a student may be at-risk and link to resources and contacts for these purposes both on and off-campus.
- Consider funding the needed infrastructure (e.g. staff, training) to create additional opportunity and access to “Let’s Talk” type programs as piloted by the Counseling Center in the Dept. of Athletics into other non-clinical settings (e.g. Campus Housing, Commuter Center) which reach out to students who may be hesitant to initiate direct contact with treatment resources.
- Identify populations at UIC that do not have access to important student services which could help support their emotional health and well-being (e.g. international CMBA program students and other certificate program students). An effort that merely grants access to already over-burdened service programs which are best poised to provide competent, supportive mental health and well-being services should not be undertaken. Rather, a solution must be developed that adds needed resources and staff to these existing services so that all students’ needs are equitably addressed.

This UIC Cohort Summary was prepared by Joseph Hermes, Ph.D. (Director, Counseling Center) Linda Deanna, Ph.D. (Dean of Students/Associate Vice Chancellor for Student Affairs), and Robert Rouzer, M.S. (Executive Assoc. Director for Campus Auxilliary Services); all are members of the UIC Student Response Network Committee.