

Mental Health Section 2016 Needs Assessment Results

September 20, 2016

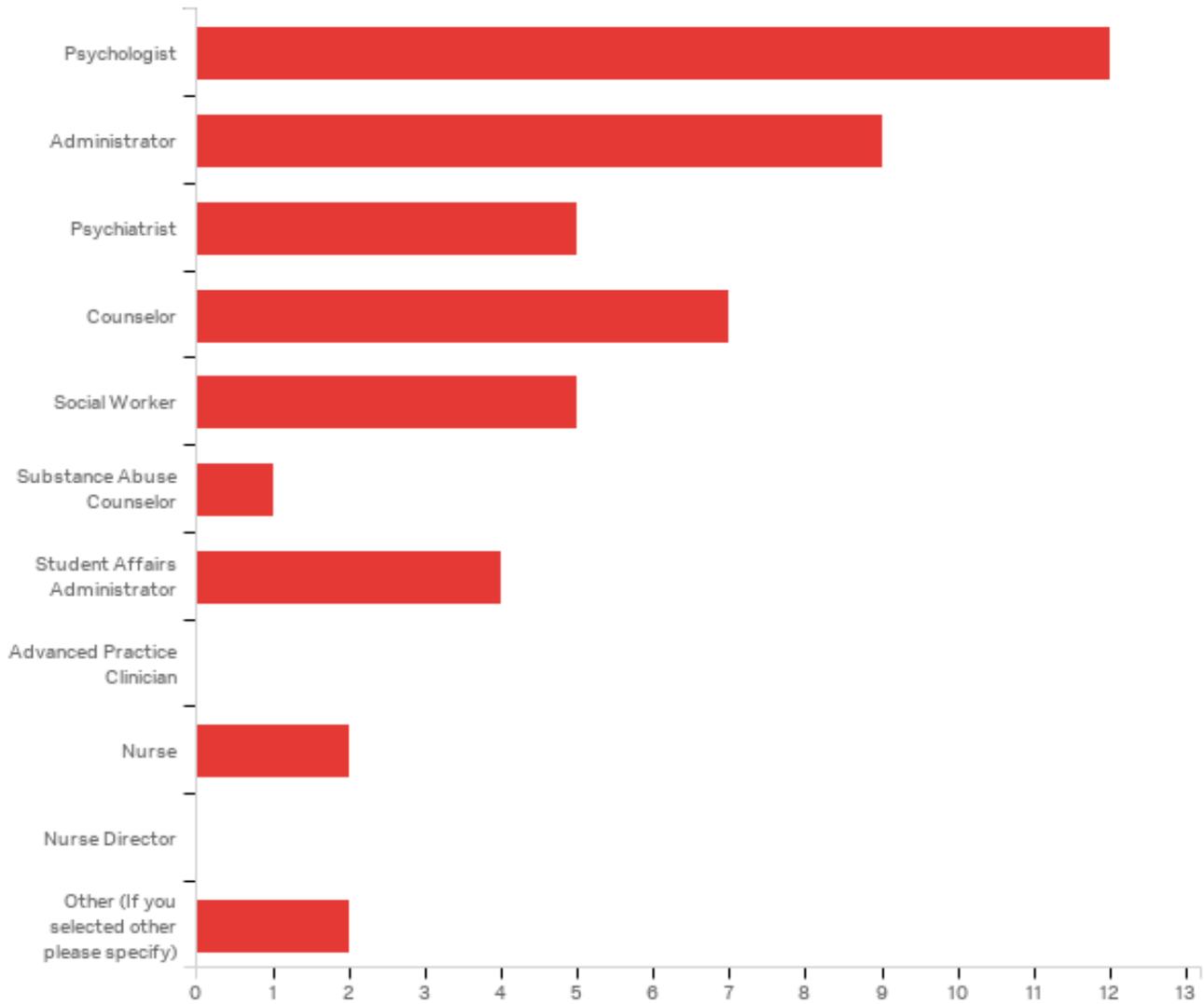
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ACHA MENTAL HEALTH NEEDS ASSESSMENT 2016

September 20th 2016, 9:51 am EDT

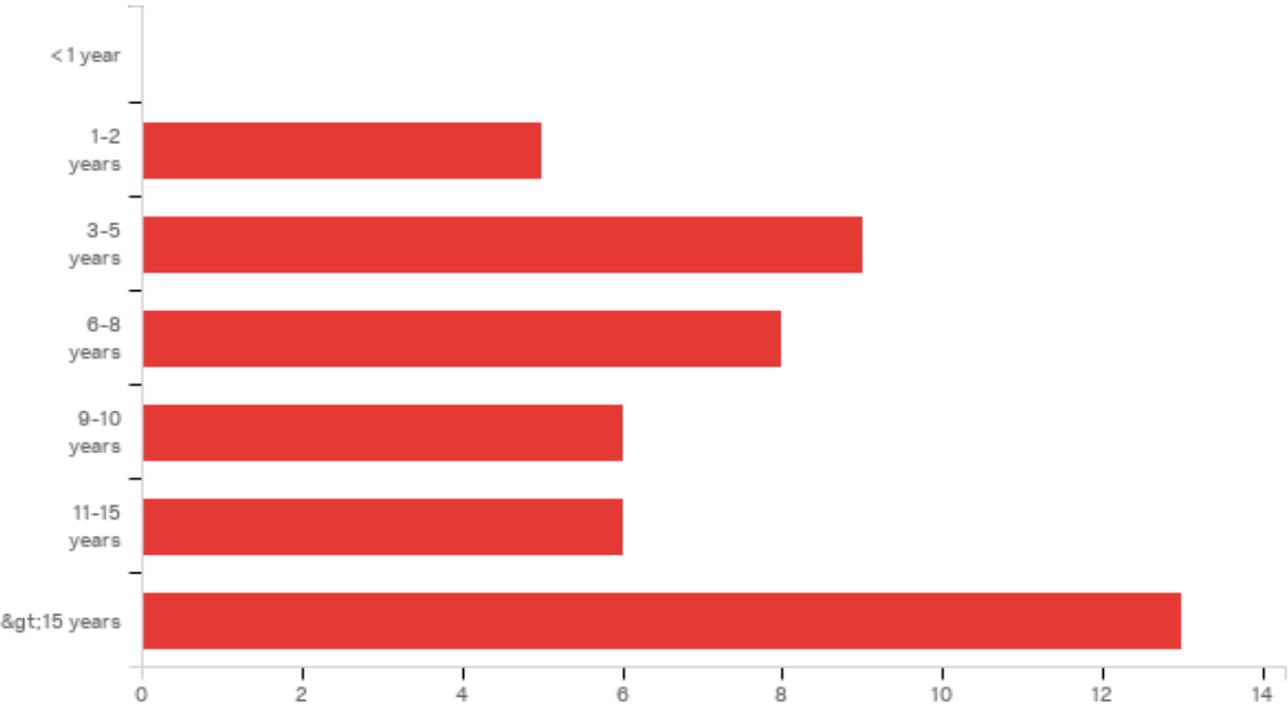
Q1 - Which best describes your primary role in college health/mental health?



Answer	%	Count
Psychologist	25.53%	12
Administrator	19.15%	9
Psychiatrist	10.64%	5
Counselor	14.89%	7

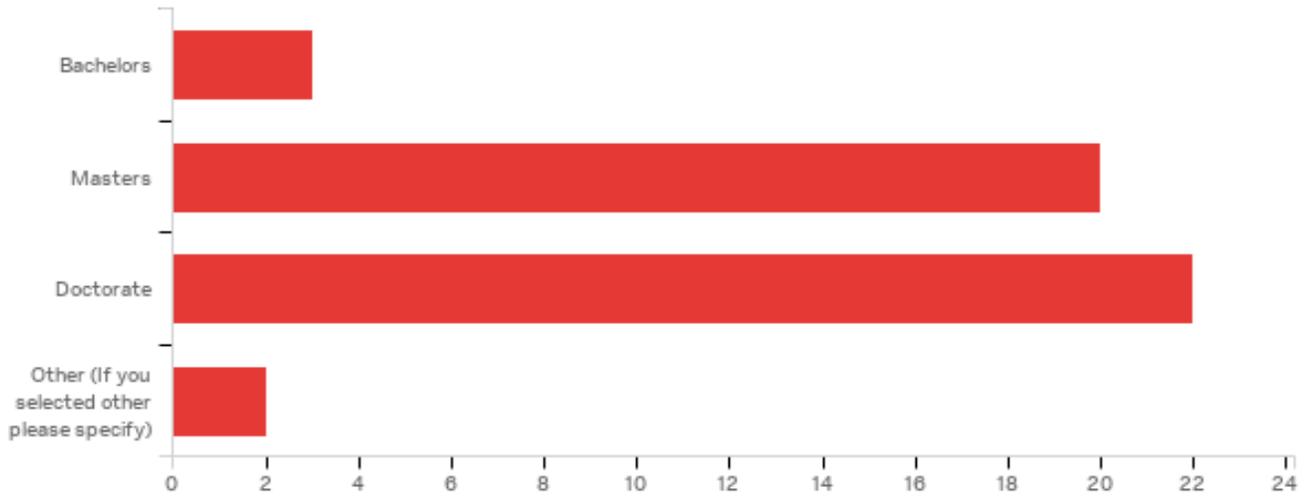
Social Worker	10.64%	5
Substance Abuse Counselor	2.13%	1
Student Affairs Administrator	8.51%	4
Advanced Practice Clinician	0.00%	0
Nurse	4.26%	2
Nurse Director	0.00%	0
Other (If you selected other please specify)	4.26%	2
Total	100%	47

Q2 - How many years have you been professionally involved in college health?



Answer	%	Count
< 1 year	0.00%	0
1-2 years	10.64%	5
3-5 years	19.15%	9
6-8 years	17.02%	8
9-10 years	12.77%	6
11-15 years	12.77%	6
>15 years	27.66%	13
Total	100%	47

Q3 - Please select the highest professional degree you have completed.

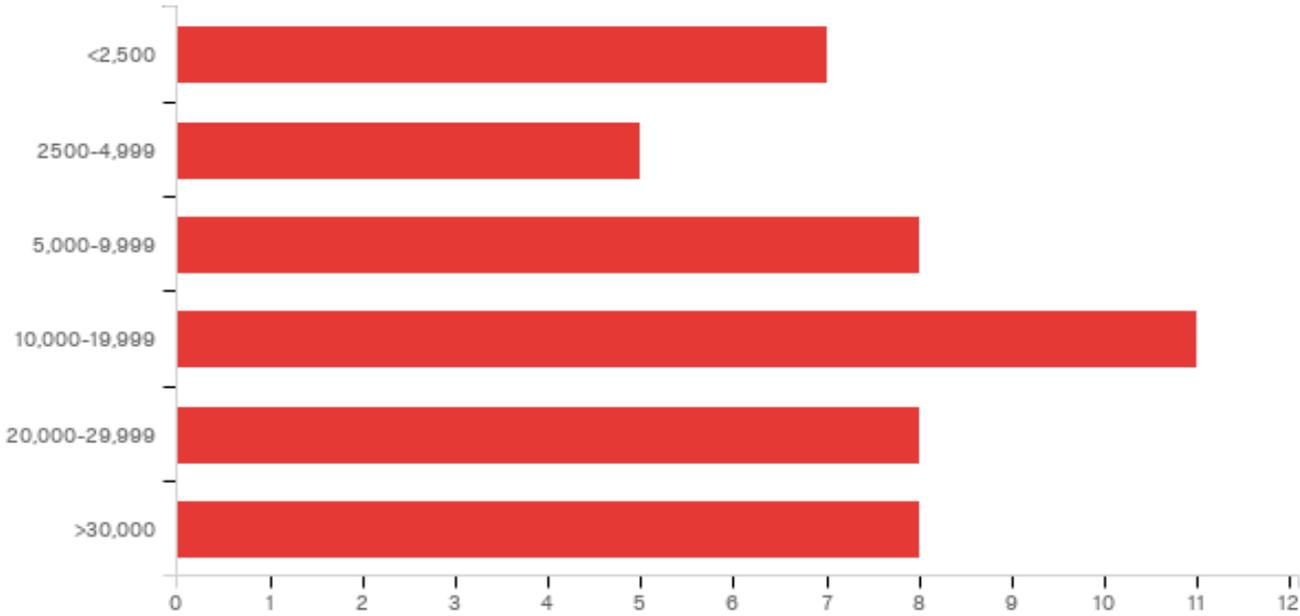


Answer	%	Count
Bachelors	6.38%	3
Masters	42.55%	20
Doctorate	46.81%	22
Other (If you selected other please specify)	4.26%	2
Total	100%	47

Q3_7_TEXT - Other (If you selected other please specify)

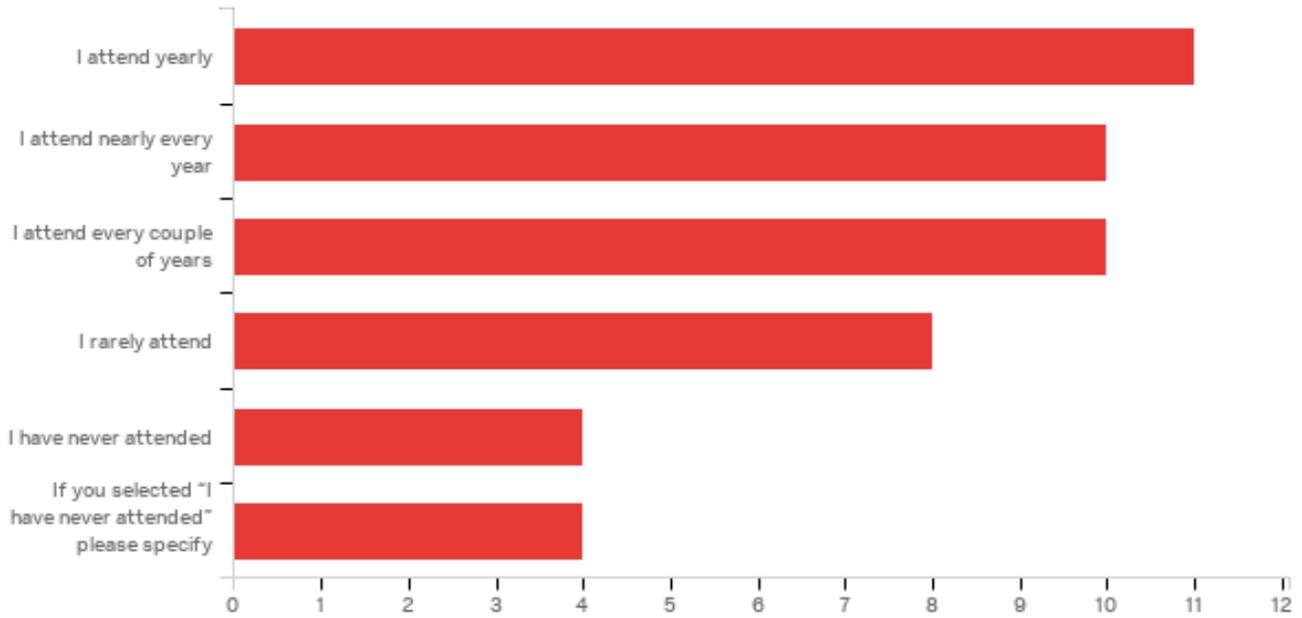
Answer	%	Count
M.D.	50.00%	1
MD	50.00%	1
Total	100%	2

Q4 - How many students are enrolled at your campus?



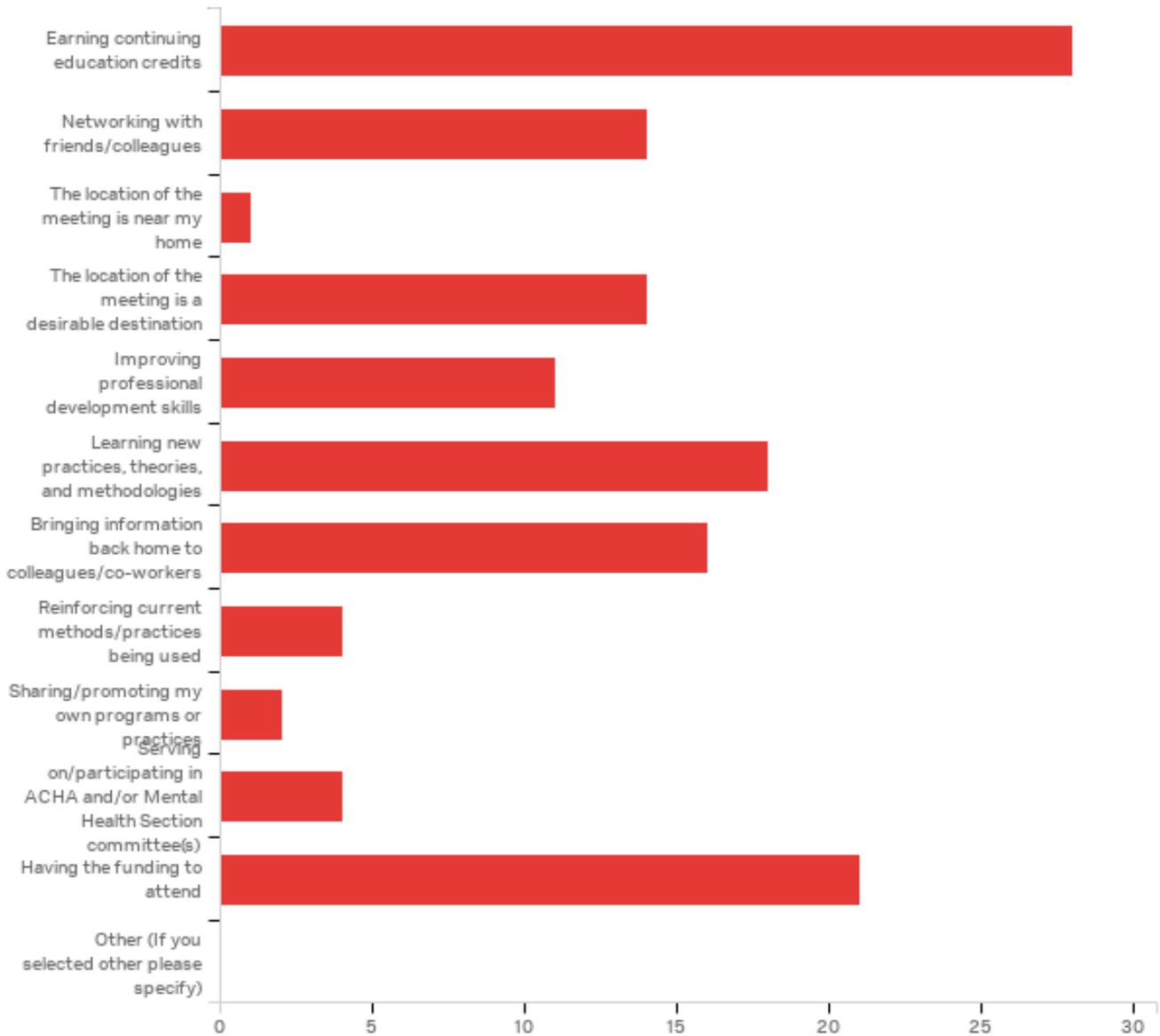
Answer	%	Count
<2,500	14.89%	7
2500-4,999	10.64%	5
5,000-9,999	17.02%	8
10,000-19,999	23.40%	11
20,000-29,999	17.02%	8
>30,000	17.02%	8
Total	100%	47

Q5 - Which best describes your frequency of attendance at the ACHA Annual Meeting?



Answer	%	Count
I attend yearly	23.40%	11
I attend nearly every year	21.28%	10
I attend every couple of years	21.28%	10
I rarely attend	17.02%	8
I have never attended	8.51%	4
If you selected "I have never attended" please specify	8.51%	4
Total	100%	47

Q6 - List the three factors that most affect your decision to attend the ACHA Annual Meeting. (Select



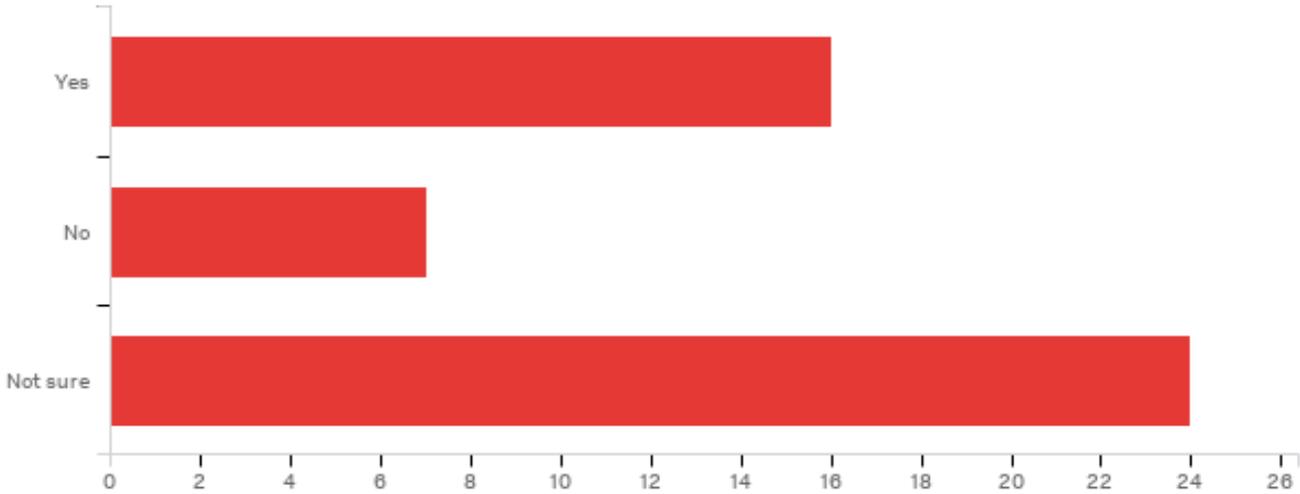
Answer	%	Count
Earning continuing education credits	62.22%	28
Networking with friends/colleagues	31.11%	14
The location of the meeting is near my home	2.22%	1
The location of the meeting is a desirable destination	31.11%	14
Improving professional development skills	24.44%	11
Learning new practices, theories, and methodologies	40.00%	18

Bringing information back home to colleagues/co-workers	35.56%	16
Reinforcing current methods/practices being used	8.89%	4
Sharing/promoting my own programs or practices	4.44%	2
Serving on/participating in ACHA and/or Mental Health Section committee(s)	8.89%	4
Having the funding to attend	46.67%	21
Other (If you selected other please specify)	0.00%	0
Total	100%	45

Q6_27_TEXT - Other (If you selected other please specify)

Other (If you selected other please specify)

Q7 - Do you plan to attend the ACHA 2017 Annual Meeting in Austin (May 30-June 3)?



Answer	%	Count
Yes	34.04%	16
No	14.89%	7
Not sure	51.06%	24
Total	100%	47

Q8 - What topics/issues are essential to address at future ACHA Annual Meetings?

Answer	%	Count
Ethical guidelines and principles in merged/integrated centers: The WHAT, WHERE, and WHEN of informed shared consent. (IACS vs. AAAHC guidelines)	45.16%	14
Quality improvement and peer review programs in behavioral health	9.68%	3
Risk management in behavioral health programs	19.35%	6
Best practices in developing and implementing a client-centered treatment plan	29.03%	9
Demonstrating treatment efficacy -- outcome based reporting	22.58%	7
Case load management; does the 60/40 split work?	19.35%	6
Best practices in referral tracking and follow-up for students who drop out of treatment	25.81%	8
Treating OCD, Panic Disorder in a brief treatment model; evidence-based approaches	22.58%	7
Best practices in the implementation of bio-feedback programs for stress management, test anxiety, and sleep disorders and other techniques that might be used to reduce therapist case load	19.35%	6
Diagnosing adult ADHD; protocols, procedures, subjective and objective measures used	25.81%	8
Use of psychostimulants for performance enhancement	6.45%	2
Embedded therapist models	9.68%	3
Supporting underserved populations in the context of insufficient diversity in mental health staff	35.48%	11
Therapy limits—appropriate care or rationing of services	45.16%	14
Excess internet porn use and potential adverse effects such as erectile dysfunction	9.68%	3
Adolescent brain development and the effects thereon of substance use	16.13%	5
Normalization of cannabis use on campus	29.03%	9
Emotional support animals	48.39%	15
Medication management of students with chronic mental health issues in the context of brief therapy models	25.81%	8
Mental health needs/assessment of transgender students	25.81%	8
Mental health resiliency and secondary prevention on campus	35.48%	11
Innovative approaches to managing chronically ill students on campus	9.68%	3
Online mental health treatments	29.03%	9
Technology apps for tracking mental health outcomes, mood and academic progress of students being seen for mental health	12.90%	4
Developmental vs. Medical models of student mental health—is there still a difference?	9.68%	3
Suicide prevention	29.03%	9
Sleep disorders	16.13%	5
Behavioral intervention teams	19.35%	6
Disordered eating	12.90%	4

New drugs update	32.26%	10
New onset psychosis -- evaluation and treatment	22.58%	7
Cultural competency skills	16.13%	5
Bipolar disorder	12.90%	4
PTSD	16.13%	5
Program evaluation skills	9.68%	3
Responding to traumatic events	9.68%	3
Strategic planning skills	3.23%	1
Social justice issues	19.35%	6
Group therapy	25.81%	8
Supervisory skills	16.13%	5
Working with campus administration	19.35%	6
Brief therapies	19.35%	6
Emergency planning skills	6.45%	2
Depression	16.13%	5
Anxiety	19.35%	6
Total	100%	31

Q8_70_TEXT - Ethical guidelines and principles in merged/integrated centers: The WHAT, W...

Ethical guidelines and principles in merged/integrated centers: The WHAT, W...
The flawed approach of sharing entire records is an error. Psychologists are more like attorneys than physicians in that we have testimonial privilege and our clients have privileged communications. Psychologists' legal and ethical obligations to protect client confidentiality and privacy do not end when interacting with medical personnel. Clients need proper and ongoing informed consent and clients need control over information about them. Nothing is shared about them without them knowing about it.
best practices
Outsourcing.....CONS
Not one over the other, but rather what they are and what they mean.
Very important
Focus should be on collaborative care rather than on autonomous/independent practice (or turf)
Need this for CE
Would love the focus to address how to navigate informed consent and confidentiality when using the same EMR

Q8_71_TEXT - Quality improvement and peer review programs in behavioral health

Quality improvement and peer review programs in behavioral health
important
As it pertains to MH

Q8_72_TEXT - Risk management in behavioral health programs

Risk management in behavioral health programs
changing technologies and practices
important
Suicide assessment/risk

Q8_73_TEXT - Best practices in developing and implementing a client-centered treatment p...

Best practices in developing and implementing a client-centered treatment p...
managing increased demand and balancing limited or decreased funding
moderate importance
Examples

Q8_74_TEXT - Demonstrating treatment efficacy -- outcome based reporting

Demonstrating treatment efficacy -- outcome based reporting
qualitative and quantitative behavioral health assessment
important
Tools used
yes

Q8_75_TEXT - Case load management; does the 60/40 split work?

Case load management; does the 60/40 split work?
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Can you meet the demand if you follow this?
What is a healthy caseload and how to maintain that and a waitlist at a minimum at same time
Comparison of different models
how to handle no shows, outreach, prevention services in counseling
Frequency of ability to schedule appointments

Q8_76_TEXT - Best practices in referral tracking and follow-up for students who drop out...

Best practices in referral tracking and follow-up for students who drop out...
how, and to what end
helpful
ideas and outcomes of what's been tried
Policy review
How many college MH practitioners call their clients and/or write letters ?

Q8_77_TEXT - Treating OCD, Panic Disorder in a brief treatment model; evidence-based app...

Treating OCD, Panic Disorder in a brief treatment model; evidence-based app...
important
Anxiety disorders and CBT
Evidence based treatment models
intervnetion techniques

Q8_78_TEXT - Best practices in the implementation of bio-feedback programs for stress ma...

Best practices in the implementation of bio-feedback programs for stress ma...
helpful

Q8_79_TEXT - Diagnosing adult ADHD; protocols, procedures, subjective and objective

meas...

Diagnosing adult ADHD; protocols, procedures, subjective and objective meas...

very important

do you collaborate with learning services to assist with accomodations?

Testing used

more interested in treatment concerns than diagnosis

Q8_80_TEXT - Use of psychostimulants for performance enhancement

Use of psychostimulants for performance enhancement

helpful

Q8_81_TEXT - Embedded therapist models

Embedded therapist models

I'd be interested in hearing from those who have utilized this approach - in our setti g it does not seem cost effective to take mental health providers offline for warm handoffs - what does the data tell us (is there a statistically significant improvement in referral outcomes)

Q8_82_TEXT - Supporting underserved populations in the context of insufficient diversity...

Supporting underserved populations in the context of insufficient diversity...

Attracting diverse candidates

very important

Gender must be considered as part of this presentation - on our campus, men are the most significant underserved population

Difficulty in recruitment of minority professionals

Males, LBGTQI, International Students

Q8_83_TEXT - Therapy limits—appropriate care or rationing of services

Therapy limits—appropriate care or rationing of services

and limited resources

very important
This topic is too narrow - please broaden to "stepped care models"
how to handle referrals when students have reached limits but don't have access (\$, transportation, etc.)
yes
small counseling center vs large student population, long-term vs short-term counseling

Q8_84_TEXT - Excess internet porn use and potential adverse effects such as erectile dys...

Excess internet porn use and potential adverse effects such as erectile dys...
very important

Q8_85_TEXT - Adolescent brain development and the effects thereon of substance use

Adolescent brain development and the effects thereon of substance use
important
I would like to see two things: 1. How to provide campus education about the impact of other drug use on the developing brain given the normalization of use and frequent (on our campus) referrals to the hospital for psychiatric treatment. 2. Addressing campus norms about the prevent of other drug use via a mental health perspective

Q8_86_TEXT - Normalization of cannabis use on campus

Normalization of cannabis use on campus
impact of legalization
important
for states where it is legal
Wanting to learn more about how to treat clients abusing cannabis when the use is normalized on campus
How state laws affect use on college campuses

Q8_87_TEXT - Emotional support animals

Emotional support animals
Increase in requests
Writing letters and making decisions to prescribe comfort animals

helpful
Pet programs
limits to animals that are accepted and how to manage allergies of other students
policies
Would love to see someone talk about the research on the effectiveness of this and whether someone is examining the current law and its' application to college housing
how to make decisions re: recommendation for support animal
Documentation of specific need
ESA vs Service Animals

Q8_88_TEXT - Medication management of students with chronic mental health issues in the...

Medication management of students with chronic mental health issues in the...
helpful
best practices
how to establish appropriate client care

Q8_89_TEXT - Mental health needs/assessment of transgender students

Mental health needs/assessment of transgender students
assessment and treatment
different needs for different students, when students request specialized counselors
Gain more info and understanding of this population

Q8_90_TEXT - Mental health resiliency and secondary prevention on campus

Mental health resiliency and secondary prevention on campus
practical application of resiliency model
important

Q8_91_TEXT - Innovative approaches to managing chronically ill students on campus

Innovative approaches to managing chronically ill students on campus

Psychosis with absence of risk....do we just wait for an incident to occur???

Q8_92_TEXT - Online mental health treatments

Online mental health treatments

challenges of inter-state licensing barriers

helpful

working with online students across state lines

Use of TAO

guidelines etc

learn what they are

Q8_93_TEXT - Technology apps for tracking mental health outcomes, mood and academic prog...

Technology apps for tracking mental health outcomes, mood and academic prog...

helpful

yes

Q8_94_TEXT - Developmental vs. Medical models of student mental health—is there still a...

Developmental vs. Medical models of student mental health—is there still a...

Q8_95_TEXT - Suicide prevention

Suicide prevention
engaging communities without stepping outside of clinical role
very important
including use of social media or other avenues of current college youth
How to adequately train first responders including students

Q8_96_TEXT - Sleep disorders

Sleep disorders
important
interested in how to develop a sleep program

Q8_97_TEXT - Behavioral intervention teams

Behavioral intervention teams
important
threat assessment

Q8_98_TEXT - Disordered eating

Disordered eating
helpful

Q8_99_TEXT - New drugs update

New drugs update
important
Most popular

yes
Speaks for itself
Gain info

Q8_100_TEXT - New onset psychosis -- evaluation and treatment

New onset psychosis -- evaluation and treatment
important
best practices
assessment, treatment models

Q8_101_TEXT - Cultural competency skills

Cultural competency skills
important
Building cultural competency skill development into the ongoing professional development plans of mental health workers
Being culturally competent without stereotyping

Q8_102_TEXT - Bipolar disorder

Bipolar disorder
important

Q8_103_TEXT - PTSD

PTSD
important
how to treat within the concept of "brief treatment" we all are supposed to use
Discuss intervention

Q8_104_TEXT - Program evaluation skills
Program evaluation skills

Q8_105_TEXT - Responding to traumatic events

Responding to traumatic events
very important
yes
learn more about intervention

Q8_106_TEXT - Strategic planning skills
Strategic planning skills

Q8_107_TEXT - Social justice issues

Social justice issues
providing support with current events
important
yes

Q8_108_TEXT - Group therapy

Group therapy
yes
learn more about technique

Q8_109_TEXT - Supervisory skills

Supervisory skills
yes

Q8_110_TEXT - Working with campus administration

Working with campus administration
how to advocate without alienating
important

Q8_111_TEXT - Brief therapies

Brief therapies
very important
Working brief therapies into college counseling centers

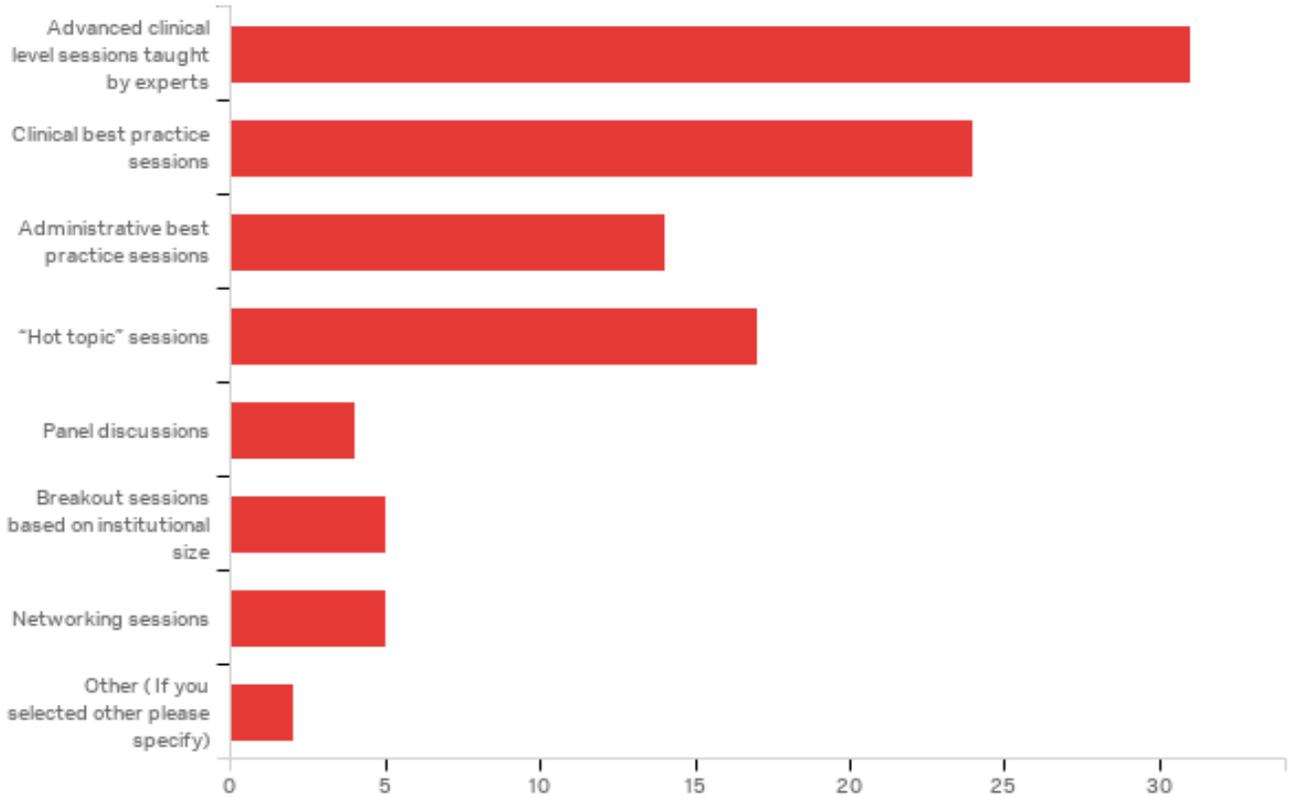
Q8_112_TEXT - Emergency planning skills

Emergency planning skills
yes

Q8_113_TEXT - Depression

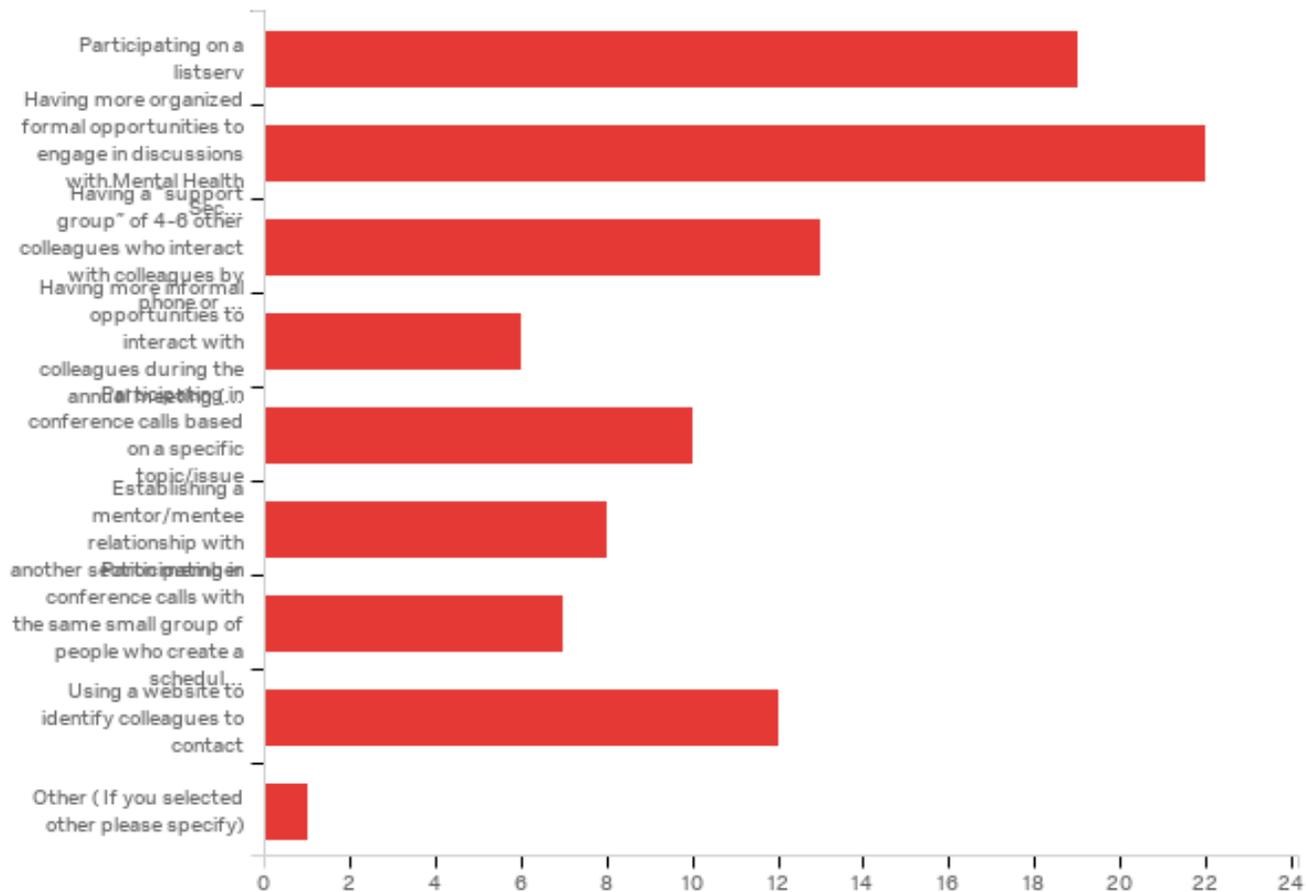
Depression
very important

Q9 - What type of sessions are you most interested in attending?



Answer	%	Count
Advanced clinical level sessions taught by experts	68.89%	31
Clinical best practice sessions	53.33%	24
Administrative best practice sessions	31.11%	14
"Hot topic" sessions	37.78%	17
Panel discussions	8.89%	4
Breakout sessions based on institutional size	11.11%	5
Networking sessions	11.11%	5
Other (If you selected other please specify)	4.44%	2
Total	100%	45

Q10 - Which ways of networking with other Mental Health colleagues would most interest you?



Q10 - Which ways of networking with other Mental Health colleagues would most inte...

Answer	%	Count
Participating on a listserv	43.18%	19
Having more organized formal opportunities to engage in discussions with Mental Health Section members during the annual meeting (e.g., focus/discussion groups, networking sessions, planned social events)	50.00%	22
Having a "support group" of 4-6 other colleagues who interact with colleagues by phone or email throughout the year	29.55%	13
Having more informal opportunities to interact with colleagues during the annual meeting (e.g., established meeting place for group meals, impromptu or unplanned social events)	13.64%	6
Participating in conference calls based on a specific topic/issue	22.73%	10
Establishing a mentor/mentee relationship with another section member	18.18%	8
Participating in conference calls with the same small group of people who create a schedule of pertinent issues/topics for the calls throughout the year	15.91%	7
Using a website to identify colleagues to contact	27.27%	12
Other (If you selected other please specify)	2.27%	1

Total	100%	44
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Q11 - Other comments:

Other comments:
<p>The topics that were offered are not what I look for at this level of conference. I look for overall issues and hot topics in mental health and positive ways to collaborate with my health colleagues.</p> <p>I do not like the 1st topic of IACS vs AAAHC as they are really for two different operations. There seems to be much confusion on this.</p> <p>I did NOT like the presentation by Dr. Mc Daniels as she is not informed on College Mental HEalth and proposed something for us in generalities with little appreciation for the nuance of counseling centers in today's colleges.</p> <p>Please consider adding more anxiety management topics, since it is a variable that affects many of our college students throughtout the world.</p>
<p>Please fix the survey. It does not function correctly.</p>
<p>nothing</p>
<p>I appreciate how ACHA has added content for mental health over the years, but still I find that I would prefer to attend other conferences to get CEUs in areas of interest to me because of limited mental health sessions and/or psychiatry sessions that are relevant to my work, but that do not offer CEUs. However, I enjoy ACHA and do not mind attending as long as I am presenting, but can't do that every year.</p>
<p>I am a Canadian at a Canadian school. There is no comparable Canadian organisation to ACHA, therefore I belong for the information, but my needs probably don't completely align with most of your American members.</p>