

Counseling Center 2019/20 Annual Report

Data and Trends:

During the 2019-2020 year (FY20), the Counseling Center (CC) provided individual counseling appointments to 1570 students. This represents a decrease from the previous year when 1612 students were seen for individual counseling appointments. This year-to-year decrease can be directly attributed to the impact of the Covid-19 pandemic and its impact on the functioning of the university and the CC. The CC closed its doors to anything but emergency situations requiring in-person crisis intervention March 16, 2020, and the CC began providing remote services only (via phone and Zoom) March 18th.

Major CC Service Categories: Comparison Across 3 Years			
	2017/18	2018/19	2019/20
Clients (Total)	1548	1612	1570
Individual Counseling Sessions (Average)	6.33	4.77	4.41
Counseling Sessions (Total)	9896	7558	6817
Psychiatry Clients (Total)	463	455	417
Psychiatry Visits (Total)	2117	2394	2384
Treatment Groups Provided (Total)	13	15	13
Unique Treatment Group Participants (Total)	121	143	117
Group Sessions (Total)	213	267	208
Outreach Programs (Total)	307	529	375
People Served by CC Outreach Programming (Total)	7,897	10,795	8,026

While several of the FY20 totals are lower than the FY 19 numbers, it is worth noting that the number of students seen during the first 10 months of FY20 (1539) represented a 9% increase through that point in the year in FY19 (1409).

The CC's Clinical Case Managers provided **referral assistance** to 326 students in FY20. It is important to note that only 8% of students were referred to community providers as a result of their initial consultation. All other students who sought CC services and received referrals were referred after receiving some type of services beyond their initial consultation. The CC's Clinical Case managers also provide an additional 68 referrals to students who did not seek CC services (or, in some cases, parents, faculty or staff regarding a student of concern).

After-hours on-call crisis services (in the form of a general after-hours emergency line and a Sexual Assault Help Line) are provided by ProtoCall Services, Inc., with a CC counselor available for consultation at all times. During the 12 months from May 2019 thru April 2020, ProtoCall responded to 226 after-hours crisis calls and 153 Sexual Assault Help Line calls. It is important to note that most calls to the Sexual Assault Help Line are not made by students who have been recently sexually assaulted. This Help Line serves as a resource for students who have ever been assaulted, as well as faculty staff or students who are concerned about someone who has been sexually assaulted (recently or in the past).

A Place to Talk (APTT), the student-to-student peer listening group for the undergraduate community whose advisor is a CC staff member, recorded 792 visits before the university sent students home in March and was on track to surpass the previous year's total of 1160 visits.

Remote Services:

As noted above, in response to the Covid-19 pandemic, the CC closed its doors to anything but emergency situations requiring in-person crisis intervention March 16, 2020, and the CC began providing remote services only (via phone and Zoom) March 18th. Starting March 18th the CC transitioned to provide virtually all of its services remotely. These services included:

- Daytime drop-in services (after-hours coverage continued as usual)
- Initial consultations/evaluations
- Individual counseling
- Group counseling
- Psychiatric evaluations and ongoing psychiatric medication monitoring
- Workshops and outreach/psychoeducational programming.

To prepare for providing remote services during the Covid-19 pandemic, various CC staff members participated in the following webinar programs:

- Treating Suicidal College Students Using Telepsychology: CAMS Approach (provided to all clinical staff)
- Suicide Risk During Covid-19 (provided to all clinical staff)
- Suicide Prevention During the Pandemic: An International Panel Discussions
- Supporting College Student Mental Health During Covid-19
- Telehealth Regulations for Higher Education: The Impact of Covid-19

CC therapists and psychiatrists were limited in their ability to provide services to the students who left MD and spent the latter part of the semester elsewhere. State laws and licensure regulations within each state determine the requirements for providing services to people in that state, and CC providers were therefore prohibited from providing services to students in many states. Several states amended their regulations to allow providers from other states to provide services to people within their state, with various restrictions including time limitations. Over time, this allowed students living in many other states to receive services from a CC provider. Only CC counseling groups whose entire membership was in MD were able to continue via telehealth. Any students who contacted the CC, regardless of their

location anywhere in the world, received a brief assessment, support and risk management interventions as needed, and assistance identifying resources near their location.

In an effort to adjust our services to meet the needs of the students during the pandemic, the CC initiated remote drop-in discussion spaces designed to support specific groups of students (e.g., graduating seniors, international students, graduate students). Additionally, the CC, which serves Homewood and Peabody students, offered several of these drop-in discussion spaces and all of its workshops to all JHU students on all campuses.

During this period, the CC:

- Provided 881 individual counseling appointments to 286 clients
- Provided 414 psychiatry appointments to 204 clients
- Offered 20 drop-in discussion spaces
- Provided 4 counseling groups for a total of 30 sessions for 22 unique clients.

Marginalized Populations:

The Counseling Center seeks to engage and support students representing marginalized populations and to present and provide our services in ways that reduce potential barriers to access and best serve these students. During FY20, the CC provided direct clinical services to a diverse array of students as highlighted by the following numbers:

- 62% of CC clients identified as something other than white:
 - 30% Asian American
 - 11% Hispanic
 - 9% African American
 - 8% Multiracial
- 18% identified as International Students
- 29% identified as non-heterosexual
- 2% identified as other than man or woman.
- 18% identified as first generation students
- 10% indicated that they were registered with Student Disability Services as having a documented and diagnosed disability

2019/20 Counseling Center Goals:

The following information serves as an update regarding the Counseling Center's progress toward the goals established for FY20. All of the programs and initiatives described below can best be categorized within the **Individual Excellence 10x20** goal.

1. Diversity, Inclusion and Social Justice:

The Counseling Center seeks to engage and support students representing marginalized populations and to present and provide our services in ways that reduce potential barriers to access and best serve these students.

In the past year the CC sought to meet these goals in the following ways:

Provided counseling groups for specific marginalized populations:

- LGBTQ+ Student Support Group
- Asian & Asian-American Student Process Group
- Peabody Black Student Drop-In Group

Hired an FLI Network Student Coordinator (new position) who provided direct clinical services and contributed to the FLI students and network in the following ways:

- 1) Presentation on *Imposter Syndrome* at the FLI Pre-Orientation Retreat.
- 2) Collaborated with I'M First student organization meetings in the role of advisor.
- 3) Collaborated with SOS to provide a community care collaborative approach to understanding and meeting student needs.
- 4) Collaborated with CSS and CSC to explore FLI programming and community outreach opportunities.
- 5) Participated on the planning committees for First Generation Day
- 6) Presented to FLI practitioners at the first FLI Practitioners coalition on *FLI Students Mental Health and the Role of the CC Coordinator*.
- 7) Hosted FLI end of semester Self-Care Retreat
- 8) Attended the IVY+ FLI Conference at Cornell University as a chaperone for 8 students.
- 9) Presented at the IVY+ Conference at Cornell University on *FLI student Mental Health and the Need for FLI Specific Clinicians on College Campuses*.
- 10) Hosted an online FLI discussion space to gather information on student needs during Covid-19
- 11) Expanded CC services to provide clinical consult to FLI students who are not current clients and are not in need of ongoing services.
- 12) Regularly engaged in FLI specific training webinars to increase treatment competency.
- 13) Participated in multiple outreach events to increase FLI role visibility and provide information on CC services.

CC staff co-led 10 Diversity and Inclusion first year programs

Provided programs designed to support marginalized populations during difficult times:

- 2 support sessions during the China/Hong Kong conflict and protests
- 2 support sessions with OMA and 1 support session with JHSAP for international students to address racism and xenophobia related to the coronavirus pandemic

2. ADHD Services:

Make adjustments to the policies and criteria necessary for receiving medication from a CC psychiatrist so that more students seeking ADHD medication from the Counseling Center might meet the necessary criteria, while maintaining a system that requires reasonable and appropriate diagnostic evidence and promotes safe and responsible distribution of these medications.

In 2019-20, the CC's Coordinator of ADHD Services conducted **72 ADHD Consultations with a total of 46 students** (compared to 66 consultations and 47 students in 2018/19). While these numbers represent

fairly modest changes, it is worth noting that the decision was made that ADHD Consultations could not occur remotely. When comparing only dates when the CC was open for in-person business, and therefore able to conduct ADHD consultations (05/20/2018-03/10/2019 to 05/20/2019-03/10/2020), there was a 65% increase in number of ADHD Consultations and a 42% increase in number of unique students seen for ADHD Consultations.

The year to year changes regarding the numbers of students receiving ongoing ADHD services were as follows:

- 10% increase in the number of students receiving on-going ADHD-specific interventions at the CC (including ongoing ADHD-focused individual counseling, ADHD-focused group counseling and psychiatry services)
- The percent of students who were referred from an ADHD consultation to a CC psychiatrist increased from 10.6% to 13%.

While the policy adjustments regarding ADHD consults and services led to only a small increase in the percent of students who were referred from an ADHD consultation to a CC psychiatrist, the numbers do indicate an increase in student use of CC ADHD services.

3. Referrals to Community Providers:

Improve the timeliness and the breadth of local and distance referrals to external providers through (1) improved efficiency in the referral process within the Counseling Center and (2) through the use of an external referral platform that will make it easier for the CC Case managers, and the students themselves, to quickly generate lists of targeted referrals.

Even though the CC Referral Coordinators processed 403 referrals (7% increase), improvements in CC policies and procedures resulted in an **average wait time of less than one week in each month this year**. It is worth noting that this was accomplished despite an average of 41 referrals per month from June thru February (with an average of only 8 referrals per month March thru May while the CC was mostly closed for in-person services).

The CC completed the process of reviewing online referral management platforms and contracted with ThrivingCampus. This product, which provides students throughout the university (not just those eligible for CC services), as well as representatives from all of the JHU mental health services (CC, JHSAP, UHS), with the ability to conduct targeted searches for off-campus providers locally and nationally, went live April 2020. The one-year contract was funded by the federal JH-SPARC grant (Co-Principal Investigators: Matthew Torres – Counseling Center and Holly Wilcox – BSPH), with the hope that this service will warrant JHU use beyond this initial one-year contract.

4. Online Intervention Services:

Increase the number and variety of online mental health resources available to students.

This year, Counseling Center efforts contributed to making available to JHU students the following online mental health resources:

ThrivingCampus – Online program that allows for targeted off-campus mental health provider searches both locally and across the nation. This program is available to students throughout the university (not just those eligible for CC services), as well as representatives from all of the JHU mental health services (CC, JHSAP, UHS). The one-year contract was funded by the federal JH-SPARC grant (Co-Principal Investigators: Matthew Torres – Counseling Center and Holly Wilcox – BSPH), with the hope that this service will warrant JHU use beyond this initial one-year contract.

SilverCloud – Online, confidential mental health resource with interactive learning modules that teach cognitive behavioral therapy techniques. The one-year contract for this service, which is available to students throughout the university (not just those eligible for CC services), was funded by the federal JH-SPARC grant (Co-Principal Investigators: Matthew Torres – Counseling Center and Holly Wilcox – BSPH), with the hope that this service will warrant JHU use beyond this initial one-year contract.

TimelyMD – Free mental telehealth counseling (which includes both immediate crisis appointments and ongoing scheduled counseling appointment) available to all JHU students. In response to the Covid-19 pandemic, this service was added to allow students currently living in other states to access free mental health services in states in which JHU providers are not able to provide ongoing services. The Counseling Center contributed to the process of choosing this resource and developing the policies and procedures for use by students and coordination with JHU mental health resources.

Social Media - The CC increased its use of its social media accounts (Twitter, Facebook and Instagram) for the purposes of (1) presenting helpful content focused on emotional and mental health well-being and (2) advertising events through the university. This year on social media, as well as through programs, presentations and tabling events, the CC launched a mini-campaign around emotional resilience, called “Bounce Back” (#JaysBounceBack). Tips and teaching points have included components of resilience, including tips on “Nurture a positive view of yourself,” “Accept that change is a part of living” and other strategies for developing healthy perspectives and resilient attitudes.

Self-Help Services – The Counseling Center updated, expanded and –re-organized the self-help resources provided through its website. *A Guide to Coping with Covid-19*, the first in a series of guides which will focus on the most common concerns of college students, was developed, with the intention of widely circulating these resources through all JHU mental health services as well as offices such as Academic Advising and Student Outreach and Success.

Counseling Center Remote Treatment Services – In response to the closure of the university and the Counseling Center itself due to the Covid-19 pandemic, after pausing CC services for only 3 days (March 16-18), the Counseling Center began providing telehealth services. Initially, most services were provided via phone, but the CC quickly pivoted to providing most of its services via Zoom. The CC converted the following services to telehealth: ongoing individual and group counseling (to students in MD and other states where permitted by state laws); initial “drop-in” first appointments and emergency sessions, psychiatric medication monitoring, and coping skills building workshops (regardless of the student’s location in the US). The CC also introduced supportive drop-in discussion spaces for specific groups of students, which along with the workshops were made available to students university-wide.

5. Psychoeducational Workshops and Programming:

Review Counseling Center workshop offerings to identify changes that might increase attendance, such as offering more single-session workshops and working with students to learn more about the workshop topics they most want.

The Counseling Center outreach program focused on the following objectives in 2019-20:

Objective #1A: Increase Access to Counseling Center Services

- Introduction to the Counseling Center presentations – 29 presentations (As the clinical model of services changed in the past 2 years, staff focused on educating students, staff, faculty and families about the new model, ways students can seek treatment at the CC and the variety of services offered at the CC).

Objective #1B: Increase Access to Services – Targeting Underrepresented Populations

See Counseling Center Goal #1 above.

Objective #1C: Utilize Social Media to Promote CC outreach

See Counseling Center Goal #4 above.

Objective #2A: Increase Education and Awareness Around Mental Health Topics and Skills

- Topics included: adjustment/transition issues, diversity and identity-related concerns, stress management and coping skills, eating disorders and disordered eating behaviors, overall health and wellness, sexual violence prevention, effective communication and healthy relationships, self-care, ADHD symptoms and ways to manage, academic and study skills, and noticing distress in others/how to refer students to services.
- Mini-campaign focused on emotional resilience, called “Bounce Back” (#JaysBounceBack). Tips and teaching points have included components of resilience, including tips on “Nurture a positive view of yourself,” “Accept that change is a part of living” and other strategies for developing healthy perspectives and resilient attitudes.



JHU Counseling Center
#JHUCounseling
#JaysBounceBack
#BeWellDoWellLiveWell

Objective #2B: Provide Regular Mental Health Workshops to the Campus

- Workshops to provide education and help students learn skills for some of the most common concerns reported by students. Workshops included:
- Anxiety & Stress Management

- Mindful Living (based on mindfulness and meditation)
- Wellness Workshops (based on principles of positive psychology)
- Living Your Best Life (based on ACT theory and principles)

Objective #2C: Provide Education in a Variety of Formats through Collaboration

- Mindful Yoga - offered with financial support from the Dean of Student Life office and in collaboration between the Counseling Center and Recreation the program successfully transitioned online through Zoom.

Objective #3: Engage in Suicide Prevention/Mental Health Promotion Training

- QPR (Question, Persuade, Refer) evidence-based suicide prevention training program
- Presentations specifically to help the JHU community address students in crisis. These trainings focused on learning signs of distress, practicing ways to ask about suicide, discussion of ways to refer to resources, and boundaries around difficult topics.

Objective #4: Provide Crisis Support and Debriefing After Campus and World Events

- Psychological first aid and crisis debriefing to students in the aftermath of student deaths
- Support sessions to address racism and xenophobia related to the coronavirus pandemic
- Virtual discussion spaces during the Covid-19 pandemic university closure offered to:
 - graduate students
 - graduating seniors
 - international students
 - Peabody black students
 - Peabody students struggling with covid-19
 - undergraduate students remaining in Baltimore after spring break and after the shift to remote learning

Objective #5: Connect, Collaborate and Sustain Campus Liaison Relationships

- CC staff attended numerous campus programs, to support the departments hosting the events and to strengthen our liaison relationships with those departments.
- Consult/liaison meetings (to develop relationships with other staff, to plan for outreach events, to learn about the culture of different offices)
- Multiple D&I trainings co-led by CC staff
- Counseling Center Advisory Board

The following Counseling Center accomplishments and innovations can be categorized as falling under 2 additional 10X20 goals:

- **One University**
- **Institution Building**

One University

Workshops and Discussion Spaces: Consistent with the One University initiative, and in response to the Covid-19 pandemic, the Counseling Center offered virtual coping skills workshops and virtual drop-in discussion spaces to students university-wide.

JH-SPARC Programs: The following JH-SPARC activities were in line with the One University initiative:

University-wide Mental Health Coordination Meetings: These monthly meetings (instigated and led by the JH-SPARC team) brought together representatives from campus offices and student groups focused on providing mental health related education and programming to students university-wide, with the purposes of creating connections, promoting communication and collaboration, and sharing resources/ideas. Represented offices/groups included:

- GRO
- BSPH Grad Network
- SON Grad Network
- Sheridan Libraries
- UHS
- JHSAP
- CC

Interactive Screening Program: In this 3rd year of the 3-year grant, the ISP depression and stress survey (which includes personalized feedback and the opportunity for online chats with a mental health professional) was made available to students in all remaining schools within JHU (with the exception of SOM medical students).

Funding for online services: JH-SPARC funds were used to bring SilverCloud to students and ThrivingCampus to students and JHU mental health providers university-wide.

Institution Building

The Counseling Center provided consultative input in the design process for three university building/renovation projects:

- Homewood Recreation Center
- Homewood Student Center
- Newseum Building in DC

Outputs and Indicators of Impact

Listed here are 5 indicators of the positive impact of Counseling Center services, programs and policy/procedure changes:

1. A comparison of CC client **Behavioral Health Measure (BHM-20) scale scores** at first appointment and most recent appointment provides the following indicators of improvement over time:

Improvement and Recovery as Indicated by Changes in BHM Scale Scores from First Appointment to Most Recent		
	Recovered	Improved
Global Mental Health	39%	64%
Anxiety	40%	62%
Depression	33%	58%
Suicide	63%	77%
Alcohol/Drugs	57%	74%
Well-Being	43%	70%
Life Functioning	29%	57%

Recovered = students who moved from the Distressed range to the Normal range.

Improvement (which includes Recovered) = students who moved from Severe to Moderate and Moderate to Mild.

2. The results of the Fall 2019 **treatment evaluations** (anonymous evaluations of ongoing treatment completed by CC clients during a 2-week period in the Fall semester) provide some indication of the positive impact of CC services. (Spring treatment evaluations were delayed and were not available at this point in time.)

Percent of Students who Agreed or Strongly Agreed with the Following Statements	
The Counseling Center has helped me to cope with my concerns more effectively.	85%
As a result of Counseling Center services, I am making healthier lifestyle choices (e.g., diet, sleep, balance, relationships, substance use).	65%
Services received at the Counseling Center have improved my ability to be academically successful.	49%
Services received at the Counseling Center have helped me stay in school at JHU.	61%

3. Despite the fact that the CC was on a pace this year to provide services to significantly more students than the previous year, the drop-in initial consultation model that we introduced last year and made some efficiency modifications to this year continued to function well. The **average wait time for a drop-in initial consultation** remained under 15 minutes.

4. In reaction to difficulties in 2018/19 providing external referrals to the community for students in a timely manner, the CC implemented several policy and procedural improvements to the referral system.

As a result, this year, the **average wait time for a referral**, for each month of the year, was less than 1 week.

5. The most recent data regarding the **Interactive Screening Program (ISP)**, with all JHU students and learners except SOM medical students having been provided with the opportunity to participate, indicate that 1,679 students/learners completed the online stress and depression questionnaire, 259 of those engaged in an online chat with the ISP counselor, and 74 of those were students who were not in treatment and received a referral to JHU mental health resources. One of the goals of this project was to reach out to some of the most distressed students who might not enter treatment. The results indicate that 70% (1,180) of the students who completed the questionnaire were classified as being in High Distress and 36% (597) of all students were classified as High Distress with suicidal thoughts, plans or behavior).

Challenges:

1. Limited ability to provide counseling services to students in locations other than MD.
2. University-wide hiring freeze means that CC will be understaffed going into FY21.
3. Low attendance for several remote CC offerings, including drop-in discussion spaces.

Goals for FY21:

1. Adaptably, effectively and safely provide services, in-person and remote, that best meet the needs of the students during the ongoing Covid-19 pandemic.
2. Work collaboratively with other offices across the university to enhance supportive services to students representing marginalized populations related to issues such as racial trauma.
3. Develop and implement strategies for supporting and rewarding CC staff in order to decrease stress, prevent burnout and promote retention.