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Opinion

Addressing Barriers to Psychiatric Care for College Students – The SUNY Student Telepsychiatry Network

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Opinion

College students are experiencing all-time high rates of depression, anxiety and suicidality, according to the latest Healthy Minds survey [1]. Counseling resources are easily overwhelmed and access to high quality psychiatric services is difficult in some geographical areas. Unrecognized and untreated mental illness leads to increased risk of academic failure, preventable disability and, in some instances, student suicide. These realities underscore the need to apply tele-health solutions to college and university campuses.

Specific issues to address with mental health services on campus

According to the annual survey of College Counselling Center Directors, colleges have seen an increasing proportion of students coming to campus with serious mental illness, and an increasing complexity of cases seen in counselling centers. In the annual survey [2], which received responses from 96,000 U.S. students across 133 campuses during the 2021–22 academic year, 44 percent reported symptoms of depression, 37 percent said they experienced anxiety and 15 percent said they have seriously considered suicide—the highest rates in the survey's 15-year history. Coupled with the rising rates of ADHD, since COVID [3], there has been significant strain on college counselling services. Due to difficulties with staffing and funding, campuses often have to ration services, with limits on services (session # and frequency) applied in over 50% of schools. Evening and weekend appointment hours are rarely available at college counselling centers which can be challenging for students, particularly if they have to work to support their studies. Having sufficient diversity in providers is also challenging with less than 30% of counsellors identifying as non-white. Recruiting and retaining psychiatric providers is a continued challenge, particularly for smaller and more rural campuses. Turnover rates approach 20% per year and 70% of counselling centers report difficulty filling vacant positions [2]. Community (2-year) colleges struggle to have adequate mental health/counselling staffing at all. All of these deficiencies in access to services lead to potentially avoidable delays in diagnosis and effective treatment affecting academic trajectory.

Off-campus services

Since less than 40% of college counselling centers have psychiatric providers within the counselling center, the traditional solution for many college campuses is to refer students to off-campus psychiatric referrals. However, it can be very difficult to find any providers in the community taking new patients, or those that will accept common health insurances, especially Medicaid. Add to this the fact that we have found that as many as 30% of enrolled students don't have adequate insurance for mental health care, or that the out-of-pocket expenses associated with their insurance are cost-prohibitive. Barriers to timely care are exacerbated by long wait times for an initial appointment with a provider in the community – at least 4 weeks but, in many areas, up to 9 months before being able to initiate medication management. Local community psychiatric clinics may also have policies that require students to establish care with clinic therapist prior to a psychiatric appointment leading to further delays. Relying on primary care providers to initiate psychiatric prescribing is also challenging as students may still be registered with a prior PCP back home, and have not yet established care with a practice near to campus or that primary care providers may be unwilling to prescribe any psychiatric medications, or not feel comfortable assuming psychiatric care for more complex cases.

Other barriers include students not having transportation to get to outside psychiatrists or clinic schedules conflicting with the students' class or work schedules. In those students lucky enough to be able to get an appointment with local psychiatric providers, the people they see are rarely experienced with college mental health, the unique challenges with this population, and typically coordinate less effectively and communicate poorly with on-campus counselling services

A Solution

Since 2017, SUNY Upstate Medical University Department of Psychiatry has provided tele-psychiatry services to State University of New York (SUNY) campuses. From an initial pilot with 4 schools, the SUNY Student Telepsychiatry Network (STPN) has now expanded to partner with 56 of the 64 campuses within the SUNY system. Funded by a series of grants from the New York State Legislature, STPN provides four integrated services.

- A. A state-of-the-art diagnostic assessment service.
 - a) The results of these evaluations include a detailed diagnostic assessment facilitating on-campus counselling services or referral.
- B. Collaborative care.
 - b) Rapid consultation and ongoing expert guidance via telephone or videoconference to on-campus clinicians including primary care providers.



- C. Structured psychotherapies
 - c) Brief (10-20 session) structured evidence-based psychotherapies (CBT/DBT) not readily available at each counselling center.
- D. Telepsychiatry
 - d) Initiating psychopharmacological treatment, bridging students until they are stable enough to continue care in the local college healthcare community or with home-town providers.

Current staffing includes an MD Medical Director, 1.7 FTE PhD Psychologists/Psychotherapists, 6.0 FTE Psychiatric Nurse Practitioners, PGY-3 and 4 Psychiatric Residents, an RN Care Manager as well as several coordinating administrative staff. Following a referral and online psychiatric diagnostic assessment, students can usually be seen within a 1–2-week period, including evening and weekend hours. Benefits to students include reduced waiting time for appointments and delays in initiating treatment. STPN is associated with improved quality of care – providing unique access to expert mental health providers with experience in college mental health from an academic health center. The network also improves ability of prescribers and psychotherapists to coordinate and communicate with referring providers at the home campus. Notes and summaries are shared on a routine basis with counselling center staff using secured shared folders.

In addition, STPN has been a unique educational tool for residency training, offering both experience in initiating medication management for anxiety, depression and ADHD, in often medication-naïve patients (rarely seen in existing hospital

outpatient clinics) and in live supervision of structured psychotherapies such as CBT using secure HIPAA compliant video-conferencing software. STPN is quite risk-tolerant, accepting all referrals unless students require immediate hospitalization or inpatient substance abuse treatment, with high rates (57%) of recent or current suicidality. Acceptability rates are high from both campuses and students and we have seen a 150% increase in referrals, year on year. Using telehealth allows access to specialist services from a convenient location – reduced travel time, travel costs. Students may perceive (or experience) less stigma than visiting a local provider, no matter how appropriate and needed. This model, of centralizing psychiatric services, also allows a greater ability to match a diverse provider pool with the demographics of the student body. For public university systems, provider networks such as STPN appear able to finally address the issues of access to timely and high-quality psychiatric care for college students that are problems seen throughout the US.

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