

MENTAL HEALTH IMPROVEMENT THROUGH COMMUNITY COLLEGES

*Landscape Analysis Report for
Gogebic Community College*

AUGUST 2023



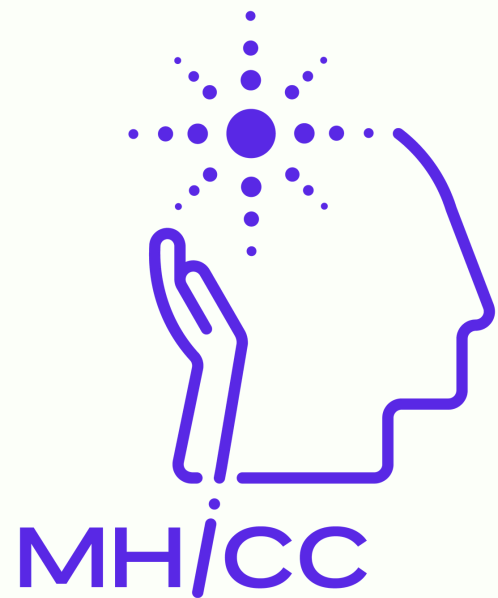
**SCHOOL OF
PUBLIC HEALTH**
UNIVERSITY OF MICHIGAN

MHICC MISSION STATEMENT

The MHICC team works to improve the availability and accessibility of mental health resources for community college students across the state of Michigan, with the goal of equitable access to evidence-based practices for all Michigan community college students.

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University of Michigan IRB #: HUM00193791

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GOGEBIC COMMUNITY COLLEGE

EXECUTIVE SUMMARY

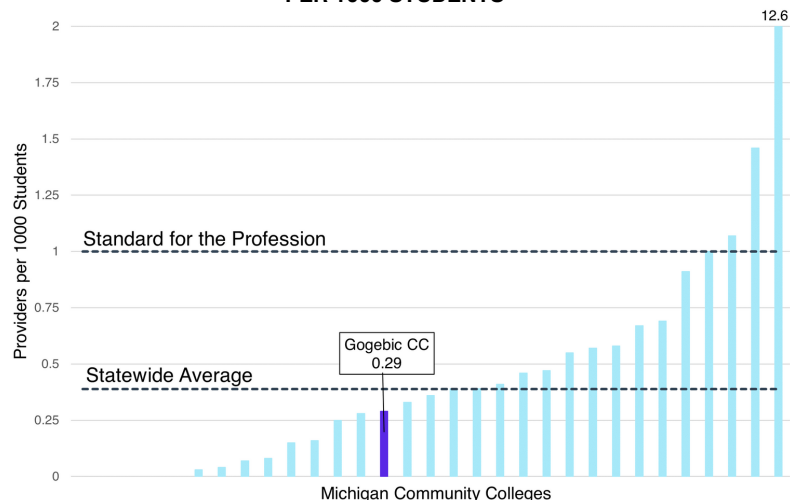
This report is intended to shed light on the availability and accessibility of mental health services for students at Gogebic CC. Data is presented on the availability of school and county mental health resources and the ease of identifying them via Gogebic CC's website.

Our research finds that Gogebic CC:

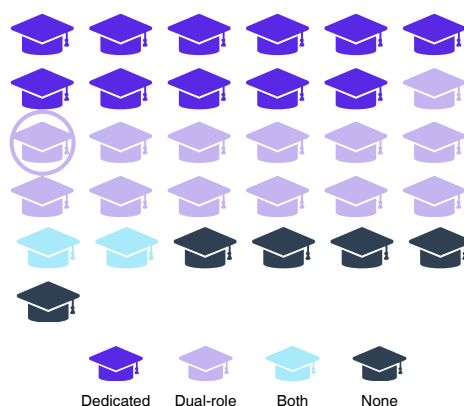
- Has one dual-role mental health provider
- Does not offer teletherapy
- Does not offer community referrals
- Does not offer group counseling
- Does not have a behavioral intervention team
- Does not have a contract with a community provider
- Resides in a mental health care shortage area
- Has a challenging website to navigate for mental health resources

SCHOOL RESOURCE AVAILABILITY*

MICHIGAN COMMUNITY COLLEGE PROVIDERS PER 1000 STUDENTS



TYPES OF MENTAL HEALTH PROVIDERS ACROSS MICHIGAN CCS



Gogebic CC has 1 dual-role mental health provider.

- Thirteen of Michigan's 31 CCs have dedicated mental health providers whose sole duty is to provide mental health care
- Eleven CCs have dual-role MH providers, that have additional roles alongside providing MH care.
- Two schools have both a dedicated and dual-role provider
- Five schools do not have any MH providers

Gogebic CC has .29 mental health providers per 1000 students.**

- The statewide average number of providers per 1000 students is .39
- Gogebic CC falls below the internationally recognized standard for the profession of one full-time MH provider per 1000 students (1)

BEHAVIORAL INTERVENTION TEAM

TELETHERAPY

GROUP COUNSELING

FORMAL PARTNERSHIPS

COMMUNITY REFERRALS



Gogebic CC does not appear to offer teletherapy. Twenty two of Michigan's 31 CCs were found to offer teletherapy.

Gogebic CC does not appear to offer group counseling. Five of Michigan's 31 CCs were found to offer group counseling.

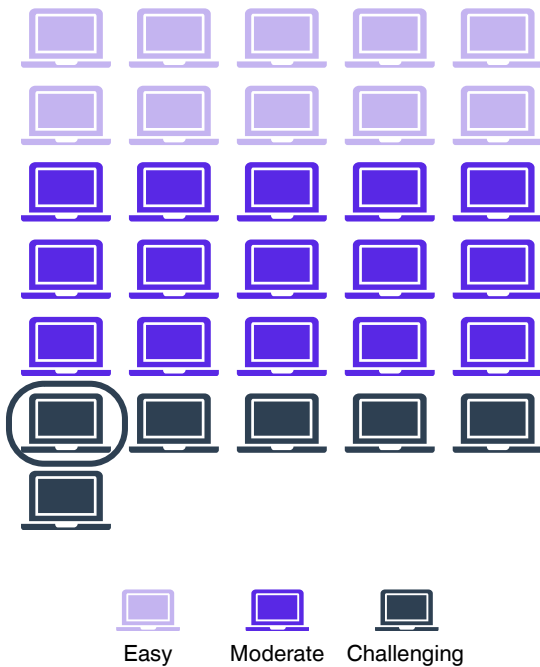
Gogebic CC does not appear to have a behavioral intervention team. Twenty one of Michigan's 31 CCs were found to offer a behavioral intervention team.

Gogebic CC does not appear to have formal partnerships or memorandums of understanding with community mental health providers. Eleven of Michigan's CCs were found to have MOUs.

Gogebic CC does not appear to offer referrals to a community provider. Twenty seven of Michigan's 31 CCs were found to offer referrals to a community provider.

PERCEIVED STUDENT ACCESS OF MENTAL HEALTH RESOURCES^

WEBSITE USABILITY ACROSS MICHIGAN CCS



Our research team rated the ease of using Gogebic CC's website to access mental health information and resources. **Easily accessible** mental health resources:

- Were located on **intuitive and easy-to-find pages** such as the Student Resources or Health and Wellness pages;
- Have **clear language** across the navigation path (i.e., descriptions of the mental health resources, and do not use acronyms)
- Have a **scheduling link or contact information** present on the page, and have information on available mental health **crisis resources**

Gogebic CC's website usability rating:

CHALLENGING

Recommendations from students and other Michigan CCs for improving website accessibility:

- Include mental health resources on the Student Resources or similar page as its own category
- Include links to mental health resources in several places on the website where students may go to seek other help such as:
 - Academic advising
 - Disability services

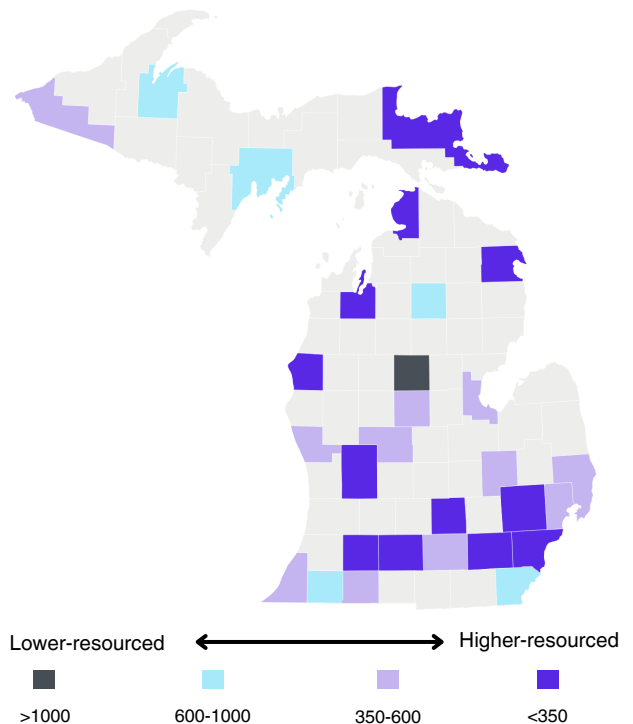
COMMUNITY MENTAL HEALTH RESOURCE AVAILABILITY

Based on county-level data, Gogebic Community College's surrounding area has been identified by the federal government as a **mental health care shortage area** (2).

KEY BARRIERS

- Gogebic County does not appear to have psychiatric subspecialists (3)
- The population per behavioral health provider is between 350 and 600. The statewide average is 450 (see figure to the right) (4)

POPULATION PER BEHAVIORAL HEALTH PROVIDER



INPUT FROM COMMUNITY COLLEGE STUDENTS ‡

Through focus groups, our team spoke to students across the state, most of which were not aware of the mental health resources at their community colleges. They suggested promoting mental health resources by:

- Adding links to mental health resources on the school intranet (Blackboard, Canvas, etc.) site
- Adding a specific mental health page on the CC website
- Making sure faculty are knowledgeable about mental health resources available on campus and how to connect students to those resources
- Introducing the counseling staff in an email at the beginning of the academic year or each semester



Rather than preferring one mode of mental health care, students showed strong support for having a **diverse array of mental health** resources available on campus. Students most frequently voiced preference for mental health resources that included **licensed, professional counselors, and the availability of in person resources**, rather than only app-based and virtual mental health resources.

Community college students often noted their appreciation for their **relationships with faculty**, and highlighted the importance of faculty in both connecting students with counseling and in reducing the stigma around accessing mental health care on their campuses.



Launching this fall: the **Michigan Mental Health Navigator (MiNav)**, a tool to help students at your community college identify the right resource for their needs.

EXPANDING MENTAL HEALTH CARE CAPACITY

DIGITAL MENTAL HEALTH INTERVENTIONS AND APPS

Some CCs have offered digital mental health interventions to expand the mental health resources available to their students. The DMHIs used by Michigan CCs include:

- TimelyCare
- UWill
- Well Track
- Talk Campus

PARTNERSHIPS WITH COMMUNITY PROVIDERS

Some CCs have expanded mental health care capacity at their school by forming MOUs (Memorandums of Understanding) or other partnerships with community providers. CCs have formed partnerships with:

- Community Mental Health organizations
- Mental health crisis resources
- Private mental health care providers

Opportunity to Consider: MHICC is starting a pilot program for helping CCs navigate the process of establishing community partnerships. If you are interested in joining our pilot program, please email our team.

FUNDING

Michigan CCs that have used the following methods to acquire funding for CC counseling:

- Department of Education Title III Grant
- United Way Grant

Other promising funding mechanisms include:

- Substance Abuse and Mental Health Services Administration (SAMHSA) Federal Grants

Opportunity to Consider: Our team highly recommends fielding the Healthy Minds Study to receive data on student needs at your CC, as that information can be very helpful on grant applications. If your school is interested in fielding the Healthy Minds Study, please email our team.

METHODOLOGY

*School-level data was first collected for all 31 CCs in May-June 2021 via CC websites. Starting in July 2021, data was confirmed in interviews with decision-makers at CCs. Invitations for a confirmatory interview were sent to at least one mental health decision maker at all 31 CCs. Decision-makers were offered an incentive for participating in the interview. N=22 interviews at n=22 CCs were completed between July 2021 and July 2023.

**We define "dual-role providers" as on-campus mental health providers who also serve in at least one additional role for the CC (e.g., disability services or academic advising). While we recognize that there is substantial heterogeneity in the proportion of effort these dual-role providers are able to dedicate to mental health services, interviews indicated that in most cases it is less than 50% time; as such, for this report we have counted dual-role providers as equating one-half of a mental health provider.

^Schools were assessed on website usability in August 2023, using CC websites current at that time. The following metrics were collected for categorizing CCs on website usability:

- o Overall ease of click path to mental health resources
- o Ease of navigation to mental health resources on mobile devices
- o Presence of search bar to navigate to mental health resources
- o Use of clear language for mental health resource information
- o Presence of emergency and crisis mental health phone numbers
- o Presence of contact information or scheduling link for on-campus mental health resources

School websites were categorized into "easy", "moderate", and "challenging" to use to find mental health resources.

- Schools that were categorized as "easy" had clear, logical, and unambiguous language both along the navigation path to mental health resources, lists available mental health crisis resources, and has a scheduling link or contact information for on-campus mental health resources.
- Schools that were categorized as "moderate" had one instance of ambiguous language or acronyms along the path or in the descriptions of mental health resources, had long scrolls or cut-off text or navigation from a mobile device, and/or were missing crisis resources.
- Schools that were categorized as "challenging" had no path to mental health resources or had more than one confusing step on navigation path, an absence of description of mental health resources, the mobile navigation was not possible, contact information for mental health resources is not available, and/or the school did not have a search bar.

† Surveys on use of evidence-based practices were sent to the executive directors of all community mental health (CMH) agencies in Michigan in Summer 2020. Responses from N=26 CMHs were collected, for a response rate of 56.5%.

‡ Focus groups with Michigan CC students were conducted from March 2022-April 2023. N=30 students from n=10 CCs participated in one-hour focus groups on student knowledge of mental health resources and perceptions of potential mental health interventions. Students were offered \$20 incentives for participating.

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