

Navigating the Mental Health Personnel Shortage in Postsecondary Student Services

INTRODUCTION

In early 2023, 98% of Texas' 254 counties were designated as mental health professional shortage areas by the federal government, defined as more than 30,000 residents per clinician.¹ With more than 60% of practicing psychiatrists over the age of 55, an aging workforce and retirement drain were already depleting the workforce before the pandemic. COVID-19 exacerbated existing issues by spiking both public demand for mental health services and provider burnout.² This statewide personnel shortage combined with the increased demand for mental health services poses challenges to community efforts to address mental health broadly, creating pain points that uniquely affect higher education institutions' ability to provide mental health services and supports to students, hire clinical staff, and connect students with resources in their communities. Many institutions are navigating this shortage of clinical providers by investing in universal and targeted supports in addition to utilizing other strategies,³ some of which are outlined in this brief.

Overview of Efforts to Navigate Mental Health Personnel Shortages

Postsecondary institutions are navigating the shortage by building effective systems that do not hinge solely on the availability of licensed clinical providers and that provide ample services and supports beyond clinical care. This brief touches on many of these strategies, including revisiting hiring initiatives, leveraging unlicensed staff to provide mental health supports that do not require licensing, peer support and student engagement opportunities, and maximizing the contributions of licensed clinical providers by reviewing their current responsibilities.

It is important to note that many of the solutions outlined in this brief are, at their core, short-term solutions for a larger systemic issue. This overview is restricted in scope to what counseling and student services staff can do now to continue providing as many high quality and accessible services as possible amid a persistent personnel shortage. Policy makers, licensing boards, and higher education leadership teams must continue to explore systemic changes that tackle the core issue, such as funding and

financial incentives, or institution-wide approaches, such as integrating behavioral health care screening, diagnoses, and management into student health and medical services at institutions where these services are available.

Student Services Strategies for Navigating Mental Health Personnel Shortages

Strategies that postsecondary student services and counseling center leaders are using to provide mental health services and supports to students during the personnel shortage are outlined below.

1. Revisit Hiring Strategies, Compensation, and Benefit Packages

First and foremost, institutions should revisit compensation and benefit packages, with the aim of making them as competitive as possible. Compensation packages are inclusive of salary, paid time off, benefits, and more.

Secondly, institutions should consider the scope of work when hiring a counselor or clinical mental health provider. Direct service work can often lead to burnout. To recruit and retain qualified candidates, it is important to work

¹ Simpson, S. (2023, February 22). Texas' shortage of mental health care professionals is getting worse. Texas Tribune. Retrieved April 21, 2023, from <https://www.texastribune.org/2023/02/21/texas-mental-health-workforce-shortage/>

² Weiner, S. (2022, August 9). A growing psychiatrist shortage and an enormous demand for mental health services. Association of American Colleges. Retrieved April 13, 2023, from <https://www.aamc.org/news/growing-psychiatrist-shortage-enormous-demand-mental-health-services>

³ Abelson, S., Ketchen Lipson, S., & Eisenberg, D. (2023). What works for improving mental health in higher education? American Council on Education. <https://www.acenet.edu/Events/Pages/Improving-Mental-Health.aspx>

Navigating the Mental Health Personnel Shortage in Postsecondary Student Services

with clinicians to balance caseloads with other tasks and activities of interest to them. For some clinicians, this might mean ensuring their caseload is not composed entirely of students with high needs, but who represent a mix of needs. For others, it might mean holding a smaller caseload, but acting in leadership roles on campuswide initiatives with a mental health focus. Institutions must understand the emotional weight that clinical staff carry as a result of direct service work and build positions that offer flexibility to prevent provider burnout. At the same time, institutions should revisit clinicians' responsibilities and identify tasks that do not contribute to balance or leverage their clinical expertise, such as course advising or coordinating with health insurance, and explore opportunities to support these tasks with our institutional resources, such as unlicensed staff.

2. Leverage Unlicensed Staff

Building on the last point, it can be helpful to determine whether licensed staff time is being used on tasks that could be supported by unlicensed staff with proper training. Referrals to outside partners, administering assessments, managing scheduling, working with insurance and payers (if billing for services), and facilitating small groups are examples of services that can be supported by unlicensed staff with proper training and oversight.

Colleges are also leveraging unlicensed staff by serving as practicum and internship supervisors, expanding their students' access to services while helping to train future clinical providers. This has the added benefit of building the institution's relationships with early-career mental health providers who may choose a career in campus counseling.

3. Maximize Peer Programming and Student Engagement

Peers can play a role in promoting mental health, educating students about mental health and mental health resources, and preventing and reducing distress, thereby reducing the number of students needing clinical services. Research indicates that students are often already playing all of these roles in their interpersonal relationships, as students are often the first line of responders for their peers with mental health concerns.⁴ There are many strategies for engaging students in peer-to-peer mental health programming and giving them active roles in efforts to shape the culture around campuswide mental health. Consider systematically training student leaders on what mental health resources are available, and engaging student groups in opportunities to build and promote postsecondary mental health programming. Learn more about the different types of peer programming and how institutions are leveraging peers in this [report from the Mary Christie Institute](#).⁵

SUMMARY

The behavioral health workforce shortage will likely persist. This brief highlighted a few strategies that student services at higher education institutions can utilize to continue providing mental health supports to students. Another key strategy that institutions can use to navigate the personnel shortage is leveraging community partnerships to support student mental health and basic needs. Community partnerships are invaluable components of successful postsecondary mental health systems but, like all relationships, pose unique challenges and opportunities. The next brief in this series provides an overview of community partnerships as a strategy for supporting postsecondary mental health and provides tips on how to form successful partnerships.

⁴ Morales, G., White, J. M., German, L., Dozal, M., Bentley, J., & Weiss, D. (2021). Designing binge-drinking prevention campaigns that target Hispanic/Latino college students: Importance of individual attitudes and real-time peer support. *Cogent Social Sciences*, 7, 12. <https://doi.org/10.1080/23311886.2021.1929681>

⁵ Humphrey, D., Malpiede, M., & Ragouzeos, Z. (2022). Peer Programs in College Student Mental Health. The Mary Christie Institute. <https://marychristieinstitute.org/wp-content/uploads/2022/01/Peer-Support-Presentation.pdf>

Making Connections with Community Partners for Postsecondary Mental Health

INTRODUCTION

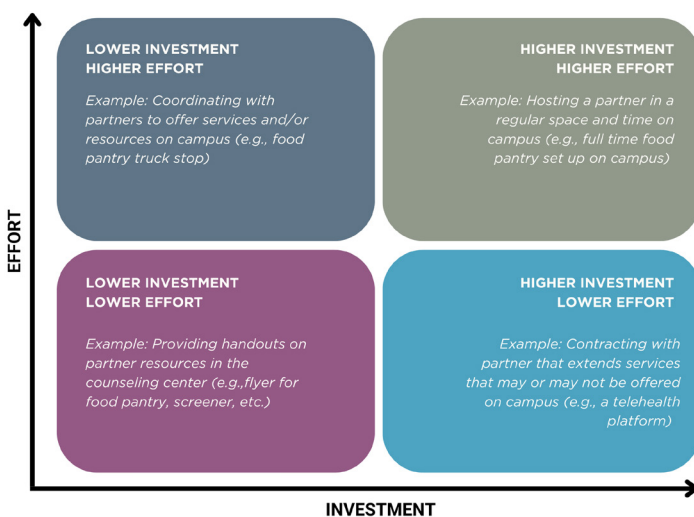
Community partnerships provide an important avenue for meeting student needs, especially as demand for mental health services grows and nationwide mental health personnel shortages persist. Counseling centers and student support services simply cannot meet the needs of all students—nor should they. Postsecondary institutions can partner with organizations in the community that excel in providing services that are not currently available on campus or not available at the necessary capacity. This brief provides an overview of the role that community partnerships can play for institutions and actionable strategies for developing strong relationships with your partners.

Overview of Community Partnerships for Mental Health

Developing community partnerships is an essential step in meeting the needs of various student populations on campus, including mental health needs, basic needs, and other supports. Most college campuses do not have the allocation of resources, funding, or expertise to provide all necessary services or programs that support mental health needs on campus. Colleges can still help meet these needs by building strong connections with community partners that can provide the level of support that students may require depending on their life circumstances.

There are a wide range of community partnerships that postsecondary institutions could leverage to expand mental health and basic needs services for students. Each

Figure 1. Community partnerships plotted by effort and institutional investment required.



partnership requires varying levels of investment, effort, and coordination. Figure 1 provides examples of different types of community partnerships, highlighting the effort required to maintain the partnership and the level of institutional investment needed for each. As the figure demonstrates, **even lower effort, lower investment partnerships can have a significant impact on the lives of students.**

Tips for Successful Community Partnerships

Community partnerships are not always easy to develop and maintain. Here, we provide some brief tips for successful relationships between institutions and their community partners.

1. Creating a Shared Language

When institutions and community partners work together, it is important that they develop a shared language because the vernacular to define needs or services may differ across organizations; this may be particularly important for departments, such as health services, that are bridging gaps to mental health services but that may not specialize in mental health themselves. For example, it is important for health services staff to be able to accurately describe the mental health services and supports available through the counseling center to help manage students' expectations upon receiving a referral. Or, if a community partner offers 'support groups' it should be clear whether they are offering groups for grief, substance use, symptom management, or something else entirely! Developing a shared language helps partners to avoid misunderstandings, ensures that information is not misconstrued and enables providers to make appropriate and trauma-informed referrals.

Making Connections with Community Partners for Postsecondary Mental Health

2. Developing Shared Goals and Expectations

It is important for the higher education institution and community partners to agree on shared goals to ensure that both parties are aligned in their efforts. Effective goals should be specific, measurable, achievable, realistic, and timely (SMART). A SMART goal for a partnership might be, *“By the end of the 2024-2025 academic year, 30% of students will receive life skills training from the community partner.”*

Once goals are established, both parties should determine measures for accountability. Data plays an important role throughout the partnership to evaluate progress and identify improvement opportunities. Partners should develop a process for tracking SMART goals that includes everything from who records the data (and how) to the frequency with which the data will be reviewed (and by whom).

3. Planning for Communication

Developing a communication plan is crucial for formalizing and maintaining partnerships with outside organizations. A well-designed communication strategy ensures effective and transparent collaboration, fostering stakeholder alignment and creating clear expectations which can promote a sense of trust and accountability. A communication strategy may also support external promotion of the partnership’s outcomes and impact, attracting further support and involvement from the broader community. A communication plan should include both the process for communicating with one another (e.g., is the partnership achieving the SMART goals) and communicating to the partners’ respective leadership teams (e.g., communicating the successes and challenges of the partnership). The [Centre for Innovation in Campus Mental Health’s Guide to Campus-Community Partnerships](#) provides additional considerations and resources for developing communication strategies between partners.

4. Formalizing the Partnership

As implied by Figure 1, institutions may not want or need to formalize all community partnerships. Lower investment

activities, for example, might benefit from informal partnership structures, such as partnering agreements which are not legally binding and are easily re-negotiated. Partnering agreements are developed and agreed upon by both parties and are typically short-term or open-ended with no established deadline. Securing an informal partnership agreement may be the first step in establishing trust between the institution and the community partner. Both formal and informal partnerships should include shared goals, language, and expectations for how the work will be done together.

Higher investment and/or higher effort activities might require a more formal structure. An example is a memorandum of understanding (MOU), which is a written agreement between two entities that solidifies commitments for each. The MOU is often finalized between the two entities’ legal teams and serves as a legal contract, though MOUs are generally agreements without money exchanging hands. This is in contrast to a professional services agreement (PSA), in which services are rendered for payment. Benefits of establishing an MOU are that it provides clarity in the partnership, reduces uncertainty, creates a paper trail with agreed-upon terms and expectations, and lessens the risk of conflicts and confusion in the future.

Whether developing a formal or informal partnership structure, it is important that both parties agree on the terms used in the structure and their meaning—where a shared language, common goals, and communication plan can make the partnership more effective and meaningful.

Your institution probably has already established partnerships in your community to expand your capacity to support student need. We encourage you to explore your institution’s current and potential partnerships, using data around student mental health needs to determine where there may be opportunities to better serve your students through community partnerships.

Building Effective Postsecondary Referral Pathways to Community Mental Health Providers

INTRODUCTION

College can be a time of significant personal transition and development for students of all ages. For those younger than 26, this includes major changes in physical, psychological, and social domains.¹ This is also a critical period for mental health, as 62.5% of mental health conditions occur before the age of 25.^{2, 3} Despite the need for transition support, life guidance, and mental health care, there is a gap in access to high-quality, developmentally appropriate mental health care that is tailored to the unique needs of college students. Campus-based counseling centers play a pivotal role in bridging this gap in two ways: 1) by providing direct services to students, and 2) by building referral pathways to trusted community providers who serve the unique needs of this population. This resource provides an overview of considerations, tools, and strategies for building effective referral networks and pathways to community providers.

Overview of Effective Referral Pathways

With the rising number and complexities of mental health concerns, campus counseling centers simply will not have the capacity to meet every need and the scope of their services should not be designed to do so. This is where referrals and community providers play an important role in the mental health ecosystem of care for college students. Having community partners who can offer appropriate, timely, and affordable care to meet needs that fall outside the scope of the counseling center's services is critical, particularly for individuals with moderate to serious needs. It is important for institutions to have referral pathways established so that students with moderate, serious, and complex needs can access care in a timely manner; otherwise, unmet needs can escalate to the crisis level which has implications for the student's

life circumstances and outcomes, including a higher risk that they may drop out of school.

We know that colleges play a pivotal role in improving access to needed services by 1) providing direct mental health services to students (either through on-campus health and/or counseling services), and/or 2) building referral pathways to trusted community providers who can meet the needs of this population. Some campuses may be providing referrals through their counseling centers, while others may be routing students via student health services. Others may be providing information about community mental health providers to students through other areas of the university. No matter where the need for mental health services is identified, there are key factors to consider to ensure students are successfully connected to the right services.

¹ <https://hr.mit.edu/static/worklife/youngadult/brain.html>

² Solmi, M., Radua, J., Olivola, M., Croce, E., Soardo, L., Salazar de Pablo, G., Il Shin, J., Kirkbride, J. B., Jones, P., Kim, J. H., Kim, J. Y., Carvalho, A. F., Seeman, M. V., Correll, C. U., & Fusar-Poli, P. (2022). Age at onset of mental disorders worldwide: Large-scale meta-analysis of 192 epidemiological studies. *Molecular Psychiatry*, 27(1), 281–295. <https://doi.org/10.1038/s41380-021-01161-7>

³ Kessler, R. C., Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Ustun, T. B. (2007). Age of onset of mental disorders: A review of recent literature. *Current Opinion in Psychiatry*, 20(4), 359–364. <https://doi.org/10.1097/YCO.0b013e32816ebc8c>

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Considerations for Making Referrals

The following provides a brief overview of key considerations for making trauma-informed mental health referrals; these are listed in two categories, considerations for the student and provider qualities:

Student Considerations

- Insurance status (e.g., public, private, no insurance)
- Schedule flexibility for working or parenting students
- Provider location convenience and transportation access
- Preference for identity-specific counseling, such as sexual and/or gender identity, faith tradition, ethnic and/or racial identity, etc.

Provider Qualities

- Provider specialization like grief, sexual violence, substance use, eating disorder recovery, LGBTQ+ affirming, and more.
- Sliding scale payment options
- Accepting new patients
- After-hours or flexible scheduling
- Telehealth options
- Provider values, such as antiracism, in accordance with student needs

Other strategies to strengthen referral pathways may include:

- Track local resources and potential partners in a centralized campus inventory so that all on-campus mental health providers can access these resources, refer to the network of providers, and update it with new contacts and relationships.
- Consider hiring for a part-time position (or building responsibility into an existing role) that locates, vets, maintains inventory, coordinates contracts, and builds relationships with local community providers.
- Facilitate “warm handoffs,” or a transfer of care, to community providers on behalf of students with more serious needs. An important part of a warm handoff is to educate the student around how to select the right therapist (e.g., what to look for, questions to ask, and how to schedule a consultation call to determine fit).
- Expand capacity to serve mental health needs by contracting with organizations that offer telehealth options. The Higher Education Mental Health Alliance (HEMHA) has a [comprehensive guide](#) for institutions deciding whether and when to engage in telehealth services for mental health care.

The [School Mental Health Referral Pathways toolkit](#) distributed by the Substance Abuse and Mental Health Services Administration (SAMHSA) provides additional guidance around developing referral pathways. Knowing the resources available in your community is an important step in developing these pathways. Another essential ingredient is understanding your counseling center’s scope of practice as well as your clinical team’s strengths and competencies. As a starting point, we encourage you to reflect on and clarify your center’s scope of practice so that on-campus clinicians can accurately determine when a student’s mental health needs are outside the scope of practice and a referral to an outside provider is needed.