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# Mental Health and Wellness

*A Report Prepared by Faculty Senate Taskforce on Mental Wellness  
Submitted to Faculty Senate Executive Committee*

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# Summary

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## Overview

At the request of the Faculty Senate Chair, the Faculty Senate Taskforce on Mental Wellness was formed in December 2019 and tasked with reviewing existing University services, benefits, and policies related to mental health and wellness.

## Taskforce Charge

The original charge from the Senate asked five key questions:

1. Should a mental wellness questionnaire be a part of overall health screening?
2. Are visits to mental health professionals adequately covered by MSU's benefit plan? If not, can this be included? How would this impact health care premiums?
3. Do policies in the Faculty/Staff Handbook adequately address mental health and wellness?
4. How can access to mental health professionals be improved for students, staff and faculty?
5. How can communication about available resources be improved? Can the MSU website be improved so that all available information is easily and intuitively accessed?

Prior to 2019, Missouri State University employees had completed several online **mental health screening questions** as part of a computerized health risk assessment, taken at the time of annual enrollment for faculty and staff benefits. As of fall 2019, new changes meant that faculty and staff needed to participate in a biometric screening instead of filling out a lengthy health risk assessment online; as a result of these changes, only one general mental wellness question was asked in 2019 as part of the *MyBioCheck* screening. Additionally, once a year, all general (not just mental health) patients of Magers Health and Wellness Center are asked to complete a two-question Patient Health Questionnaire on mental health and wellness upon intake.

With regard to the second part of the Taskforce charge, the **University's medical insurance plan** is a self-funded plan administered by Med-Pay, Inc. Visits to mental health professionals are treated with parity to visits to other kinds of medical professionals, without discrepancies or exclusions. In addition, the MSU benefit plan offers two Employee Assistance Programs (New Directions and Cigna) which offer counseling for a variety of life circumstances.

**Policy language regarding mental health and wellness in the Faculty and Staff Handbooks** is implicit rather than explicit within the broad paragraph on Health and Life Insurance Benefits (there is no separate paragraph on mental health services provision). General language addressing disability and reasonable accommodation is found in the Missouri State University Employee Handbook (but not the Faculty Handbook), but this wording does not mention psychiatric disabilities in particular.

**Mental health professionals** may be accessed on campus by faculty, staff, and students at Magers Health and Wellness Center; these include general practitioners, psychologists, and psychiatrists, as well as an array of mental health centered wellness programs. Students may also see counselors at the Counseling Center.

Students report receiving **information** about mental health and wellness through emails, posters, and flyers from Magers Health and Wellness Center. Both Magers Health and Wellness Center and the Counseling Center have up-to-date websites, and the University web browser is also utilized to search for mental health topics.

## Response to the Original Taskforce Charge

Several key assumptions guided the Taskforce in its discussions and in the development of this report and the proposals within:

- Mental health and wellness affect all stakeholders of the University. While faculty, staff and students occupy different roles within the University, the mental wellbeing of all is of high importance to the best, most efficient and well-integrated functions of the University as a whole.
- Mental health and wellness issues affect college populations significantly. 1 in 5 adults in the U.S. experiences mental illness in a given year. One in five students experiences a mental health condition while in college and 75% of all lifetime mental health conditions begin by age 24 (See NAMI, National Alliance on Mental Illness, “Mental Health by the Numbers”, <https://www.nami.org/learn-more/mental-health-by-the-numbers>).
- The University administration has shown in recent years a strong commitment to faculty concerns as demonstrated by assessing work-life balance needs, expanded wellness opportunities through Magers Health and Wellness Center, and the recent affirmation and extension of paid leave for faculty. This document expands on this commitment by extending support for mental health and wellness initiatives in ways consistent with the Administration’s focus.
- Mental health should be treated with the same concern and seriousness as any other aspect of health.

The committee began its work by reviewing and compiling existing university information on mental health and wellness, including details of the Base Plan and the Buy-Up Plan health insurance policies available to faculty and staff; language in the Faculty Handbook and Employee Handbook; and a review of the conclusions of the Work/Life Committee (published in December 2008) <http://www.missouristate.edu/worklife/finalreport.htm/>.

Separate focus groups of students, faculty, and staff answered questions about mental health on campus and discussed the visibility of and access of services including those at the Counseling Center and Magers Health and Wellness Center. The University website, Magers Health and Wellness Center website, and the Counseling Center website were reviewed. Director Dr. F. Muegge kindly supplied statistics for numbers of patient visits and information about programs at Magers Health and Wellness Center.

The Faculty Senate Taskforce on Mental Wellness was further charged to recommend to the Faculty Senate cost-effective strategies to improve mental wellness on campus. Based upon our review of the information described above, the committee developed a proposal that includes a variety suggestions including:

- The updating of language of all policies that address health and/or disability, to ensure that mental health is named as a priority,
- Mental health training for supervisors,
- Improved communication between campus mental health professionals and faculty and staff,
- Better communication about employee benefits (especially the EAP),
- Updates to the University website to make links and other pertinent mental health resources more easily accessible.

As articulated by the Faculty Senate Chair upon issuing the charge to the Faculty Senate Taskforce on Mental Wellness, the goal of this inquiry and report is to extend a campus-wide conversation on mental wellness and improve access to mental wellness professionals.

# 1. Should a mental wellness questionnaire be a part of overall health screening?

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## Statement of Existing Policy or Resource

Missouri State University employees no longer complete a multiple question online screening questionnaire as part of the **annual Health Risk Assessment (HRA)**.

As of fall 2019, faculty and staff participated in a biometric screening instead of filling out a lengthy HRA form online; as a result, only one general mental wellness question was asked in 2019 as part of the *MyBioCheck* screening. Answers to this mental wellness question are not reported back to Magers Health and Wellness Center, or to one's own GP, but in response to an answer indicating possible depression, the employee would be contacted by Mercy staff for follow up.

In November 2017, the Office of Internal Audit and Compliance presented a report on the Missouri State University Employee Wellness Program, concluding that consideration should be given to establishing an in-house HRA through the University's Computer Services Department. The Management response to the idea of in-house HRA instruments was that this had previously been considered and that they had elected not to do this due to HIPAA concerns.

See <https://www.missouristate.edu/assets/internalaudit/2017-MSU-Employee-Wellness-Program.pdf>

In addition to any mental health screening that employees may complete during benefits enrollment, once a year, upon intake, all general (not just mental health) patients of **Magers Health and Wellness Center** are asked to complete a two-question Patient Health Questionnaire (PHQ-2) on mental health and wellness.

The PHQ-2 is a validated screening tool that inquires about the frequency of depressed mood and anhedonia over the past two weeks.

The PHQ-2 includes the first two items of the PHQ-9 (an extended, 9-question, mental health questionnaire). The purpose of the PHQ-2 is to screen for depression in a "first-step" approach. Patients who screen positive should be further evaluated with the PHQ-9, other diagnostic instruments, or direct interview to determine whether they meet criteria for a depressive disorder.

The questions asked in the PHQ-2 are as follows:

Over the last 2 weeks, how often have you been bothered by the following problems?

1. Little interest or pleasure in doing things
2. Feeling down, depressed or hopeless

In terms of clinical utility, reducing depression evaluation to two screening questions enhances routine inquiry about the most prevalent and treatable mental disorders in primary care.

Source: <https://www.hiv.uw.edu/page/mental-health-screening/phq-2/>

Confidential **online mental health screenings are available to students via the Counseling Center website.**

Online screenings are available for:

- Anxiety
- Post Traumatic Stress Disorder
- Eating Disorders
- Alcohol Abuse
- Depression/Bipolar Disorder

These screenings are considered informational and not diagnostic in nature but provide a good first step for students who may be considering coming into the Center to talk about a mental health issue.

Brief screenings are a quick way to determine if an individual should connect with a behavioral health professional as completing these screenings will help patients determine if their recent thoughts or behaviors may be associated with a common, treatable mental health issue. Immediately following the brief questionnaire students will see their results, recommendations, and links to key resources. Students with positive initial screening results are encouraged to schedule a follow-up meeting with an MSU counselor, which will include a confidential discussion of screening results and available resources. See, [https://counselingcenter.missouristate.edu/Online\\_Screening\\_info.htm](https://counselingcenter.missouristate.edu/Online_Screening_info.htm)

The same screening tests are available to all University populations online through the **Mental Health Services page on the Magers Health and Wellness Center website.**

## Statement of Proposed Policy or Resource

**No additional screening tools are necessary at this time.**

Annual mental health screening is extended to all patients at Magers Health and Wellness Center, with online screening available via the Counseling Center and Magers Health and Wellness Center websites. Additionally, annual biometrics questions can be tailored to the individual institution; currently, at least one mental health question is asked annually (with provision for follow-up by Mercy professionals).

## 2. Are visits to mental health professionals adequately covered by MSU’s benefit plan? If not, can this be included? How would this impact health care premiums?

### Statement of Existing Policy or Resource

**The University's medical plan** is a self-funded plan administered by Med-Pay, Inc., a Third Party Administrator. The University offers two plans for employees to choose from, the Base Plan and the Buy-Up Plan. Family medical coverage is available for employees who wish to also cover their dependents, including spouses, sponsored dependents, children and other eligible dependents. Employees who elect dependent medical coverage pay the full premium cost of dependent coverage. See, <https://www.missouristate.edu/assets/human/Fringe-Benefit-Summary-Faculty-August-2019.pdf/>

As of 1 January 2019, the MSU Group Medical Plan covered the following charges for both the Base and the Buy-up plans:

Covered event: Mental Disorders	Magers Health and Wellness Center & Other On-Campus Clinical Facilities	Network Providers	Non-Network Providers
Inpatient	Not applicable	80% after deductible	60% after deductible
Outpatient	80%, deductible waived	80% after deductible	60% after deductible
Office Visits	100% after copayment	80% after deductible	60% after deductible

Visits to on-campus mental health professionals are covered at 80% with the deductible waived, and office visits are covered at 100% after copayment. Mental health visits are covered with parity to visits for other covered medical events. Network providers are covered at 80% after deductible, and non-network providers at 60% after deductible.

Magers Health and Wellness Center Pricing for Employees, compared with in-network providers:

Magers Health and Wellness Center Psychiatrists and Psychologists	Mercy In-Network Providers Psychiatrists and Psychologists
\$5 and \$10 copay	\$30 and \$60 copay

Prices for psychiatrists and psychologists at Magers Health and Wellness Center have a \$5 or \$10 copay, compared with a \$30 or \$60 copay for Mercy In-Network Providers.

In addition to on-campus provision of mental health and wellness services, the University provides **Employee Assistance Programs** to faculty and staff as part of their benefits package.

The EAP is a free, confidential service to help employees and their immediate family members with a wide range of problems. It is available 24 hours a day, 365 days a year. EAP consultants provide professional, experienced guidance that can assist individuals in both work and non-work related situations by providing information, support and referral services to assist employees with life concerns. The assistance may be provided by phone, online and/or face to face counseling. Missouri State University offers employees two options to access services: New Directions Behavioral Health (Mercy) and Cigna.

Cigna offers counseling for work-life issues, assistance with finding child or senior care, help with legal or financial matters and more. Up to six visits with professionals at Cigna are covered annually by MSU's plan.

New Directions resource center provides reliable information on a variety of mental and behavioral health topics, educational materials, screenings, and self-help tools. Behavioral health case management to help navigate a range of diagnoses. Other areas in which people seek help include substance use disorders, ADHD, autism, and suicide awareness.

## Statement of Proposed Policy or Resource

**No changes to the benefit plan are proposed at this time.**

A law passed in 2008, the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (also known as the mental health parity law or federal parity law ) requires coverage of services for mental health, behavioral health and substance-use disorders to be comparable to physical health coverage.

This law affects Employer-sponsored health coverage, like the Med Pay coverage through MSU. The federal parity law requires insurance companies to treat mental and behavioral health and substance use disorder coverage equal to (or better than) medical/surgical coverage. That means that insurers must treat financial requirements equally.

Limits on the number of mental health visits allowed in a year were once common. The law has essentially eliminated such annual limits. However, it does not prohibit the insurance company from implementing limits related to "medical necessity." <https://www.apa.org/helpcenter/parity-guide>



### 3. Do policies in the Faculty/Staff Handbook adequately address mental health and wellness?

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#### Statement of Existing Policy or Resource

**The Faculty Handbook** (revised 1 August, 2019), addresses Health and Life Insurance benefits in section 6.2.1

*“All full-time faculty (minimum 9-month contracts) are eligible for a variety of insurance benefits. Medical, dental, life, and long-term disability insurance are provided by the University at a low cost to faculty members. Supplemental 53 life insurance and long-term care insurance may also be purchased with premiums borne by faculty and paid through payroll deductions. Faculty may also purchase medical, dental, and life insurance for their spouses, sponsored dependents, and dependents, with monthly premiums paid through payroll deductions”.*

The wording in the **Staff Handbook** (Employee Handbook) is very similar, with no distinction made between medical benefits for mental health and benefits for physical health.

Employees seeking assistance or accommodations for psychiatric disabilities will find the website of the **Disability Resource Center** very much geared toward helping students. Indeed, the faculty resource page (with FAQs) is all about helping students, with no links to securing accommodations for one’s own disability. <https://www.missouristate.edu/disability/>

Statements about disability accommodations are absent from the Faculty Handbook, but contained within section 2.3 of the Missouri State University **Employee Handbook**:

#### *2.3 Disability and reasonable accommodation*

*“Missouri State University is committed to providing an accessible and supportive environment for employees with disabilities. Equal access for qualified employees with a disability is an obligation of the university under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Missouri State University does not discriminate on the basis of disability against otherwise-qualified individuals in any program, service or activity offered by the university. The university is committed to ensuring that no otherwise-qualified individual with a disability is excluded, denied services, segregated or otherwise treated differently than other individuals because of the absence of auxiliary aids or other appropriate services; however, accommodations cannot result in an undue burden to the university or fundamentally alter the essential functions of the job.*

*The complete disability accommodations policy can be found on the office for institutional equity and compliance website. An employee needing to request a reasonable accommodation for a disability should contact the Office for Institutional Equity and Compliance, Park Central Office Building, Suite 111, telephone 417-836-4252. Employees of the West Plains campus should contact the Affirmative Action Liaison, University/Community Programs Office, West Plains Civic Center at 417-255-7966.”*

A guidance memo is provided by the Office for Institutional Equity and Compliance concerning Employee Disability Accommodation Policy and Procedures. See <https://www.missouristate.edu/equity/Accommodation-Resources.htm>

**Equal access for qualified employees and students with disabilities** is an obligation of the University under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. While suitable accommodation language appears under section 2.3 of the Employee Handbook, it does not specifically mention psychiatric disability.

In May 2017 a free resource guide was published by Temple University’s Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities. Titled, *Promoting Supportive Academic Environments for Faculty with Mental Illnesses: Resource Guide and Suggestions for Practice*, at time of writing it had been downloaded 3856 times. The guidebook reported that “70% of respondents surveyed had no or limited familiarity with accommodations they can seek in working conditions, and 87% didn’t use them at all.” As co-author, Margaret Price, remembers of seeking help for her own cognitive and memory issues, “I thought I just had to tough it out...Getting an accommodation for my particular mental issues had literally not occurred to me.” [http://www.tucollaborative.org/sdm\\_downloads/supportive-academic-environments-for-faculty-with-mental-illnesses/](http://www.tucollaborative.org/sdm_downloads/supportive-academic-environments-for-faculty-with-mental-illnesses/) Price cited that one of the most distressing findings in her research is that “faculty are almost never given information about disability accommodations, but rather almost always have to hunt it down themselves,” <https://www.chronicle.com/article/On-FacultyMental-Illness/242081>

One of the most striking recommendations of Price’s publication is also the most simple: “ensure that mental health is named as a priority in all policies that address health and/or disability.” To which Price references the Conference on College Composition and Communication’s policy on disability, which states, “CCCC recognizes that students, staff and faculty on college campuses include people with a wide range of visible and invisible disabilities—cognitive, learning, emotional, psychological, and physical.”

## Statement of Proposed Policy or Resource

**Include policy language regarding disability and reasonable accommodation in the Faculty Handbook, to parallel the policy already in the Employee Handbook.**

**Review all policies that address health and/or disability to ensure that mental health is named as a priority.**

**Develop a campus-wide policy that articulates how issues surrounding mental health will be addressed, for all faculty, staff, and students. This policy should include guarantors and procedures for maintaining confidentiality in any situation where an individual’s mental health is addressed.**

**Create explicit policy regarding the utilization of sick days for physical and mental health .**

**Provide mental health training for supervisors.**

Missouri State University policies address such topics as medical leave, medical insurance benefits, and disability accommodations in legally compliant, but very broad, terms. **In order to create a “culture of access”\*, in which “access” means clear and effective policies for inclusivity, and against stigma and harassment, policies should explicitly address cognitive, learning, emotional, psychological, and physical disabilities in ways that are made transparent across all policy documents and procedures, including hiring, performance review, and promotion; with a proactive, visible infrastructure for accommodation.**

\*[http://www.tucollaborative.org/sdm\\_downloads/supportive-academic-environments-for-faculty-with-mental-illnesses/](http://www.tucollaborative.org/sdm_downloads/supportive-academic-environments-for-faculty-with-mental-illnesses/)

## 4. How can access to mental health professionals be improved for students, staff and faculty?

### Statement of Existing Policy or Resource

1 in 5 adults in the U.S. experiences mental illness in a given year (a total of 46.6 million individuals). However, according to NAMI, only 41% of adults in the U.S. with a mental health condition received mental health services in the past year. <https://www.nami.org/learn-more/mental-health-by-the-numbers/> 59%, more than half, did not see a mental health professional.

Tragically, 80 to 90 percent of college students who died by suicide had not received assistance from their college's counseling center. <https://www.affordablecollegesonline.org/college-student-mental-health/>

Access to services is key. A study by the American Psychological Association (APA) found that approximately 86 percent of students with a psychiatric disability left school without completing their degree <https://www.apa.org/monitor/apr05/impairments/>, and yet, many young people with serious mental health conditions are perfectly capable of completing a college education. <https://www.nami.org/Blogs/NAMI-Blog/March-2018/A-Diagnosis-of-Mental-Illness-Need-Not-End-a-Colle>

For college students, **cost and wait times** are the main factors in gaining access to mental health professionals. Students enrolled full-time at MSU have access to up to **20 free counseling sessions a year** – eight in the fall semester, eight in the spring semester and four in the summer. Those needing the care of psychiatrist can usually secure an appointment less than a month away, and at significantly lower cost than in the community, while employees can also see psychologists and psychiatrists at Magers.

Pricing for Students, for Psychologists and Psychiatrist, at Magers, compared with local providers:

Students: New Psychiatrists at:	Students: New Counselor at:
Magers, \$80	Magers \$110
Mercy, \$191	Mercy, \$110
Eustasis, \$300	Counseling Center = Free
Burrell, \$193 + \$180 (Access Center)	

Availability of Mental Health Professionals:

Practitioner	Hours available per week	Time to wait until next availability	Notes
Psychiatrist at Magers	22 hours	4 weeks	6 hours/week psychiatrist time added in fall 2019
Psychologist at Magers	19 hours	1-2 weeks	4 hours/ week psychologist time added in spring 2020
Counselors for Students at Counseling Center		3-4 weeks	Increased two Counselors at Counseling Center in 2019

While longer wait times for students at the Counseling Center were reported in *The Standard* last fall, Director of the Counseling Center, Rhonda Lesley, explained that students at Missouri have become more curious about their mental health, with more people seeking therapy than ever. **Last year two new counselors were hired** to meet demand, a trend that will continue.

[http://www.the-standard.org/news/counseling-center-facing-backlog/article\\_48d74e46-04e2-11ea-a020-bf4e4047e559.html](http://www.the-standard.org/news/counseling-center-facing-backlog/article_48d74e46-04e2-11ea-a020-bf4e4047e559.html)

According to Dr. F. Muegge, Director of the Magers Center for Health and Wellness, in Academic Year 2019, 256 employees and 876 students visited Magers Family Health and Wellness Center, a combined total of **4,427 visits**, for mental health-related diagnoses.

In response to high demand for the services of mental health professionals, in spring 2020 Magers added **four more counseling hours a week** for faculty, staff, and dependent counseling availability. This brings the current counseling total to 19 hours per week (8 with a PsyD counselor, and 11 with an LPC-Master's educated counselor) and a wait time of less than two weeks.

In **psychiatry, six additional hours per week** were added for student, faculty, staff, and dependents, bringing the current psychiatrist total to approximately 22 hours per week total and a wait time currently of less than a month.

While these numbers indicate significant uptake of medical mental health services, **conversations with focus groups of faculty and staff reveal uneven awareness of mental health services on campus**. One faculty member said, *"On the faculty side, if I did not personally know of people seeing psych. doctors at Magers I'm not sure whether I'd know they existed. Students seem supported well, though"*, while another faculty member commented of the psychologists and psychiatrists at Magers, *"I did not know we could use this service"*. Asked about mental health services, *"Student awareness yes. For faculty non-existent...complete lack of prevention for faculty"*.

Staff senators elucidated that new employees attend an orientation and receive information regarding their benefits package, yet very little is mentioned about benefits regarding mental health. *"You don't know what you don't know"* seemed to be an overarching idea. Other staff members mentioned that there should be **more education about mental health resources** and what is available to employees. Another important topic of discussion was the **utilization of sick days for "mental health" days**. Some staff members did not feel supported when taking off for "mental health" days or did not feel comfortable talking to supervisor about mental health, stress, etc. Another member of the Senate discussed the importance of **mental health training for supervisors**, more specifically recognizing signs of anxiety, depression and other mental health issues as well as how to support employees.

Many extra-curricular activities are on offer to faculty, staff, and students, but few respondents mentioned mental health and wellness opportunities beyond counseling and clinical visits.

Magers Health and Wellness Center offers a wide number of classes, activities, and educational talks for faculty staff and students. For example, **Employee Wellness** is initiating a several-session series on mental health this semester, with an emphasis on understanding, care, and self-help. A three-session series on **anxiety management** is featured in March and April, while a **Mindfulness and Meditation** series has been offered for several years. The spring 2019 session is specifically focused on the topic of "happiness". Here is a summary from the series: *"This mindfulness and meditation class reveals the misconceptions that we have about happiness and the features of the mind that lead us to think the way we do and what prevents us from seeking the things that bring us lasting joy. This class includes activities that have been proven to increase happiness along with strategies to build better life-long habits."*

**For students**, many opportunities are geared toward mental health and wellbeing, including: a Mindfulness class on Mondays, **Wellness Wednesday** topics, Yoga Zen class on Thursdays, as well as regular **Self Care for a Bear** topics/presentations. MSU offers a Collegiate Recovery Program, Exploring Anxiety workshops, Anger Management workshops, Relationships workshops, and Grief Support groups. **Body U online** helps students stay fit and healthy, manage stress and anxiety, and improve their relationship with food, [https://counselingcenter.missouristate.edu/Body\\_U.htm](https://counselingcenter.missouristate.edu/Body_U.htm), while

student organizations **NAMI on Campus**, and **Active Minds** have groups at MSU. Other campus events include, **Fresh Check Day**, a mental health awareness fair, at MSU in September, focusing on topics such as suicide prevention, self-care, anxiety, body image, and stress; **National Depression Screening Day**; **Eating Disorders Awareness Week**; and **Study Day Massage and de-stress events for finals**.

Missouri State University has shown a strong commitment to mental health and wellness, both in the hiring of necessary personnel to meet increased demand for services on campus, and in the extension of educational programs, such as the **Ask, Listen, Refer online suicide prevention training** <http://www.asklistenrefer.org/msu/>, support for the **Behavioral Intervention Team**, <https://www.missouristate.edu/dos/behavioral-intervention-team.htm/>, and **RESPOND** training workshops <https://blogs.missouristate.edu/inside/tag/respond/>. The annual **Impact Summit** presents a day-long conference on student mental health <https://www.missouristate.edu/impactsummit/>, while last year the Collegiate Recovery Program hosted the **Addiction and Recovery Summit** at the PSU.

## Statement of Proposed Policy or Resource

**No changes to access to mental healthcare for faculty and staff are proposed at this time.**

**Access to mental healthcare providers is available to faculty, staff, and students, on campus at a lower cost and with shorter wait-times** than through other providers in the community. In 2019, both Magers Health and Wellness Center and the Counseling Center have increased practitioner hours to meet demand. However, focus groups of both faculty and staff suggest that perception of availability of services is poor.

It was suggested that as more counseling staff are brought onboard, **improved access to counseling services for faculty and staff** should be considered.

With so much effort focused on student wellbeing, communications regarding mental health have not historically targeted employees. As a result, **faculty and staff are not well-advised of resources available to them.**

## F5. How can communication about available resources be improved? Can the MSU website be improved so that all available information is easily and intuitively accessed?

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### Statement of Existing Policy or Resource

Information about **policies regarding medical insurance, medical leave, and disability accommodation** are found in the **Faculty Handbook** and **Employee Handbook (Staff Handbook)**. An online alphabetical search for these documents finds them readily, although disability accommodation is not covered in the Faculty Handbook. Visiting the **Disability Resource Center**, the information is geared entirely toward student accommodations; employee accommodation information is found (less intuitively) through the **Office for Equity and Compliance** (although no mention of psychiatric disabilities is made). <https://www.missouristate.edu/equity/Accommodation-Resources.htm>

When the faculty focus group was asked, *“How easy is it to find information about mental health and wellness services and providers on the MSU campus?”* one respondent summed it up: *“I know how to refer students, that’s all”*.

Faculty suggestions for improved communication included:

- Make assistance more visible. Educate students, faculty, and staff
- Flyers for advisors (and faculty)
- Better web presence/ a major stand-alone website specifically for mental health
- An app
- Guest speakers
- Perhaps some posters with a well-written and designed campaign?

Students agreed that an **app** would make it easier to access information on phones; in particular, **scheduling online** was desirable. One, however, complained, *“Nothing on MSU’s website is straightforward. It seems that the need-to-know information is hidden and hard to find.”*

Magers is already addressing the Mental Health page on its website and has linked into the Counseling Center’s online screening tools to make these visible beyond the student population. In addition to the confidential screenings, the redesign is intended to increase clarity and cost transparency.

At the University level, the **University website search engine** could be reviewed with the Management Informational Systems branch of Computer Services to ensure that search prompts relating to mental health result in the most appropriate destinations (as a priority over archived material).

Conversations with faculty and staff reveal that the real problem is not a lack of technology, or access to mental health care, but a lack of visibility for faculty and staff who feel that the mental health needs of students are being met, but not their own. Referring to mental illness, one faculty member remarked, *“Seems like to this point it is “part of the job”. In my experience, I have not received any preventative information. Again there is a real effort for the students but a complete lack of support for faculty or staff.”*

Staff Senate powerfully closed their discussion on Staff Mental Health and Wellness: ***“Missouri State University must commit to creating a positive culture surrounding the topic of mental health, support and resources.”***



## Statement of Proposed Policy or Resource

**Create well-designed, campus-wide, inclusive, visible promotion for mental health services and events**

**Increase the numbers of year-round speakers, events, and exhibitions dedicated to mental health**

**Make events and services welcoming and appealing to faculty and staff, as well as to students**

**When mental health professionals speak to faculty and staff about student mental health, balance this with conversation of how to support faculty and staff mental health and wellness**

**Consult with Management Informational Systems to improve the search function of the University website and to make links and other pertinent mental health resources easily accessible**

**Facilitate continued, intentional communication with faculty and staff members regarding available mental health resources, especially the Employee Assistance Program (EAP)**

Communications from mental health professionals that make faculty and staff feel that they are seen and acknowledged go a long way to reduce the isolation and stigma that can be a part of living with mental illness, especially in that most vulnerable (and stressful) of environments, the workplace.

*“One of the biggest difficulties of the academic world is that we are expected to be bulletproof. We are the intellectual elites in our respective fields (or at least that is what the brochures say), and thus our brains cannot possibly have problems.” <https://www.insidehighered.com/advice/2018/08/31/removing-stigma-faculty-members-mental-health-disorders-opinion>*

## Conclusions

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*“We envision a future where mental health is recognized as part of general health and wellness and is not associated with shame, secrecy or prejudice.”* Nance Roy, Chief Clinical Officer, JED Foundation.  
<https://www.jedfoundation.org/who-we-are/>

In NAMI, “Mental Health by the Numbers”, we are reminded that one in five U.S. adults experience mental illness each year, while one in twenty-five U.S. adults experience serious mental illness each year.  
<https://www.nami.org/learn-more/mental-health-by-the-numbers>

Serious mental illness (SMI) is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI.  
<https://www.nimh.nih.gov/health/statistics/mental-illness.shtml/>

With 759 full-time faculty in 2018-2019, and 1,341 full-time staff working at MSU, that’s 420 of 2,100 full-time employees experiencing a mental illness in any given year, and 84 of us with a serious mental illness resulting in disability.

As Margaret Price observes, *“Faculty with mental disabilities are a vital, creative part of the academic workforce. Although there is still much stigma and misunderstanding attached to mental disability, colleges and universities are increasingly recognizing that campus mental health affects all members of the campus community, and that honoring all faculty members’ needs, as well as their strengths, leads to a campus climate that is both healthier and more just.”*  
[http://www.tucollaborative.org/sdm\\_downloads/supportive-academic-environments-for-faculty-with-mental-illnesses/](http://www.tucollaborative.org/sdm_downloads/supportive-academic-environments-for-faculty-with-mental-illnesses/)

The suggested policy changes and resource initiatives proposed in this document provide the opportunity for Missouri State University to more effectively recruit and retain high-quality and diverse faculty and staff who, in turn, support the academic, physical, and mental wellbeing of our students. As Price identifies, *“a powerful move in creating a welcoming climate for faculty with mental disabilities is simply to indicate, through policy and everyday practice, that they are expected.”*



## Summary of Recommended Actions

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With so much effort focused on student wellbeing, communications regarding mental health have not historically targeted employees. As a result, faculty and staff are not well-advised of resources available to them. One of the biggest challenges is to improve communication with faculty about resources on campus and to make events and services as welcoming and appealing to faculty and staff as they are to students.

Similarly, while university policy documents are evenly compliant, they are also broad and vague. In order to assure not only legal compliance but to foster a climate of inclusivity, and to send a strong message against stigma and harassment, policies should explicitly address cognitive, learning, emotional, psychological, and physical disabilities in ways that are made transparent across all policy documents.

After reviewing existing university information on mental health and wellness, and after considering the feedback of several focus groups of students, faculty, and staff, the Faculty Senate Taskforce on Mental Wellness developed a variety suggestions including:

- **Update the language of university policies that address health and/or disability (including leave policies), to ensure that mental health is named as a priority**
- **Facilitate continued, intentional communication with faculty and staff members, supervisors and providers, regarding available mental health resources, including the Employee Assistance Program (EAP)**
- **Consult with Management Informational Systems to improve the search function of the University website and to make links and other pertinent mental health resources easily accessible**
- **Create well-designed, campus-wide, inclusive, visible promotion for mental health services and events**

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