

Michael Donovan: [00:00:00] On this episode of the Evidence to Impact Podcast, we'll be discussing challenges to mental health among college student populations. Today I'm joined by Dr. Maithreyi Gopalan and Dr. Brett Scofield. Maithreyi is an Assistant Professor of Education and Public Policy here at Penn State. Brett serves as the Associate Director of Counseling and Psychological Services or CAPS at Penn State, and also as the Executive Director of the Center for Collegiate Mental Health or CCMH, we can begin today with some introductions on your backgrounds. Maithreyi, would you start.

Maithreyi Gopalan: Sure. Hi everyone. I'm Maithreyi Gopalan, like Michael said, I'm an Assistant Professor of Education and Public Policy here at Penn State. I have a few different lines of research, but broadly I'm interested in research at the intersection of health and education, how school and college contexts, especially shaped children and adolescents education as well as mental health. And I'm really interested in kind of thinking about how health policies broadly, [00:01:00] but also education policies really have many spillovers across the domains. And so I do really think about my work is doing policy relevant research that examine psychosocial processes that affect both education and health.

Michael Donovan: Excellent. Thank you so much. Welcome, Brett. How about yourself?

Brett Scofield: Thank you, Michael. And Maithreyi, it's really a pleasure to be here and to talk a little bit about my role. So I serve in two different roles at the university. I'm the Associate Director of Operations at Counseling and Psychological Services. And under Counseling and Psychological Services is the Center for Collegiate Mental Health. And I am the Executive Director of that center. So just a little bit about what CCMH is and what my role is at CCMH. So CCMH is a practice research network of international counseling centers, and we have nearly 700 institutional members, it's one of the largest practice, research networks of its kind [00:02:00] in the world in terms of focusing on psychotherapy. And what we do as a practice research network is we focus on the sector of college students who are actually seeking care at counseling centers. So we collect and analyze de-identified data as part of the routine practice when students seek mental health treatment at counseling centers internationally, and within the United States, that information that we use it is used in turn to do research, build tools and advocate for counseling centers. And this can be a benefit to the counseling centers, administrators, researchers, the public, and most importantly to the students who are receiving services.

Michael Donovan: Great. Welcome to the show and thank you both for your important contribution. My first question is for Brett. Before we get to some of the changes and multiple disruptions associated with the pandemic, could you explain really what's been happening around the [00:03:00] country in terms of collegiate mental health for the last 20 years?

Brett Scofield: Sure. That's a great question, Michael. So what we know is over the past decade, there's been unprecedented rise in demand for college counseling services nationally. And if you go back in time 20, 30 years ago, I think you can look at that as the foundation to understand what is happening now. So in the past two decades, there's really been an unprecedented efforts by colleges and universities and external programs to really de-stigmatize mental health services, identify people who are in need of support and to get them referred and suicide prevention programming. And what we've found is that we've actually been very successful in these efforts. So what's happened [00:04:00] is that over time more students have been comfortable receiving services. We've become better at identifying students who need services and getting them connected. And what has happened is that you've seen a rise in the number of students seeking services to the point where it's outpaced even the enrollment, because we know college enrollment, especially 10, 5, 10 years ago was increasing nationally, but counseling services were outpacing the rise in enrollment by over five times the rate between 2009 and 2015. And what has happened is that counseling centers have grown in the amount of students they're serving. There's been rising caseloads for clinicians who are seeking care and there hasn't been comparable funding for the counseling [00:05:00] services to accommodate those students who are now asking for services. We've been great at making students feel comfortable asking for services, but there hasn't been a comparable level of funding to accommodate those students who are now receiving services. One of the thing I'd like to say about the last 20 years is CCMH was founded in 2004 by Dr. Ben Locke and back 20 years ago, we did not have national data on students who are seeking counseling services. And what happened was back in the day we did know that there was even rising demand for services in the early two thousands. And there was a lot of anecdotal data and opinions about what was happening and what would usually would win out in terms of affecting policy was the strongest opinion in the room and not data and informed practice. So Center for Collegiate Mental Health was [00:06:00] developed in an effort to understand what is happening using standard data so that you can compare students to students across colleges and universities.

Michael Donovan: Thank you, Brett. My next question is for Maithreyi. Could you explain what has changed in higher education when it comes to what students value and really how institutions are changing?

Maithreyi Gopalan: Sure. Yeah. higher education has always been more than spaces where academic learning happens. So even before we get into counseling and mental health, I think it's nice to think of a college context, a little bit more broadly. It's also the time when most adolescents and young adults, basically, at least in the US leave their home spaces for the first time they moved to a new situation, new environment, trying to build social networks, trying to make sense and meaning of their own purpose in the world along with the intellectual pursuits that they are planning [00:07:00] to do. So college context and higher education institutions have embraced their role as places where a lot more than academic learning happens. And I think before we even get to the stage of the psychopathology side of adolescent mental health and young adult mental health, we want to think about health more broadly. How can college context provide more spaces for community, for building peer networks, which we realize and are embracing as some of the important pathways through which most of the educational goals for colleges have been attained because it's the peer networks that students build during their colleges that kind of sets them up for the labor market. And so I think higher education institutions have slowly embraced this notion that they are trying to help students build agency, cultivate a community so that they can come to belong in that institution so that they can integrate and perform to their best [00:08:00] of abilities.

And I think. Students have started valuing that too. So they expect colleges to be welcoming, to be places where they can find their intellectual passions, but also places where they can build community, adopt health behaviors, which we know actually have much longer effects in the life course. And so I think institutions and students expect a lot more out of colleges these days and rightfully so, because I think there are contexts where students get to learn and thrive. And I think that's something that we have been thinking about a lot more from the research side when we started this study, where we really wanted to think about college students, experiences and relationships.

And so the PI of the study, Stephanie Lanza from the Prevention Research Center and Ashley Linden Carmichael, who's also a friend and colleague we're talking about. Running this study, thinking about college experiences overall and thinking about how we can [00:09:00] assess students' community, their sense of belonging and what impact that might have, not just in academics, but also broadly on their wellbeing and health.

And that's the genesis of the study where we think about how social belonging on college campuses might have a pretty huge impact on a student's mental health. And all of this was much before the pandemic. And I'm sure we'll jump

into it where we talk a little bit more about how we adapted this study when the pandemic hit and what came about from there.

Michael Donovan: So prior to pandemic an increase in demands of what universities are to provide to their student body and then combined with greater need as a result of the pandemic and the challenges that it brought. So to that point, I'd love to dig into a little more about what has been happening at CAPS and also at CCMH, Brett, as a result of the pandemic, what has besides the increase in the volume of students who are either in crisis or approaching, what other dimensions of change have you seen?

Brett Scofield: Thanks, Michael, that's a [00:10:00] really good question. And the answer is really just nuanced **in terms** of what is happening nationally in terms of the landscape of college student mental health. So if you think about the rising demand and services that we talked about earlier, that was certainly something we saw up until the onset of the pandemic in March of 2020.

And then we now have two years of data looking at what's happened post pandemic and contrary to what the national narrative is, actually, there was a decline in the number of students seeking services nationally after the onset of the pandemic, there wasn't necessarily a decline in the mental health need, but there was a decline in the number of students seeking services.

Many counseling centers had to abruptly shift to remote operations in March of 2020, students were displaced and had to go home and [00:11:00] then we had almost an entire year where many colleges and universities in 2020 and 21, were operating in some kind of hybrid or remote instruction capacity and college counseling centers were doing a lot of telehealth services.

So the combination of factors where students maybe learning from home, potentially counseling centers having telehealth only operations led to students, we think seeking services near to their home or returning to previous providers **that** they saw before attending college. So what happened is certainly if you look at the utilization data, is that there's actually been a decline.

And then if you look at the most recent fall 2021 data, it starting to tick back up again, the pre COVID levels, but tentatively, and it doesn't look to it's quite there yet. We'll know more at the end of this year. So [00:12:00] utilization declining, but it starting to rise again to pre COVID levels. And then in terms of what kind of concerns students are coming in for, that's also a nuanced picture as well.

So we know that from last year's data, 94% of students are telling us that they're coming in with at least one or more areas of their life that are negatively impacted by COVID. And to highlight what Maithreyi was saying, when you ask them what areas have been impacted, loneliness and isolation are certainly as one of the top ones, mental health being negatively impacted almost three quarters of students last year were saying that their mental health was negatively impacted, motivation and focus, which we're seeing not only outside of the classroom, and that is also a something that's impacting people's academics. Their schoolwork is a concern and an increasing area of concern that I'm seeing is students reporting [00:13:00] experiences and opportunities. And I am becoming more worried about this over time, because if you think about the early part of the pandemic in March of 2020, there was a lot of different adjustments we had to make to our lives socially and developmentally in order to accommodate for the onset of this pandemic.

So that looked like in the very beginning that students were missing gatherings, they were missing contact with their friends, but in a couple of months that became a missed graduation and other developmental milestones. And I think we're seeing over time that students, especially the first year and a half of the pandemic were missing out on opportunities that I think were stunting some of their development.

So students that you're seeing right now might appear younger in their development because of some of these missed opportunities and, moving to the clinical side of what are we seeing [00:14:00] that's changed in terms of the clinical concerns students are experiencing, since the onset of the pandemic: eating disorders and eating disorder symptoms, certainly there's been a rise in that.

And that's pretty well documented when you look up some of the reasons for that, the increase in isolation especially early in the pandemic, the supply chain for certain food, exercise routines being disrupted, academic distress has been a tremendous increase in academic distress since the onset and the pandemic that's come down in the most recent fall 2021 data, but it's still much more elevated than pre pandemic: family distress.

And one thing, one new trend that we found in the fall of 2021 that was not present before, was this rise in social anxiety, which many of us might have anticipated given that if you think of last year as a remote year, where students had limited social contacts, when you bring [00:15:00] people back together on campus, those people **that** had preexisting social anxiety and possible new onset social anxiety from having these new social experiences where you're

encountering some of those anxieties of, and fears of being judged, how do I interact with this person? Are they evaluating me in some particular way? These are all symptoms of social anxiety.

Michael Donovan: I do wonder as well about the intersection of technology in this space. And you mentioned the the modality changes to telehealth and virtual settings and how that has been disruptive, but also potentially expanded some opportunities for those who may be less comfortable in in-person settings.

There's also challenges around our integration with technology around social media and I noticed a piece in the New York Times this morning regarding reported adolescent mental health quality stemming from what they're showing as use of social media. I wonder if you had any notes, Brett, on just technology, the intersection [00:16:00] there and how it's a double-edged sword.

Brett Scofield: It's a great question, Michael. One of the things I wanted to add about what has changed that has been pretty consistent in the data is that students are increasingly telling us that they've had lifetime histories of traumatic experiences. And that has happened up until the fall of 2021. So students are coming in with increasing experiences of histories of trauma. And if you think about the last two years, it has been a collective trauma for many of us where there's been many different experiences that caused us some kind of traumatic reaction, that could be loss, that could be abuse.

That could be any other experience that we might consider traumatic, but that is certainly been what students have been telling us when they come in for services. Your question about technology is a really thoughtful one. So we certainly, in March of 2020, had to pivot in very short notice to remote services for students.

[00:17:00] That was telephone at first and telehealth services and video conferencing platform services like Zoom in order to meet student needs. And that's been ongoing since. In terms of tele-health what we have found, it certainly is a way to be very adaptable and it's a way to increase access for services. Some students prefer Zoom, but we have many students who still prefer the in-person experience and don't want any kind of tele-health service at all.

So technology has helped us increase access for certain groups or certain people, but it has been a deterrent for others. So for example the LGBTQ+ community, certainly that's well-known that telehealth services can be an increasingly desirable option for that community because it can create access,

but there's other students who it might serve as a deterrent and they might not [00:18:00] opt into telehealth at all, because that might be a barrier.

First of all, they might not want to interact with their therapists through zoom because they don't feel like they can get an authentic experience, but also there could be other complications. For example, being able to find a private space in order to do therapy. When you go to a therapist office, you have that built in privacy space. During the remote year, last year, just anecdotally here at Penn State and just hearing stories nationally, that was a significant challenge when you were zooming with your client, sometimes those clients would be in a private space, sometimes they would be outside in a public area with other people connecting with their therapists. We, but we had to make, do with what we had.

Michael Donovan: Understood. Maithreyi, based on some of the trends that Brett and the larger CCMH research community have identified through their data collection, have you seen any kind of similar conclusions from your larger [00:19:00] student survey work?

Maithreyi Gopalan: Absolutely. Thank you, Michael. Thanks Brett for that wonderful background. And I think here, it might be generally useful to distinguish between clinical samples or students who seek mental health services through CCMH that Brett was talking about and the larger student body. Right. And so there's a lot more to mental health before students basically come to this point where they feel like they have to go seek those services. And so our study kind of looks at that broader stage of things. And so instead of a clinical sample, we asked the students a whole host of questions, but also screener questions for their depression, anxiety, were they feeling sad. So maybe they weren't so depressed that they wanted to go to CCMH or CAPS but maybe there was this nagging worry about how to get integrated on campus, how to manage the zoom environment.

And we did see that depression and anxiety went up during the [00:20:00] pandemic quite a bit both in our larger survey, but also in other larger surveys done in multiple contexts. And we have a couple of papers looking at it, Stephanie had a paper coming out in Plus One recently that looked at how there are significant increases in depression and anxiety. In my own study, the one in Journal of Adolescent Health that I was mentioning earlier, I also showed that. So students depression, depressive symptoms went up, their anxiety went up during this period.

But surprisingly their reports about their sense of belonging on campus did not change dramatically over this period of time. So we actually in fact found that the state the same across the two waves that we had our surveys. So prior to the pandemic, they reported their sense of belonging on campus and how it changed. They were in statistically significant. There was the same, but we did find interesting patterns and heterogeneous patterns across different student groups, right?

So we found that students from minoritized backgrounds, [00:21:00] black and brown students, as well as first generation college students reported significantly lower sense of belonging with their institution. And this is a concerning and consistent state finding from other national surveys as well. And, uh, but we found that if students had reported a higher sense of belonging prior to the pandemic, because you had a first wave done before the pandemic that really buffered them from depression and anxiety.

So those students who reported higher sense of belonging, they build their communities and networks that in on-campus. And that really seemed to have buffered them from reporting higher levels of depression and anxiety. And I think this is where I think there's a key distinction between the larger student body and the clinical sample that seeks counseling services.

I also think that at the same time the pandemic happened, which was the largest change in the higher education institution landscape, we also know that in this country, there [00:22:00] was the murder of George Floyd and there was a racial reckoning and students definitely felt disparate impacts of those larger societal happenings.

And that also changed how students reported their depression and anxiety. And that's something that I completely share the worries that Brett was sharing. That these are something that we really need to keep track of and ensure that higher education institutions across not just beyond CCMH and CAPS but like faculty, staff, student affairs professionals, all of us need to, I think, have a stronger sense of responsibility towards this generation growing up during the pandemic and to support them in a ways that goes beyond academics as well.

Michael Donovan: Well said, it really shows the complexity of the situation and then how the needs have increased as a result of the environmental context. It's really interesting to think as sense of belonging as a [00:23:00] potential protective factor for, further need which would then be captured in the clinical services setting.

And I know we, we will be able to discuss a little bit more about prevention as we go along here. And Maithreyi, I really appreciate your point on thinking about the larger ecosystem, right? While college students are one big part of the question that we're discussing today, another part of that is ensuring that the workforce the practitioners and counselors, administrators working in collegiate mental health settings, How do we ensure that they don't get burned out and leave the field are just exhausted by such incredible need. Brett, I don't know if you have any thoughts on that and what your team at CAPS and the larger CCMH network have been experiencing.

Brett Scofield: Michael, this is actually a major concern for the field of collegiate mental health is staff burnout, but also staff turnover. So it's people that are here, we're finding that are leaving the field and going to alternative employment opportunities. So we know that's happening in a lot of [00:24:00] different jobs and the counseling center world it's no different where there's been an Exodus of counselors as well as administrators. So staff burnout is something that we're definitely interested in as well as staff turnover.

We actually plan to study this nationally this summer, looking at staff turnover at counseling centers and seeing what are some correlates of staff turnover and what might be some of the impacts of that on the services that are provided. And I went back and looked at some of our findings from a couple of years ago and it's it really, it shouldn't be surprising that staff burnout is something we're dealing with now.

And I'll just read you some data here. So this is from 2019 to 2020 and this, so this goes into the early phase of the pandemic, but 50% of counseling centers nationally said that their routine individual counseling appointments are scheduled every two to three weeks instead of weekly. [00:25:00] When you see clients that spread out that can cause distress for the therapist and the client when you diffuse treatment that much.

So 43% of counseling centers said that they retain the most severe and chronic cases internally, and don't have any options to refer them out to external services. That can create certainly some stress on the counseling center staff 39% said that in addition to the daytime work time hours, they're also responsible for providing after hours 24 hour coverage for students.

That's 39% of counseling centers nationally say that. So in addition to your daytime job, you have a 24 hour rotation of dealing with emergency calls and then 23% said that their administration does not allow them to reduce the

number of clinical hours that they take on when they have additional administrative responsibilities.

So [00:26:00] if you look at some of these examples of characteristics or policies that counseling centers use, it's no doubt that over time, that can create burnout, compassion fatigue among the staff. So job duties, just like counseling center demand has risen over the last 20 years so has the job duties of clinicians and each week it seems like clinicians are doing more.

One of the consequences of the rising demand for services is that annual caseload's have also increased for counselors at those centers. And we at CCMH developed a metric to investigate this nationally called the clinical load index. The clinical load index is basically as a measure of what the average annual caseload of a clinician is at that center.

So when we say a center has an annual caseload or CLI score of [00:27:00] 150, that means that the average full-time clinician at that center sees 150 students and responsible for the care of 150 students across the year, which is actually high. So we have been able to show in the research over the last two years, that as annual case loads of clinicians rise their access to, and the quantity and frequency of treatment actually reduces.

So students receive less care, that's more diffuse and scheduled further apart, and their outcomes are poor as well. So they don't experience as much change. What we looked at this past year was that in terms of looking at what the impact of high case loads are on particular identity or clinical groups to see if high case loads impact even students with safety concerns or critical clinical concerns or prioritized [00:28:00] identity groups. They all experience less treatment when you're receiving care at a center that has a high case load count. So counseling centers and colleges can't delude themselves. When you fund counseling centers at a lower level, everybody receives less care. And how this relates to burnout is that when counselors over time work at centers where you are responsible for more and more people and especially people with critical safety concerns and critical clinical issues, and you're providing less care that's more diffuse to those groups.

It can lead to burnout and compassion fatigue, and when you're providing fewer and fewer services to those critical groups. So we're going to make efforts this year to actually study whether some of these policies actually [00:29:00] impact staff turnover nationally.

Michael Donovan: Good points, Brett, thank you so much. And Maithreyi, similarly, how might the issue of burnout among counselors and administrators affect how students perform in university?

Maithreyi Gopalan: Absolutely. The concerns that Brett raised about staff and clinicians in mental health centers, that's similar across student affairs professionals, right? Administrators and university advisors. We know that teachers from K to 12 schools have been really burned out with the switch. If I have to teach one more online course, I don't know, maybe I'll switch to a different career too, but this burnout is still, and it goes beyond I think, just the mental health centers and staff there.

So we have staff turnover within our universities within our departments. And all of that, I think clearly affects some of the services and the continuity of care that students get even beyond the mental health centers. So for example, advising again, students build relationships with [00:30:00] advisors.

They build relationship with the staff in a department who they interact with the most. Starting from the fact that students need quite a bit of help in terms of figuring out picking classes, choosing classes, advisors, help them with that. So do faculty and staff and departments. And so I think it has a pretty large effect on the broader student population as well.

And we worry that students are not getting the amount of advising and continuity of care they need to not just perform well academically, but the thrive academically. Right. And we think that institutions, higher education institutions need to think a little bit more about what kind of services they can provide, especially for students navigating this transition from the online world to hybrid world finally back in person in some ways. And so I think that's really important to think about as a policy implication at the college level, but also at the higher state and national levels. And we can [00:31:00] talk a little bit more about that.

Michael Donovan: Yeah, I would love to direct the conversation in that way. We've discussed so many of the challenges here affecting both sides of the equation and it would be important to, to think about, what silver linings are there, what indications are there for hope and how can that be applied in larger policy settings, beyond the university setting as well. And this is for either of you.

Maithreyi Gopalan: Yeah. I can start off and Brett can definitely jump in whenever, but I think the one silver lining for me is the attention college

students mental health is receiving during this pandemic, the fact that it's brought to national attention, the fact that students, depression and anxiety have been through the roof and that they might not be seeking or having access to the care that they need in colleges is really come to the fore.

And public consciousness has been multiple articles in New York times talking about that, the social isolation [00:32:00] and the loneliness has been talked about quite a bit. The US Surgeon General talked about a youth mental health pandemic recently. There have been multiple calls from the National Institutes of Health to study college, mental health more intensely not just thinking about clinical samples, but how can we do prevention efforts so that maybe advisors can seek out and provide services. Maybe they can reach out to students and check in and there's been a lot of interesting prevention interventions studied from the education policy angle as well, where staff and advisor reaching out through text messages, peer mentoring groups set up on campus having an effect on students feeling like they belong on campus and to together ride the wave that they have been on right now is something that we should be thinking about.

And there's been quite a bit of attention like I said, there are multiple calls and grant applications that have been opened by the National Institute of Mental Health, by other [00:33:00] foundations that really want to understand the effect the pandemic ,is having on college students, mental health and academic outcomes more broadly, because we think that the academic outcomes is a lagging indicator and it's going to have a much more of an impact as we proceed, especially students who started college during the pandemic and how they are able to navigate this transition and how faculty, student affairs counselors, mental health supports staff can provide to colleges. And I think that is the bright spot in the sense that the increased attention and de-stigmatization of mental health issues is I think one of the bright spots from this era.

Brett Scofield: I really agree with Maithreyi. I think we have been very successful at our de-stigmatization efforts in terms of having students reach out for college counseling services when they need support [00:34:00] and need help. We have proven that over the last 20 years, we have been able to identify students who need that and get them access to care. One of the things that's been the challenge is that there hasn't been a paralleled level of funding to accommodate those students when they actually receive care. And that has led to a crisis narrative of, wow, we have all these students seeking help and we don't have enough capacity to accommodate that. If we look at a parallel medical analogy, there are many different screenings that the medical community does to see if you have a medical issue, colon cancer, any kind of

cancer screening. If you screen positive and you do a screening effort to identify people that need support and need help, and then refer those people to a medical community for help and they don't have enough capacity. We don't tell those people well, you don't have enough resilience. You actually shouldn't get care. This is a [00:35:00] crisis. The crisis is that we've actually been successful at identifying, referring people and having those people feel comfortable enough to reach out for help so we see the last 20 years as a success. What we do know that Maithreyi put so nicely was we need to think about the different populations. So there's the clinical population, which CCMH investigates, and then there's the general student population. In any given day and a college and university, you can do a screening and probably close to half the student population, maybe 35 to 50% might screen positive for some kind of mental health concern that might warrant a referral for clinical services. That would be like the true need of your population. But we know nationally the average utilization rate of counseling services is somewhere between 10 [00:36:00] to 12%. So that gap is what we call our need gap. And those students who might screen positive for a mental health concern, that need gap might not be in services, but we also know that students can feel supported and benefit from services in a variety of different ways, and don't necessarily always need a mental health clinician to intervene. As Maithreyi was saying, there's peer support, there's wellness platforms, there's wellness initiatives within universities that helps students. And there's just a community-wide effort that probably could be done to help students and address the community level need. And everybody in the academic community needs to be involved in order to accomplish that. We call it, in the collegiate mental health community going upstream versus downstream. And, in prevention science, there's three different types of prevention. [00:37:00] There's primary prevention, which is doing interventions before a problem exists. There's secondary prevention, which is early intervention or when symptoms first onset, and then there's tertiary, which is treatment. My field does a lot of tertiary level care. That is pushing services downstream. So when you refer all your clients, or all students with mental health distress to counseling center, that's focusing on moving everything downstream. Moving upstream is looking at things more holistically and a continuum of care options within the university in order to support students' wellness. Where I think the best science on this right now and best thinking is that universities need to think more holistically and upstream and downstream about what services they have available. So definitely counseling centers, many counseling centers are underfunded, and so we need to fund downstream, but we also [00:38:00] need to think about what we're doing upstream to support students.

Michael Donovan: What are some ways that academic and practitioner environments, communities can really work together more effectively and more

efficiently to achieve these changes. This is really one of our favorite questions on the podcast. How do we better bridge these communities?

Maithreyi Gopalan: Absolutely. I just add to that, how as researchers and faculty members we strive for something like that, where this collaboration between researchers and practitioners and these research practice partnerships are hugely important to identify the need and to design interventions that can help in preventing both upstream and downstream. For example, when we write an application for NIMH, the National Institute of Mental Health, we have an advisory board that includes student affairs professionals. That includes folks from counseling services who can help inform some of these upstream interventions that can provide some of these services [00:39:00] before they become a clinical sample. And I think this kind of collaboration would be really important. So Brett, I'll be excited to talk to you some more at a future point about sharing data and having more conversations so that we can have a more combined research practice collaboration going forward, especially when it comes to college students mental health.

Michael Donovan: Brett, did you have any additional things you wanted to add about ways to combine these two communities?

Brett Scofield: Absolutely, I would welcome that collaboration. At CCMH, we have counseling center staff. We have a national advisory board of counseling center administrators who advise us on projects and directions for our research, and we also have two faculty who are full-time professors who consult and have been involved from our project from day one. And that is Dr. Louis Castonguay, as well as Dr. [00:40:00] Jeff Hayes. And they are a pivotal and integral part of our research mission. And so we would definitely welcome additional faculty and academic collaborators on our project.

Michael Donovan: I think all that we have left is opportunity for closing remarks. If you have anything you want to sum up.

Maithreyi Gopalan: Thank you so much for the invitation, Michael, and a huge shout out to Melissa Krug who does a lot of behind the scenes action to get this podcast out, I'm sure I was lovely to meet you, Brett and to think about these options. But the one thing that I would end up with is a plug for my own research agenda, because I think we think about health and education as two different pieces, but I think they're really interconnected. Bidirectional influences, especially in school and college context that move from mental health to educational outcomes, and educational outcomes affecting mental health and wellbeing needs to be studied more should be a lot more attention.

And that's what I hope to be [00:41:00] spending the next four or five years of my career researching. And so thank you so much for that invitation, Michael.

Michael Donovan: Wonderful. Thank you. And Brett, any thoughts from you?

Brett Scofield: Thank you so much for inviting us, Michael, this has been a true pleasure. Thank you, Melissa, and thank you, Maithreyi. This has been an honor. Just to highlight again, what we have known for the last 20 years. Rising demand for services, which has been a success, the consequences of not funding clinical services, that parallels that has led to a rise in case loads for clinicians nationally, and those have had profound negative consequences for the students who received care at those centers, including less treatment that's more spread out and less effective outcomes. And that's been for any group, no matter what clinical concern you have or what identity group that you identify as. And we are increasingly worried about what the impact on staff is. So [00:42:00] our next steps are to look at counseling center staff turnover, and try to understand what are some correlations between center practices and outcomes and what might better improve the staffing levels nationally. I also want to share that over the last 20 years, we've become really good at CCMH at understanding what's happening at the client level and at the center level. So we know client impacts. We know what center impacts are and how that affects clients in clinical care. But the next horizon that we want to look at is going above the counseling center to look at characteristics of the institutions and actually some of the census data and looking at the society itself, to see what might be impacting client care, because we know there's larger macro variables at play that we just don't fully understand now. And that's our next [00:43:00] frontier at CCMH. And we would love to have academic collaboration on that myself, Dr. Jeff Hayes and Dr. Louis Castonguay and Rebecca Janis, who is our associate director of data science, are actually taking those steps right now to better understand that.

Michael Donovan: Wonderful. I love that systems level approach and happy to support and connect you with as many academic partners as possible - it is really an exciting frontier. Thank you both for your time today and for this enlightening conversation, I think there's lots of challenges, but of course lots of things to be hopeful for. So as a reminder today, I was joined by Dr. Maithreyi Gopalan and Dr. Brett Schofield. Maithreyi is an Assistant Professor of Education and Public Policy here at Penn State. And Brett serves as the Associate Director of Counseling and Psychological Services are called CAPS here at Penn State and as well as the Executive Director of the Center for Collegiate Mental Health or CCMH. [00:44:00] Wonderful. Thank you both for your time. Really appreciate it.