Western Academic Leadership Forum

STUDENT WELLNESS IN THE FOUR-YEAR PUBLIC HIGHER EDUCATION SECTOR:

A Snapshot of the WICHE Region

April 2018

Executive Summary

The Executive Committee of the Western Academic Leadership Forum decided at its April 2017 annual meeting to explore options for programs that could assist member institutions with the wellness challenges facing our students. An invitation to participate in a wellness survey was sent to 52 member institutions to gain an understanding of changes and trends over a five-year period, from FY2013-FY2017. Twenty-five of the 52 institutions responded to the survey.

A summary of their responses is outlined in this report. The data paint a picture of the wellness trends impacting higher education institutions, and the strategies universities are using to respond in the following categories: Mental Health-Related Counseling, Student Conduct Violations, Accommodations for Students with Disabilities, Food Insecurity, and Student Homelessness. In general, campuses have seen an increase in the number of students in need of services in one or all of these categories. This is true even for institutions that have experienced enrollment declines. Institutions speculate that these increases are due to the mounting needs of students, as well as better identification of students needing services, and better awareness among students about the services available.

On average, the demand for mental health-related counseling appointments increased over the five-year reporting period. Institutions reported similar trends for the reasons students sought counseling, with anxiety now having surpassed depression. Among the common trends are increases in demand for clinical services and the number of students requiring emergency mental health services; awareness/ sensitivity of mental health symptoms; urgency for the need of services; increases in student-to-staff ratio, demand for more physical space, and after-hours needs/crises; increases in referrals to inpatient and hospitalization treatment; increasing complexity of issues (i.e., students having multiple issues); and growing numbers of students with suicide ideation, attention deficit hyperactivity disorder (ADHD), self-harming behaviors (cutting, burning), learning disability anxiety and stress, and autism. Institutions also are seeing lower levels of student resilience and ability to manage relationships. In contrast, referrals for alcohol and drug intervention decreased.

To respond to these changing needs, institutions have deployed strategies that include triaging, reducing or limiting the duration of appointment sessions, assigning case managers, partnering with other departments or external agencies, developing educational and online resources, implementing group counseling sessions, and making changes in staffing.

The majority of the institutions reported an increase in the student code of conduct violations. In general, institutions indicated that there was a decline in violence, but increases in alcohol use, endangering/threatening behavior, hate/bias incidents, students voicing their opinions, use of recreational marijuana and self-medicating drugs, and Title IX misconduct violations.

On average, students seeking accommodations for disabilities increased. Among the common trends are increased need/requests for testing accommodations and alternative testing, time extensions for assignments, attendance accommodations, emotional support animals, and single room housing. Campuses reported less stigma around disabilities among the student population and increases in the number of deaf and hard-of-hearing students, more low vision or blind students, and more students with multiple disabilities.

It is difficult to give numeric trends about food insecurity in this report because many institutions did not provide data, did not report for all five years, or reported best-guess estimates. Of those institutions that did report data, all but one saw an increase in food security issues. Trends reported include the need for access to food increasing each year; an escalation in staff and faculty accessing pantries; a rise in the demand for food at the end of the month; need for more space for food storage and distribution; increased challenges in supporting differences in food culture as students in need become more diverse; and the need for greater efforts to provide healthy options such as fresh produce and protein.

Although institutions do not have accurate numbers of students that experience homelessness, the sense prevails that the number has increased over the past several years. Campuses are seeing a trend of more and more students self-identifying and letting others know that they are without housing or sleeping in their car or a tent. Institutions have started to provide short-term solutions, but long-term solutions are not in place.

It is clear from the Forum Wellness Survey that institutions are making efforts to develop a range of strategies to respond to changes in student needs and increased demand to address these needs. This report is designed to provide some helpful suggestions in that regard. What we do not know is how many students stop out or drop out because of issues related to the wellness categories addressed here or to their related issues. As institutions work on a range of student success initiatives, we need to take into account the impact that providing needed services to students will contribute to students' success.

Table of Contents

FIGURES

Introduction

For most students, the college experience is the gateway to achieving dreams and a path to career and life success. For some, however, getting to that gateway involves a difficult struggle to navigate the demands of college with the increasingly challenging demands of life. As access to college has increased, the need for and the complexity of dealing with the ever-increasing diversity of our students' life experiences has become more of a focus in our desire to provide rich educational opportunities for all students.

Recent data indicate that "at any given time, 32 percent of college and university students are dealing with a mental illness, with 5 percent screening positive for panic disorders, 6 percent for anxiety disorders, 9 percent for major depression, and 15 percent for self-injuring without thoughts of suicide"[1]. As state and federal subsidies for public, higher education have shifted, institutions of higher education are seeing more and more students struggle with basic needs such as food and shelter security. Goals for student success become more challenging as we discover students whose only official residence is a car parked on campus.

The Executive Committee of the Western Academic Leadership Forum[2] decided at its April 2017 annual meeting to learn more about wellness issues among its membership. An invitation to participate in a wellness survey was sent to 52 member institutions (see letter and survey in the appendix).

This purpose of the survey was not to provide precise data, but rather to get a sense of the scope of student wellness challenges at member institutions, develop a general understanding of the changes that haven taken place over the past five years, and identify the types of programs implemented by institutions to respond to wellness issues.

Institutions were asked 20 questions in the following categories: Mental Health-Related Counseling, Student Conduct Violations, Accommodations for Students with Disabilities, Food Insecurity, and Student Homelessness. This report is organized under those headings.   Nearly half (25) of the 52 institutions that received the survey responded. The results are compiled and explained in this report. Information about the institutional characteristics and a list of those responding to the survey are presented at the end of the report.

Most of the survey data are presented in the aggregate to offer a general overview of what is happening in the WICHE region. Needless to say, great variations exist between institutions' size, student demographics, institution budgets, and students' needs of services. Where it made sense and when possible, the data were disaggregated to show those differences.

---

[1] Increasing Student Retention through Improved Mental Health, White Paper released by Kognito.com citing data from Gruttadar, Darcy, Dana Crudo, and NAMI. College Students Speak: A Survey Report on Mental Health. Rep. Arlington, V: NAMi. 2012.

[2] The Western Academic Leadership Forum (the Forum) addresses higher education issues common to its members and engages in cooperative resource sharing across the WICHE region. Its members are public and private doctoral, master's, and bachelor's level institutions and related system offices and state agencies. The members are represented by provosts and academic vice presidents from the institutions, and chief executive and chief academic officers from related system and state agencies.

Mental Health-Related Counseling

Mental health-related counseling covers a wide range of issues—including, but not limited to:

- ✓ Addictions
- ✓ ADHD
- ✓ Anger
- ✓ Anxiety
- ✓ Autism
- ✓ Bipolar Disorder
- ✓ Bullying
- ✓ Death & Dying
- ✓ Depression
- ✓ Disability
- ✓ Disasters
- ✓ Eating Disorders
- ✓ Emotional Health

- ✓ Environment
- ✓ Hate Crimes
- ✓ Marriage & Divorce
- ✓ Money
- ✓ Obesity
- ✓ Pain
- ✓ Parenting
- ✓ Personality
- ✓ Post-traumatic Disorder
- ✓ Race
- ✓ Safety & Design Conditions

- ✓ Schizophrenia
- ✓ Sex
- ✓ Sexual Abuse
- ✓ Shyness
- ✓ Sleep
- ✓ Stress
- ✓ Suicide
- ✓ Testing Issues
- ✓ Therapy
- ✓ Trauma
- ✓ Violence

Colleges and universities across the country face increasingly complex challenges in the area of student mental health and wellness. According to the American Psychological Association, "[s]ince the 1990s, university and college counseling centers have been experiencing a shift in the needs of students seeking counseling services from developmental and informational needs to psychological problems. In the 2014 National Survey of College Counseling Centers, respondents reported that 52 percent of their clients had severe psychological problems, an increase from 44 percent in 2013. A majority of respondents noted increases over the past five years of anxiety disorders, crises requiring an immediate response, psychiatric medication issues and clinical depression. In a 2016 survey of students by the American College Health Association, 52.7 percent of students surveyed reported feeling that things were hopeless and 39.1 percent reported feeling so depressed that it was difficult to function during the past 12 months." [3]

The Forum Survey asked institutions eight questions on mental health-related counseling:

> *Counseling Appointment Frequency and Student Demand*
> *Question 3: How many counseling appointments were scheduled annually for the last five years?*
>
> *Question 4: During the five-year period above, did you have to turn away students from your counseling centers?*

---

[3] American Psychological Association. http://www.apa.org/advocacy/higher-education/mental-health/index.aspx

Question 5: If yes, how many times did you turn students away each year?

Question 6: On average, how long did a student wait for an appointment at your center?

Counseling Appointment Policy Changes

Question 7: Have you changed your policies and procedures in response to changes in student demand over the last five years?

Question 8: If so, how? (i.e., limiting appointments, triage appointments, etc.)

Reasons Students Seek Counseling

Question 9: What were the top five reasons for students seeking counseling during this five-year period (with number 1 being the most common)?

Question 10: Please describe any trends you've observed during this five-year period and/or successful strategies you have implemented to address these issues.

Counseling Appointment Frequency and Student Demand

On average, considering the aggregate for all responding institutions, counseling appointments increased 11.9 percent over the five-year reporting period. The minimum number of appointments decreased while the maximum number of appointments increased (see Tables 1 and 2, and Figures 1 and 2 below). The reasons for these changes are explained in more detail in this report.

Table 1: Number of Counseling Appointments, FY2013-FY2017						
	FY13	**FY14**	**FY15**	**FY16**	**FY17**	**Average 5-Year Appointments**
AVERAGE	6,312	6,676	6,807	7,165	7,242	6,576
MINIMUM	550	550	550	550	34*	34
MAXIMUM	29,136	30,823	32,567	37,931	38,645	33,820

* One institution reporting only for FY2017

Table 2: Percent Change in Counseling Appointments, FY2013-FY2017						
	FY13-FY14	**FY14-FY15**	**FY15-FY16**	**FY16-FY17**	**Change from FY13-FY17**	**% Change from FY13-FY17**
AVERAGE	650	371	357	376	1,249	11.9%
MINIMUM	-466	-913	-1,590	-489	-902	-36.0%
MAXIMUM	10,951	3,570	5,364	2,591	9,509	57.8%

Figure 1: Number of Counseling Appointments Scheduled, FY2013-2014

Average Counseling Appointments FY2013-FY2017

Number of Institutions — Scheduled Counseling Appointments

Categories: Non-reporting, 1-1,000, 1,001 - 5,000, 5,001 - 10,000, 10,001 - 15,000, 15,001 - 20,000, 20,001 - 34,000
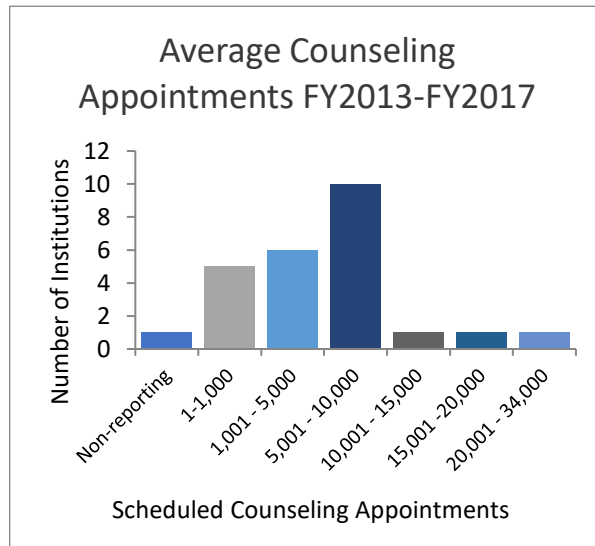
Figure 2: Change in Scheduled Counseling Appointments, FY2013-FY2017

Counseling Appointments Change FY2013-FY2017

— AVERAGE — Minimum — Maximum
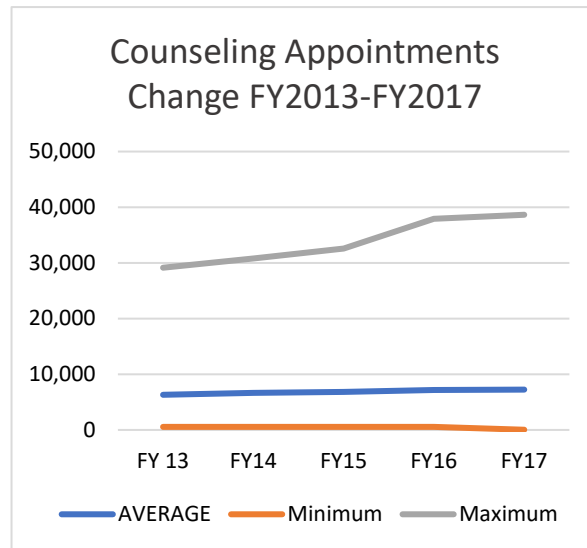
Thirteen institutions had average counseling appointments of 5,000 visits or higher. Eighty-two percent of those reporting for the five-year period saw an increase in appointments. Only four of the reporting institutions reported a decrease in appointments (see Table 3 below).

Table 3:Trends in Counseling Appointment, FY2013- FY2017*	
Number of Institutions with Appointment Increase	19
Number of Institutions with Appointment Decrease	4

* 24 institutions reporting; one institution reporting only for FY2017

It is worth comparing increases and decreases in counseling appointments to changes in student enrollment. Figure 3 below illustrates that the majority of institutions experienced an increase in the percentage of counseling sessions that was greater than the percentage increase in student headcount. Enrollment growth outpaced appointments at only four institutions (No. 1, 6, 23 and 25). Of the 11 institutions that experienced enrollment declines, four (Nos. 5, 8, 16 and 17) saw declines in the number of counseling appointments.

Figure 3: Percent Change in Enrollment Compared to Counseling Appointments, FY2013-FY2017

Percent Change in Enrollment Compared to Counseling Appointments, FY2013-FY2017

■ % counseling appointment change FY13-FY17   ■ % enrollment change FY13-17
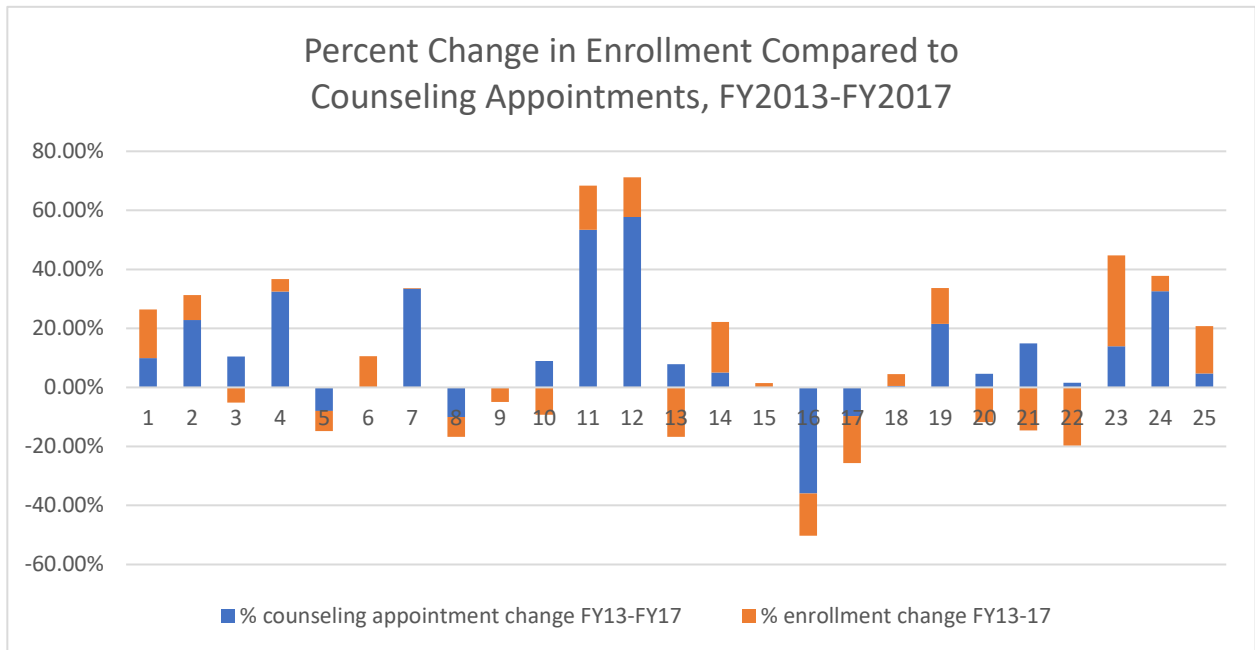
Note: Individual Institutions numbered 1-25

The majority (16) of institutions did not turn away students seeking counseling appointments, even though the demand had increased (see Figure 4 below). This is partly due to strategies put in place, which are explained later in this report.

Figure 4: Students Turned Away From Counseling Centers, FY2013-FY2017

Students Turned Away From Counseling Centers, FY2013-17

■ No   ■ Yes   ■ Not Reported
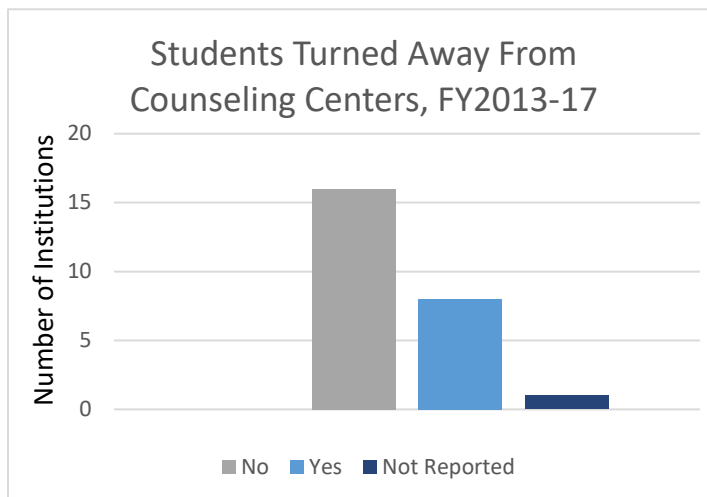
Of the eight institutions that reported turning students away, five reported the number of students over the five-year period. The aggregate average was an increase of 334 students; the minimum increase was seven students, and the maximum increase was 800 students (see Table 4 below).

Table 4: Number of Times Students Have Been Turned Away from Counseling Centers Each Year*						
	FY13	**FY14**	**FY15**	**FY16**	**FY17**	**FY13-17 Difference**
Average	291	387	493	456	552	334
Minimum	55	51	61	10	7	7
Maximum	717	909	918	993	1,237	800

*Five institutions reporting

The variability in how institutions responded to the survey makes it difficult to draw detailed conclusions about changes in the average wait time a student had for a counseling appointment over the five-year period. However, one can arrive at a general conclusion that the greatest improvement in reducing wait time was shorter wait time periods (0-1 days and up to one week). There was no change in appointment wait times when students needed to wait up to two or three months. (See Figure 5 below.) Many institutions reported that as soon as more appointment slots become available, they are filled and wait times vary depending on the student's specific issue. Some institutions reported seeing more first-time students in their clinics than students with prior counseling experiences, and others reported the opposite.

Figure 5: Average Wait Time for Counseling Appointment, FY2013-FY2017
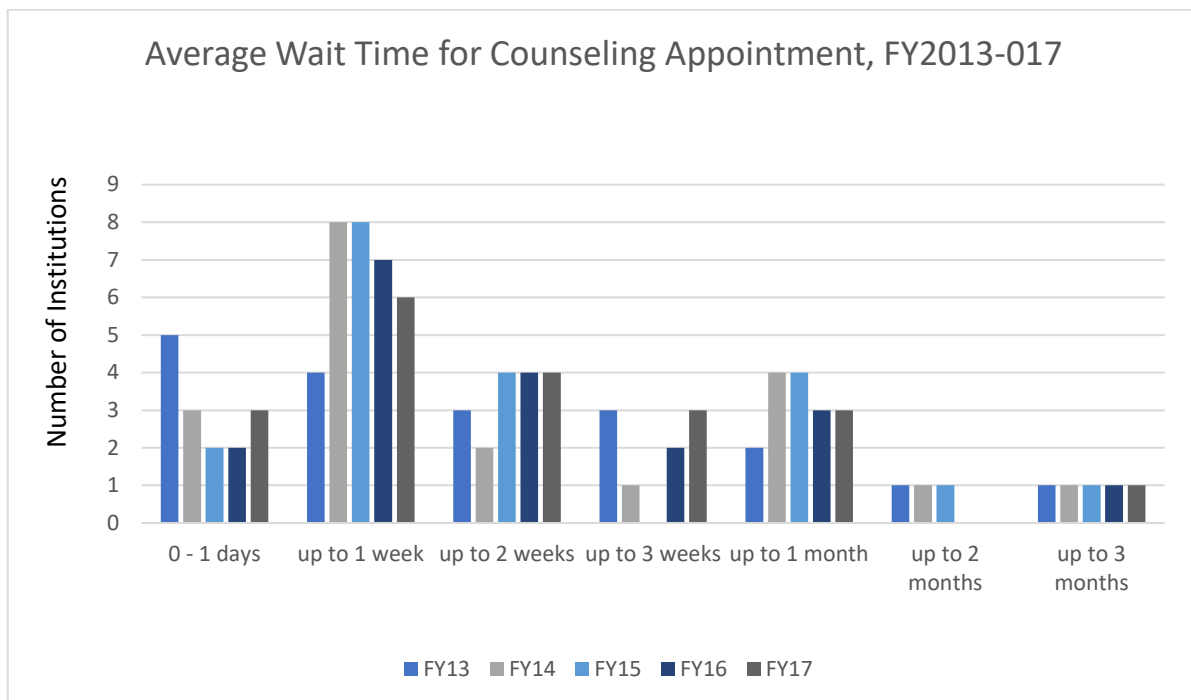
Among the 20 institutions that reported a decrease in wait time, the greatest reduction in average wait time over the five-year reporting period was 120 days. This reduction is attributed to changing to same

day walk-in services as opposed to scheduled intakes, putting more emphasis on triage and referral, doing less in-house therapy, and providing more group sessions. Additional strategies used by institutions are described later in this section.

Figure 6: Change in Appointment Wait Time, FY2013-FY2017
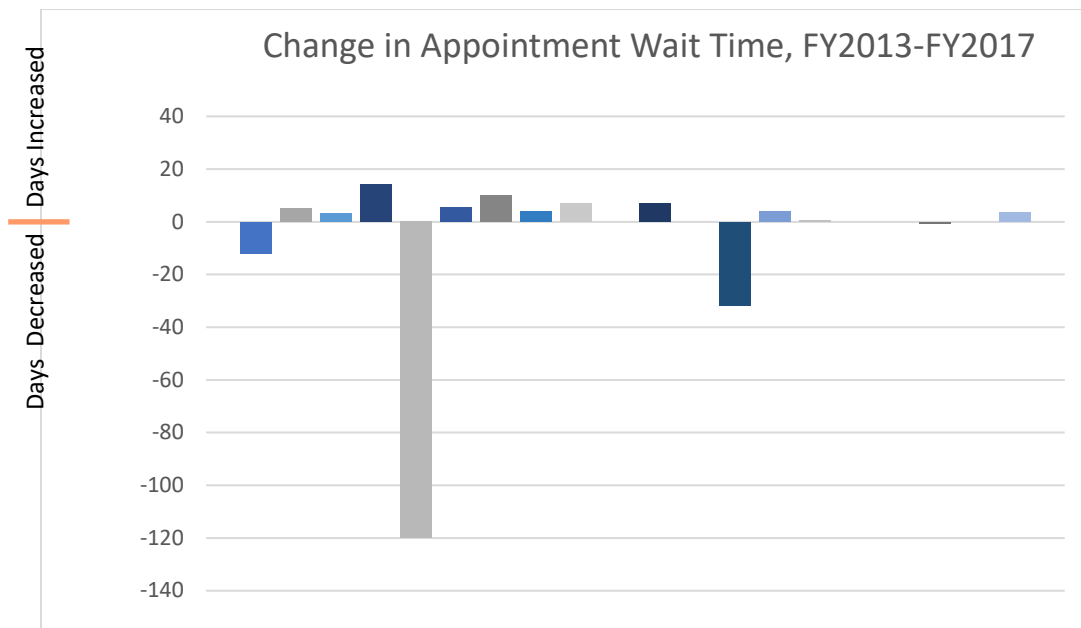
Each bar represents one of each of the 20 institutions that reported data for all five years

Counseling Appointment Policy Changes

A majority (21) of institutions have made policy and procedural changes over the past five years to meet the increase in the number of students needing services and service types. Out of 24 institutions reporting, only three had no policy changes (see Table 5 below).

Table 5: Policies And Procedures Changes In Response To Student Demand Over The Past Five Years, FY2013-FY2017*	
Number of Institutions with No Policy Changes	3
Number of Institutions with Policy Changes	21

*24 institutions reporting

The changes implemented by institutions in policies and procedures over the last five years in response to increased student demand can be classified into seven major categories:

1. Triage
2. Reduce or limit session time
3. Assign case managers
4. Partnerships and contracts
5. Educational and online resources
6. Group Counseling
7. Staffing

Triage. Many institutions have instituted a procedure of triaging all students who come to the counseling center. Campus leaders have found this to be a useful process because it allows students in crisis to be seen the same day and students with less immediate needs to be scheduled based on staff availability. Some institutions ask students to complete mental health forms before an appointment, and others ask this of students when they arrive at the clinic. Institutions note some downsides to this approach because it has the potential to create less availability for ongoing mental health treatment. Some institutions are increasing the number of same-day scheduling sessions for intake appointments and holding times for urgent appointments and walk-in consultation hours.

Two institutions reported moving away from the triage model. In one case, an institution had used the triage/waitlist model five years ago but found it less efficient than its current model that offers a certain number of intakes every week, with the addition of walk-in and same day/next day urgent counseling appointments (single sessions). The second institution moved away from the triage model because students were experiencing long wait times for just a 15-minute triage appointment and extremely long wait times for an intake appointment after the triage appointment. This institution eliminated its triage system in favor of providing crisis appointments every hour of the day, and also implemented a seven-day limit to schedule intakes.

Reduce or Limit the Number of Sessions. Some institutions have reduced the number of counseling sessions a student can have during the academic year (some as low as three, most with a limit of six-ten, and one as high as 15), and/or shortened session times to prevent a small portion of students from consuming a large portion of the resources. Institutions do not see this as ideal, but resources are not growing commensurate with student demand, and it is one of many strategies schools have tried. One institution reported raising the number of minimum sessions based on numerous requests from students as well as two resolutions from the student government requesting an increase.

Assign Case Managers. Institutions are relying more on having case managers provide crisis intervention, short-term individual counseling, and referral services. This practice has helped some institutions increase the number of student referrals for off-campus counseling, and also gets students the help they need faster and frees up capacity in on-campus clinics.

Partnerships/Contracts. More institutions are looking and finding campus-wide partnerships to assist in the demand to serve more students. Such partnerships include working with other student support offices and with academic departments in the areas of communication science and cognitive disorders. Local suicide prevention efforts/projects and veteran centers also were cited as effective partnerships. A few institutions have brought contracted mental health services to the campus to help with the load and to reduce wait time.

Education/Online Resources. Many institutions have added workshops and online, self-guided resources. One institution reported the implementation of a Therapist Assisted Online (TAO) program that provides online therapy for students with mild anxiety and/or depression. Others have developed web-based resource lists and online educational modules.

Group Counseling. Institutions are initiating a greater number of group therapy sessions to serve more students efficiently and quickly. The group sessions allow multiple students to see one counselor, who spends just a little more time with the group than the amount of time it would take to see one student. More students are utilizing these group sessions. Institutions recognize that the group paradigm does

not fit all students or all cases but it does work in many cases, and the ability to serve more students is a huge benefit.

Staffing. Institutions have used some new staffing strategies to meet student demand. Changes range from adding more staff to allowing therapists to work four-10-hour shifts, to vacation protocols for counselors that ensure coverage during peak times, and utilizing student interns.

Reasons Students Seek Counseling

With rare exception, institutions reported similar trends and successful strategies to address the top five reasons students sought counseling during the five-year period from FY13 – FY17 (survey questions 9 and 10).

The five most common trends are increases in:
- Demand for clinical service
- Awareness/sensitivity of mental health symptoms
- Student-to-staff ratio
- Students with attention deficit hyperactivity disorder (ADHD) or suicide ideation, self-harming behaviors (cutting, burning), learning disability testing, anxiety and stress, autism (with anxiety surpassing depression at some institutions)
- Complexity of issues—students having multiple issues.

Additional highly cited trends include:
- Urgency of services and the number of students requiring emergency mental health
- Demand for more clinical space
- Difficulty in filling vacant or new positions
- Lower levels of student resilience and ability to manage relationships
- More after hours needs/crises
- More referral to inpatient and hospitalization and treatment
- Decrease in referrals for alcohol and drug intervention.

Institutions are employing a variety of strategies to address the above trends. Many institutions reported creating or expanding therapy group offerings, workshops for students, prevention training, and meditation groups. Campuses have developed web-based resource lists, online educational materials, and telemedicine sessions. Student CARE-type teams (Concern, Assessment, Referral, and Education) are now common at many institutions, although they take slightly different forms and functions depending on the institution. Establishing on-call crisis hours, a no-show policy and associated fees and contracting out services were other highlighted strategies.

One institution described implementing a stepped-care model. Stepped care is an approach that recognizes limited resources and assigns students to a level of care that is appropriate to the severity of their presenting problems. For example, a student with mild anxiety would likely be assigned to an online, less-intensive treatment that would consume fewer resources, which in turn, conserves individual therapy appointments for those students who might be suicidal or more at-risk of dropping out.

Institutions have found success in annual training for counseling staff and requiring online education modules on alcohol and drug prevention for all students living in residence halls. A few institutions found

that the workshops they were offering were not as successful as they thought they would be because attendance was not required, and discontinued them as a result.

Student Conduct Violations

Student codes of conduct differ depending on the institution, but they share the common characteristics of setting out the rights of students and the standards of conduct expected of them. Codes of conduct cover both academic behavior and behavior in general. Their purpose is to make sure individual students and groups of students (such as sports teams, sororities, clubs) are aware of the expectations of behavior and the subsequent imposition of sanctions as a consequence of actions that violate the code. The codes are predicated on wanting to help students achieve their educational goals. Violation of the code can range from cheating on an academic assignment, plagiarism, theft or damage, alteration of university documents, disturbances in the classroom to carrying a concealed weapon into the building, threatening someone's safety, or committing an act of violence. Sanctions vary depending on the violation and frequency and range from warnings to withdrawal of privileges to dismissal or revocation of a degree. Institutions publish student codes of conduct and make efforts to ensure that all students are fully informed.

The Forum Wellness Survey asked institutions two questions related to violations of the student code of conduct:

> *Question 11: How many students were reported for violations of the student code of conduct for disruptive behavior on campus during the last five years?*
>
> *Question 12: Please describe any trends you've observed during this five-year period and/or successful strategies you have implemented to address these issues.*

The majority (15) of institutions reported an increase in the student code of conduct violations. One institution reported more cases referred to campus by local police, even though more students had not necessarily been interviewed. Nine institutions saw a decrease in the number of violations (see Table 6 below).

Table 6: Trends in Student Conduct Code Violations, FY 2013- FY2017*	
Number of Institutions with an Increase in Violations	15
Number of Institutions with a Decrease in Violations	9

*24 institutions reporting

On average, considering the aggregate for all responding institutions, violations of the student code of conduct increased over the five-year reporting period. Eighteen of the 25 institutions reported data for each of the five years, presented in Figure 7 and Tables 7-9 below. Violations of the student code of conduct increased by an average of 23.1 percent. The minimum number of violations increased by 33 percent and the maximum number increased by 29.4 percent. The multiple reasons for these changes are explained in more detail in this report.

Figure 7: Average Number of Violations of the Student Code of Conduct, FY2013-FY2017

Average Number of Violations, FY2013-FY2017
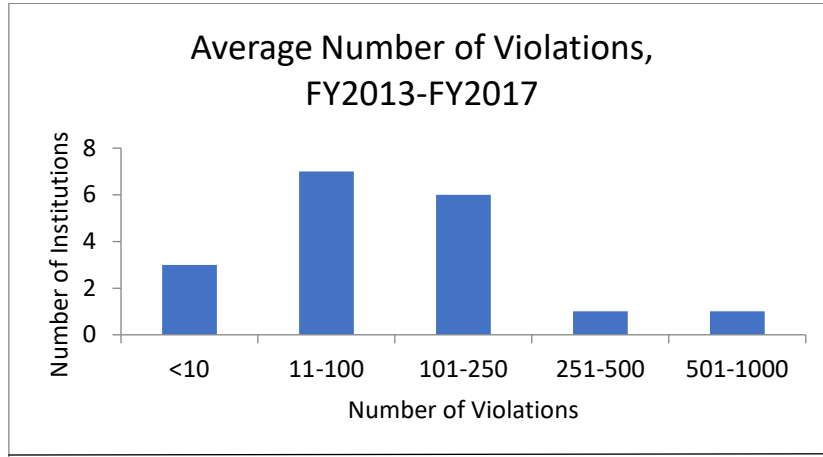
Table 7: Number of Violations of the Student Code of Conduct, FY2013-FY2017						
	FY13	**FY14**	**FY15**	**FY16**	**FY17**	**Average**
AVERAGE	119	145	146	143	147	140
MINIMUM	3	4	5	2	2	4
MAXIMUM	828	1,061	888	788	1,029	919

Table 8: Percent Change in the Violations of the Student Code of Conduct, FY2013-FY2017						
	FY13-14	**FY14-15**	**FY15-16**	**FY16-17**	**Change from FY13-17**	**% Change from FY13-17***
AVERAGE	26	1	-3	3	28	23.1%
MINIMUM	1	1	0	0	1	33.3%
MAXIMUM	233	149	81	241	243	29.4%

Note: Change is reported in the magnitude of change regardless of increase or decrease

Table 9: Maximum Decrease in the Number of Student Conduct Code Violations, FY2013- FY2017*					
	FY13-14	**FY14-15**	**FY15-16**	**FY16-17**	**Change from FY13-17**
MAXIMUM DECREASE	-42	-173	-100	-125	-143

*Nine institutions reporting

Institutions reported a variety of trends in the student code of conduct violations on campus from FY2013- FY2017. In general, institutions indicated a decline in violence, but increases in:

- Alcohol and endangering/threatening behavior (it should be noted that many institutions reported a decrease in counseling appointments for alcohol, but data show this is still an issue on campuses)
- Hate/bias incidents
- Students voicing their opinions
- Use of recreational marijuana
- Use of drugs for self-medicating
- Title IX misconduct violations.

Although the data show that the majority of institutions saw an increase in violations, some institutions attribute the higher numbers to better reporting. It is reasonable to assume that the strategies in place may be effective, even when an increase in violations is reported. Institutions shared multiple success strategies for addressing violations of the student code of conduct, including:

- Conflict coaching
- Educational and prevention programs
- Required meeting with Dean of Students Office staff to discuss behavior
- Assigned sanctions potentially to prevent similar behavior
- Faculty reporting of disruptions
- Better and more effective reporting systems and referrals to behavioral intervention teams
- Early alert intervention programs
- Residence directors serving as conduct officers and meeting with students.

Accommodations for Students with Disabilities

Title II of the Americans with Disabilities Act covers state-funded schools such as universities, community colleges, and vocational schools. If an institution receives federal dollars, it is subject to the regulations of Section 504 of the Rehabilitation Act requiring schools to make their programs accessible to qualified students with disabilities. The U.S. Office of Civil Rights enforces the Rehabilitation Act of 1973 (Section 504) and Title II of the Americans with Disabilities Act of 1990 (Title II), which prohibit discrimination on the basis of disability. Postsecondary institutions are required to provide appropriate academic adjustments as necessary to ensure that they do not violate these laws, and must ensure that all programs, including extracurricular activities, are accessible to students with disabilities. Postsecondary schools can do this in a number of ways, such as providing architectural access, aids and services necessary for effective communication, and by modifying policies, practices, and procedures.

The Forum Wellness Survey asked institutions three questions related to accommodations for students with disabilities:

> *Question 13: How many unique students on your campus sought accommodations for disabilities annually during the last five years?*
>
> *Question 14: How many unique students required multiple accommodations for each of those five years?*
>
> *Question 15: Please describe any trends you've observed during this five-year period and/or successful strategies you have implemented to address these issues.*

Unique Students Seeking Accommodations for Disabilities

On average, considering the aggregate for all responding institutions, the number of students seeking accommodations for disabilities increased over the five-year reporting period by 24.4 percent. (See Tables 10-13 below.) The variety of reasons for these changes is explained in more detail in this report

Table 10: Number of Students Seeking Accommodations, FY2013-FY2017					
	FY13	**FY14**	**FY15**	**FY16**	**FY17**
AVERAGE	743	812	823	855	926
MINIMUM	20	39	37	50	38
MAXIMUM	3,033	2,985	2,751	2,755	2,858

Table 11: Percent Change in Students Seeking Accommodations, FY2013-FY2017						
	FY13-14	**FY14-15**	**FY15-16**	**FY16-17**	**Change from FY13-17**	**% Change from FY13-17***
AVERAGE	46	11	64	71	181	24.4%
MINIMUM	0	0	2	0	2	10.0%
MAXIMUM	310	323	290	643	905	29.8%

Table 12: Trends in Number of Unique Students Seeking Accommodations, FY 2013- FY2017*	
Number of Institutions with an Increase in Unique Students Requiring Accommodations	16
Number of Institutions with a Decrease in Unique Students Requiring Accommodations	6

* 22 institutions reporting

Table 13: Maximum Decrease in the Number of Students Seeking Accommodations, FY2013-FY2017					
	FY13-14	FY14-15	FY15-16	FY16-17	Change from FY13-17
MAXIMUM DECREASE	-48	-720	-148	-282	-684

Unique Students Requiring Multiple Accommodations

On average, considering the aggregate for all responding institutions, the number of unique students seeking multiple accommodations for disabilities increased over the five-year reporting period by 22.5 percent. Three institutions did not provide any data, but their reported trends and strategies are reflected in this report. (See Tables 14 and 15 below.)

Table 14: Number of Unique Students Requiring Multiple Accommodations, FY2013-FY2017					
	FY13	FY14	FY15	FY16	FY17
AVERAGE	492	554	550	581	639
MINIMUM	20	30	20	30	37
MAXIMUM	2,100	2,410	2,100	2,410	1,690

Table 15: Percent Change in the Number of Unique Students Requiring Multiple Accommodations, FY2013-FY2017						
	FY13-14	FY14-15	FY15-16	FY16-17	Change from FY13-17	% Change from FY13-17*
AVERAGE	36	7	31	59	111	22.5%
MINIMUM	5	0	0	0	0	0.0%
MAXIMUM	310	260	217	405	625	29.8%

Table 16: Unique Students Requiring Multiple Accommodations	
Number of Institutions with an Increase in Number of Unique Students Requiring Multiple Accommodations	19
Number of Institutions with a Decrease Number of Unique Students Requiring Multiple Accommodations	6

Table 17: Trends in Maximum Decrease in the Number of Unique Students Requiring Multiple Accommodations, FY2013-FY2017					
	FY13-14	**FY14-15**	**FY15-16**	**FY16-17**	**Change from FY13-17**
MAXIMUM DECREASE	-37	-720	-81	-282	-994

With rare exception, institutions reported similar trends for the top five reasons students sought disability accommodations during the five-year period from FY13 – FY17.

Among the common trends are:
- More testing accommodations and alternative testing
- Time extensions for assignments
- Attendance accommodations
- Emotional support animals
- Requests for single room housing
- Increase in the number of deaf and hard of hearing students
- Increase in the number of low vision or blind students
- Less stigma around disabilities
- Increase in students with multiple disabilities.

Institutions employed a variety of strategies to address the increasing needs of students seeking accommodations. These include advocacy with faculty members so that they are more prepared to refer and assist students; adoption of universal design practices; expanding space to accommodate additional testing; partnering with other units on campus for assigning emotional support and housing accommodations; implementing online systems for students to access their accommodations; adding staff; and implementing software updates and systems for capturing media.

One institution provided specific information on how it refined the note-taking process in response to an increase in the number of students needing note-takers as an accommodation. Instead of automatically approving a note-taker as an accommodation, the school created two informative workshops—one about technology that can assist disabled students in note-taking, and a second to build students' understanding of common note-taking techniques and strategies. Students are referred to these workshops, and those that attend both are loaned note-taking technology.

Food Insecurity

The United States Food and Drug Administration defines food insecurity as ranging from reports of reduced quality, variety, or desirability of diet to multiple indications of disrupted eating patterns and reduced food intake.

The Forum Wellness Survey asked institutions four questions related to food insecurity:

Question 16: Do you have a food pantry for students on your campus?

Question 17: If so, how many unique students have been served by the pantry annually each year?

Question 18: What is the average number of visits per unique student each year?

Question 19: Please describe any trends you've observed during this five-year period and/or successful strategies you have implemented to address these issues.

It is difficult to give numeric trends about food insecurity in this report because so many institutions did not provide data, did not report for all five years, or reported with estimates only. Of those institutions that did report data, all but one saw an increase in the number of students experiencing food insecurity.

The trends reported include:
- The need for food increasing each year
- An increase in staff and faculty accessing pantries
- Increased demand at the end of the month
- Need for more space for food storage and/or distribution
- Increased challenges in supporting differences in food culture as students in need become more diverse
- Needed efforts to provide healthy options such as fresh produce and protein.

Institutions speculate that the increase and surge in visits to pantries are due to not only a greater number of students facing food insecurity but also greater awareness of the pantries through word-of-mouth and programming.

Strategies used by institutions to address this issue include various kinds of educational/informational outreach efforts and materials to raise awareness among students, including developing publicity materials and outreach methods to educate more of the campus community and reduce stigma. Faculty members were found to be a great resource for sharing information with students. One institution reported setting up information tables about food pantries and other food assistance options at faculty events and on-campus advisor conferences. One school established a Twitter account for posting all events on campus that offer free food (which also has the effect of minimizing catering related food waste).

It was common for institutions to partner with student government, state and local food banks, and local agencies for food drives, and to be able to purchase more nutritious foods at a low-cost. As the need has grown, institutions have expanded the size, footprint, and satellite locations of their pantries, which includes mobile food pantries, re-branding the food pantry and setting up the pantry in a more visible location. Some schools have also changed their distribution model such that students are issued swipe cards that can be used like a meal program on campus (a no-shame approach).

Due to the increased demand, some institutions have asked students to fill out a "food assistance application" to help assess a student's needs. Increasingly institutions are trying to connect eligible students with Supplemental Nutrition Assistant Program (SNAP) benefits. One institution reported having a representative from the county Department of Human Services on campus four hours per month to help remove barriers to successful enrollment, but even that is proving to be insufficient to address the problems.

Other strategies include annual fund raisers (in some cases setting up a foundation account on campus) to allow the purchase of food to supplement food donations; classes taking on projects as part of a service-learning requirement; student volunteers at the campus pantries; creating a campus-wide committee to improve student food insecurity; gardening to provide additional fresh produce; and education on nutrition and cooking.

Student Homelessness

According to the Stewart B. McKinney Act, 42 U.S.C. § 11301, et seq. (1994), a person is considered homeless who "lacks a fixed, regular, and adequate night-time residence; and... has a primary night time residency that is: (A) a supervised publicly or privately operated shelter designed to provide temporary living accommodations... (B) an institution that provides a temporary residence for individuals intended to be institutionalized, or (C) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings." The term "homeless individual" does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a state law." 42 U.S.C. § 11302(c).

When students complete the Free Application for Federal Student Aid (FAFSA®), they are asked whether they are homeless or at risk of becoming homeless and "unaccompanied" (meaning not with their parents). However, we do not know how many students report this information and what happens when a student's circumstances change. Efforts are being made to assist the identification of homeless students through Financial Aid/ Free Application for Federal Student Aid (FAFSA). One institution reported including housing security and homelessness questions on their campus food assistance application.

The Forum Wellness Survey asked institutions four questions related to student homelessness:

> *Question 20: Does your campus identify homeless students?*
>
> *Question 21: If yes, how does your campus identify homeless students?*
>
> *Question 22: How many unique students did you identify as homeless in each of the following years?*
>
> *Question 23: Please describe any trends you've observed during this five-year period and/or successful strategies you have implemented to address these issues.*

A total of 17 institutions reported no data for the number of homeless students. Eight institutions reported some data, not necessarily for the five-year period, and these data were estimates only. Institutions noted that it is difficult to track or identify homeless students (see Table 18).

Table 18: Student Homeless Reporting	
Number of institutions that reported some data on homelessness*	8
Number of institutions that had no data to report on homelessness	17

*Even in cases where institutions reported, they often did not report for each of the five years

The maximum number of reported homeless students for any one year by an institution was 187. The average over the five-year period of those institutions reporting was 34.4 students.

Although institutions were not able to provide an accurate sense of the number of students that experience homelessness, they indicated an increase evidenced over the past several years by more and more students self-identifying and letting others know that they are without housing or sleeping in their car or a tent. In some cases, students have shared this information with the Office of the Dean of Students/Student Life, faculty, advisors, ombudspersons, and other students, who in turn refer the student to campus resources. Referrals also come from campus safety or housing staff who come across homeless students sleeping in cars in the parking lots or the lobbies.

Institutions did not provide any long-term strategies or solutions for ameliorating issues of homelessness. We know that obtaining a higher education degree creates the likelihood of greater income and job security. To that end, institutions are working on short-term solutions to improve retention and help students avoid stopping out or dropping out. These short-term strategies include creating spaces on campus with access to showers, laundry, lockers, couches for naps, refrigerators, and kitchens available for student use. Institutions also are partnering with residence life staff to set aside rooms in residence halls for students with short-term, emergency housing needs; implementing hotel voucher programs; making referrals to local homeless shelters; and seeking donor support to create emergency housing assistance funds. One institution reported that student affairs partnered with the university's social work department to create a position for an intern from the master's program in social work to help connect current students with salient community and public resources, including those focused on housing and food insecurity.

Responding Institutions

Twenty-five of the 52 institutions invited to respond to the Forum Wellness Survey submitted responses.

- Cal Poly San Luis Obispo
- California State University Long Beach
- Colorado State University
- Eastern Oregon University
- Idaho State University
- Metropolitan State University of Denver
- Montana State University Billings

- Montana State University Bozeman
- Montana Tech
- Nevada State College
- New Mexico State University
- Oregon Institute of Technology
- Oregon State University
- Portland State University
- South Dakota State University
- Southern Oregon University

- University of Nevada Las Vegas
- University of Arizona
- University of Hawaii at Hilo
- University of Idaho
- University of Montana
- University of Montana Western
- University of Nevada, Reno
- Utah Valley University
- Washington State University

The institutions that responded to the survey represent every state in the WICHE region except North Dakota.

| Table 19: States Reporting	
State	**Number of Institutions Responding to the Survey**
Arizona	1
California	2
Colorado	2
Hawaii	1
Idaho	2
Montana	5
Nevada	3
New Mexico	1
Oregon	5
South Dakota	1
Utah	1
Washington	1

The FY2017 student headcount of institutions responding to the survey ranged from 1,444 to 41,959, with an average headcount of 16,517. Institutions experienced different enrollment changes from FY2013 to FY2017, with the largest percentage increase of 30.8 percent. The largest decrease was 19.6 percent. The largest numerical increase during the five-year period 3,961 students, and the largest student headcount decrease was 4,182 (See Tables 20 and 21 below.)

Table 20: Student Headcount, FY2013-FY2017						
	FY13	**FY14**	**FY15**	**FY16**	**FY17**	**Average 5-Year Enrollment**
AVERAGE	16,415	16,402	16,473	16,586	16,712	16,517
MINIMUM	1,483	1,455	1,375	1,403	1,505	1,444
MAXIMUM	40,223	40,621	42,236	43,088	43,625	41,959

Table 21: Percent Change in Student Headcount, FY2013-FY2017						
	FY13-FY14	**FY14-FY15**	**FY15-FY16**	**FY16-FY17**	**Change from FY13-FY17**	**% Change FY13-FY17**
AVERAGE	-13	71	113	126	296	0.01
MINIMUM	-1,549	-1,380	-1,166	-918	-4,182	-19.6%
MAXIMUM	1,532	1,615	1,335	965	3,961	30.8%

The majority of institutions had an average FY2013 – FY2017 headcount of over 10,000. Eight institutions had headcounts of greater than 20,000 students.

Figure 8: Average Student Enrollment
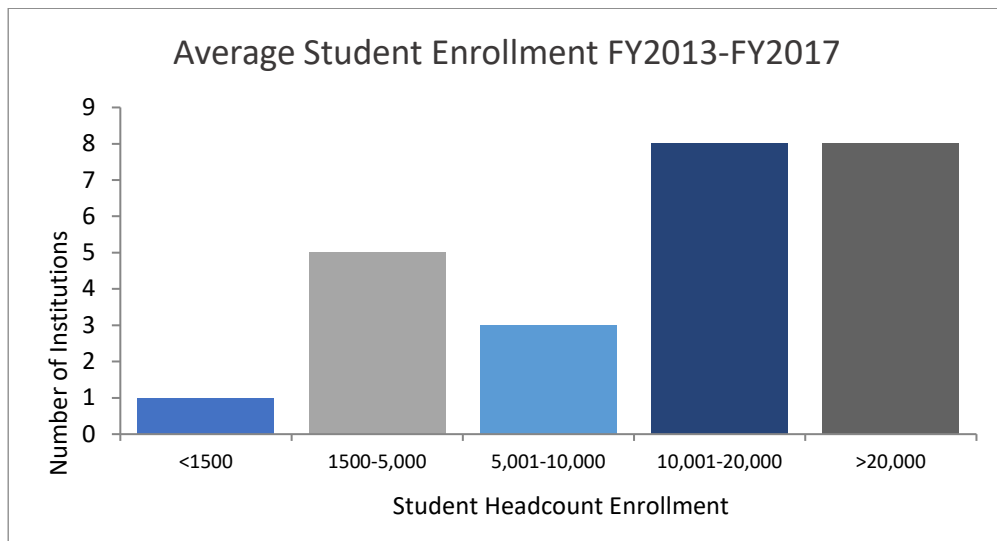
Over half (14) of the institutions saw an increase in student headcount, with the biggest changes taking place at larger institutions (see Table 22 and Figure 9 below).

Table 22: Enrollment Trends, FY 2013- FY2017	
Number of Institutions with Headcount Increase	14
Number of Institutions with Headcount Decrease	11

**Figure 9: Change in Student Enrollment, FY2013-FY2017**
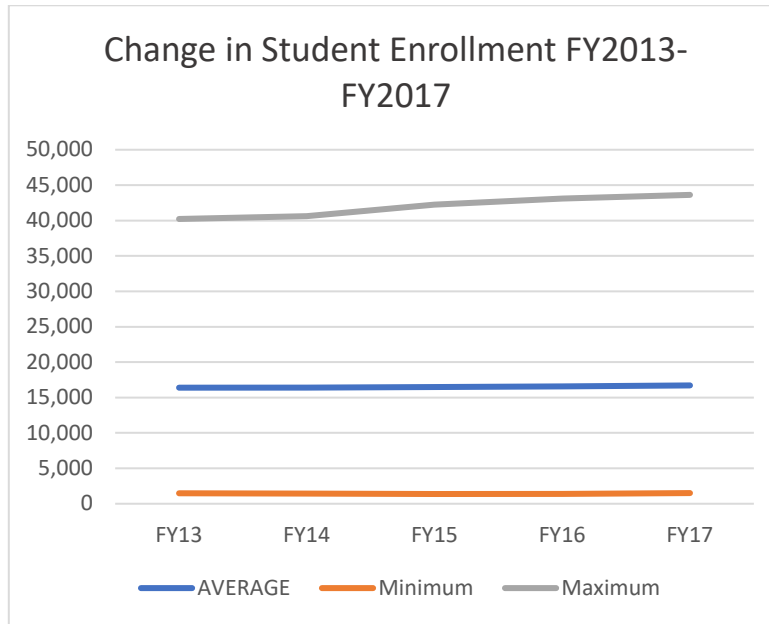
Since the data requested in the survey were most likely available in different places on campus, institutions were encouraged to break apart the questions and distribute them to the appropriate administrators on their campus. Each institution submitted one compiled response via the electronic survey instrument. The surveys were submitted by titles listed in Table 23 below.

Table 23: Title of Survey Respondents	Frequency
Provost/Vice President for Academic	7
Vice Provost/Associate Vice President (Student Affairs or Academic Affairs) or Dean of Students	7
Director of Campus Health Center or Counseling Division or Program Coordinator	7
Vice President/Vice Chancellor for Student Affairs	3
Administrative Assistant	1

Appendix: Solicitation Letter and Survey
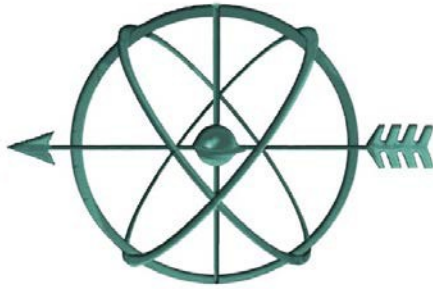
Western Academic Leadership Forum

October 2, 2017

Dear Colleagues,

I am contacting you as the Chair of the WICHE Academic Forum Student Wellness Committee. This group formed after an Academic Forum meeting at which we discussed the need for the Forum to evaluate options for programs that could assist member institutions with the wellness challenges facing our students. To that end, we ask that you participate in the Forum's wellness survey.

For most students the college experience is the gateway to achieving dreams and a path to career and life success. For some, however, it has also become a real struggle to navigate the demands of college with the demands of life. As access to college has increased, the complexity of dealing with the ever-increasing diversity of our students' life experiences has become more of a focus on our campuses in achieving our desire to provide rich educational opportunities for all students. Recent data indicate that "at any given time, 32% of college and university students are dealing with a mental illness with 5% screening positive of panic disorders, 6% for anxiety disorders, 9% for major depression, and 15% self-injuring without thoughts of suicide"[1]. As state and federal subsidies for education have shifted, we are seeing more and more students who are facing difficulties providing for basic needs such as food and shelter security. Our goals for student success become more challenging as we discover students whose only official residence is a car parked on campus.
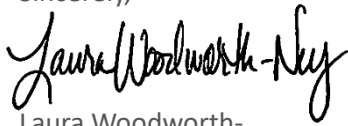
The intent of this survey is to provide the Forum membership with some basic information and guidance as we plan for programs over the next year to assist institutions in meeting the needs of all students. This survey's intent is not to provide precise data. We are looking for a sense of the scope of the student wellness challenge at member institutions, and whether these problems are on the rise.

Since the data is most likely available in different places on your campus, I am attaching a Word version of the survey which you can break apart and distribute to the appropriate administrators on your campus. We ask that you collect all of the data and provide a compiled response on the electronic survey instrument (https://www.surveymonkey.com/r/CZ9LVVS) by October 31, 2017, so we have one response per member institution.

The aggregated results of the survey will be shared at the Plenary Session (first session on Thursday morning) at the April 25-27, 2018 Western Academic Leadership Forum Annual Meeting in Vancouver, Washington.

Please do not hesitate to contact Kay Hulstrom (khulstrom@wiche.edu) with questions, and thank you for your time contribution to this important effort.

Sincerely,

Laura Woodworth-

1. From White Paper March 2017 entitled Increasing Student Retention through Improved Mental Health released by Kognito.com citing data from Gruttadar, Darcy, Dana Crudo, and NAMI. College Students Speak: A Survey Report on Mental Health. Rep. Arlington, V: NAMi. 2012.

Western Academic Leadership Forum
Student Wellness Survey

1. Contact Information

   Name of Institution: _____
   State: _____
   Contact Name: _____
   Title: _____
   Email: _____
2. Enrollment (Headcount):
   AY2012-13 _____
   AY2013-14 _____
   AY2014-15 _____
   AY2015-16 _____
   AY2016-17 _____

Mental Health-Related Counseling

3. How many counseling appointments were scheduled annually for the last five years?
   AY2012-13 _____
   AY2013-14 _____
   AY2014-15 _____
   AY2015-16 _____
   AY2016-17 _____

4. During the five-year period above, did you have to turn away students from your counseling centers?
   Yes/No

5. If yes, how many times did you turn students away each year?
   AY2012-13 _____
   AY2013-14 _____
   AY2014-15 _____
   AY2015-16 _____
   AY2016-17 _____

6. On average, how long did a student wait for an appointment at your center?
   AY2012-13 _____
   AY2013-14 _____
   AY2014-15 _____
   AY2015-16 _____
   AY2016-17 _____

7. Have you changed your policies and procedures in response to changes in student demand over the last five years?
   Yes/No

8. *If so, how? (i.e. limiting appointments, triage appointments, etc.)*

9. *What were the top five reasons for students seeking counseling during this five-year period (with number 1 being the most common)?*
    1 _____
    2 _____
    3 _____
    4 _____
    5 _____

10. *Please describe any trends you've observed during this five-year period and/or successful strategies you have implemented to address these issues.*

Student Conduct Violations

11. How many students were reported for violations of the student code of conduct for disruptive behavior on campus during the last five years?
    AY2012-13 _____
    AY2013-14 _____
    AY2014-15 _____
    AY2015-16 _____
    AY2016-17 _____

12. Please describe any trends you've observed during this five-year period and/or successful strategies you have implemented to address these issues.

Accommodations for Students with Disabilities

13. How many unique students on your campus sought accommodations for disabilities annually during the last five years?
    AY2012-13 _____
    AY2013-14 _____
    AY2014-15 _____
    AY2015-16 _____
    AY2016-17 _____

14. How many unique students required multiple accommodations for each of those five years?
    AY2012-13 _____
    AY2013-14 _____
    AY2014-15 _____
    AY2015-16 _____
    AY2016-17 _____

15. Please describe any trends you've observed during this five-year period and/or successful strategies you have implemented to address these issues.

Food Insecurity

16. Do you have a food pantry for students on your campus?
    Yes/No

17. If so, how many unique students have been served by the pantry annually each year?

    AY2012-13 _____
    AY2013-14 _____
    AY2014-15 _____
    AY2015-16 _____
    AY2016-17 _____

18. What is the average number of visits per unique student each year?

    AY2012-13 _____
    AY2013-14 _____
    AY2014-15 _____
    AY2015-16 _____
    AY2016-17 _____

19. Please describe any trends you've observed during this five-year period and/or successful strategies you have implemented to address these issues.

Student Homelessness
20. Does your campus identify homeless students?
    Yes/No

21. If yes, how does your campus identify homeless students?

22. How many unique students did you identify as homeless in each of the following years?

    AY2012-13 _____
    AY2013-14 _____
    AY2014-15 _____
    AY2015-16 _____
    AY2016-17 _____

23. Please describe any trends you've observed during this five-year period and/or successful strategies you have implemented to address these issues.

Forum Wellness Survey Committee Members

John Cech
Deputy Commissioner, Academic & Student Affairs
Montana University System

Sandra Haynes
Chancellor
Washington State University Tri-Cities

Dan Howard
Provost
New Mexico State University

James Moran
Provost and Vice President for Academic Affairs
University of South Dakota

Laura Woodworth-Ney
Executive Vice President and Provost
Idaho State University

Report and data compilation:

Sona Karentz Andrews
Provost Emerita
Portland State University