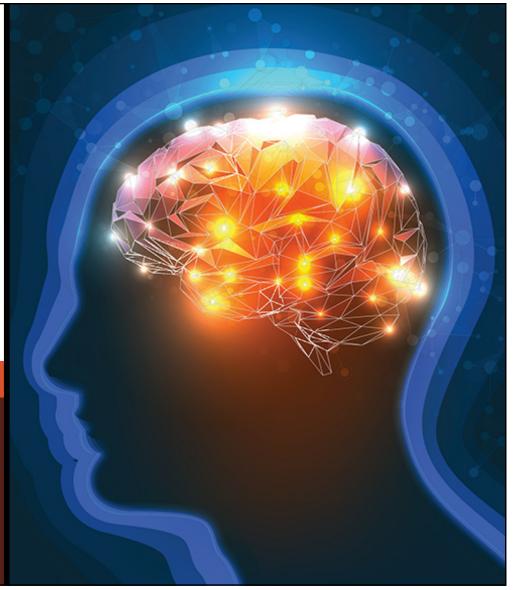
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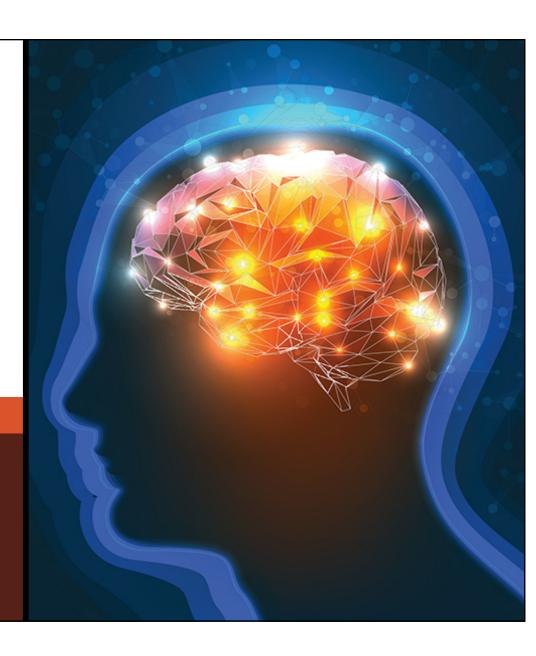




# Redesigning Student Mental Health to Meet the Student's Needs

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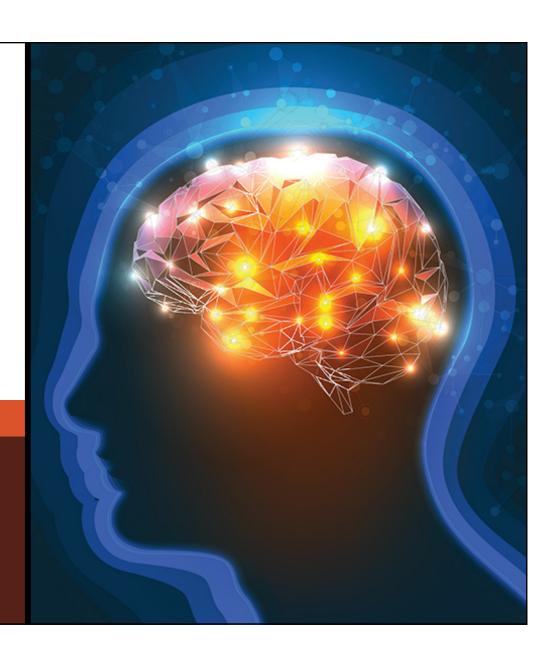
### Steven Siegel, MD, PhD Disclosures



- Research/Grants: Astellas Pharma US, Inc.
- Advisory Board: Astellas Pharma US, Inc.;
   Zynerba Pharmaceuticals, Inc.

## Learning Objective

Incorporate mental health services for students into university health systems.



#### **Outline for Discussion**

- History
  - Student health systems
  - Student counseling culture
- Evolving Landscape
  - Mental health needs in a university setting
  - Regulatory environment and standards of care
- A Call to Action and Future State

#### History



- -Autonomous, independent and insular
- Accountability to student affairs not health systems
- Public health & outreach perspective
- Student Counseling Culture
  - Brief contact and referral to the community
  - Lack of integration with medicine and psychiatry
  - Not designed for treatment of major mental illness

#### **Evolving Landscape**

- Mental health needs in a university setting
  - In a sample of 4,569 USC students taken from 2017-2018, 32% experienced symptoms of mental illness\*
    - Depression (25%), anxiety (22%), eating disorders (9%), and SI (7%)
- Student health systems refer out most mental health care
- Regulatory environment and standards of care
  - Parents/students expect care on par with health systems and schools of medicine
  - Regularity and legal environment demands higher level care and integration of services

SI = suicidal ideation.

\*USC internal data from USC student database courtesy of Steven Siegel, MD, PhD.

#### **SMART Goals**





- Incorporate student mental health services into School of Medicine department of psychiatry/health system
- Retain student health model for initial contact with referral to your own department's practice plan for ongoing care
- Provide continuum of care across student health-fee and insurance-based care
- Integration of mental and physical health both within student health and across systems

#### Questions Answers

Don't forget to fill out the evaluation on your iPad to collect your credit.

