

Digital Approaches to Supporting Student Mental Health:

Key Considerations for Michigan Community Colleges

Mental Health Improvement *through* Community Colleges

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MHICC Mission Statement

The Mental Health Improvement through Community Colleges (MHICC) team works in partnership with Michigan community colleges to improve the availability, accessibility, and equitable distribution of mental health resources for students across the state.

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Disclaimer

This toolkit was created by the MHICC initiative to assist Michigan community colleges in making informed decisions about digital approaches to supporting student mental health. The information provided in this toolkit is for general guidance. In all cases, readers should use discretion and/or seek advice from professional advisors familiar with their partnership venture before contracting with a digital mental health service vendor.

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Executive Summary

As colleges navigate how to support increasing rates of student mental health challenges amidst limited institutional resources, many colleges are turning to technology to support their students' needs. While digital approaches to supporting student mental health - often referred to as digital mental health interventions (DMHIs) - can serve as important components of a comprehensive system of mental health support, these approaches do not replace the need for in-person individual counseling. It is important for colleges to critically consider if a DMHI is right for their campus and to thoughtfully evaluate which DMHI might best meet their needs based on the services provided, likelihood of student engagement, and cost. To guide colleges through this decision making, this resource provides key considerations and implementation best practices to assist Michigan community colleges in utilizing DMHIs to support student mental health on their campus.

Key Takeaways



DMHIs offer several potential benefits in terms of increasing equitable student access to mental health care, but are not a one-size fits all solution and have several limitations.



DMHIs should be considered as part of a comprehensive approach to supporting student mental health, and do not replace the need for in-person individual counseling.



When determining whether a DMHI may be a fit for their campus needs, colleges should evaluate the mental health needs and preferences of their students, and assess for how a DMHI might fit within any existing gaps in the current landscape of available campus and community mental health services.



Colleges should critically assess data on individual DMHIs' cost, effectiveness, utilization, and technical standards when selecting a DMHI vendor.



Thoughtful and strategic implementation is critical for successful student usage of a DMHI.

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INTRODUCTION



Background

The number of college students reporting clinically significant mental health symptoms has increased over time,[1,2] with over half of college students experiencing at least one mental health condition.[2,3] The growing proportion of students seeking mental health services often exceeds the capacity of on-campus mental health providers, both within four-year institutions and community colleges.[4,5,6] Research from the Mental Health Improvement through Community Colleges (MHICC) initiative indicates that many Michigan community colleges (CCs) contend with limited staff capacity and limited funding for mental health services, leading to gaps in students' treatment access: 85% of Michigan CCs fall below the recommended counselor-to-student ratio, while 30% of Michigan CCs do not offer any in-house counseling services to students.[4]

Limited funding and staff capacity often requires CCs to explore innovative approaches to enhance mental health service availability. One strategy for expanding student access to mental health support is the use of mobile mental health apps and web-based resources, commonly referred to as digital mental health interventions (DMHIs). As DMHIs have gained popularity among colleges and other organizations, the market of available DMHIs has grown exponentially, with new platforms and features appearing regularly. **This resource is designed to help colleges assess if a DMHI could be a good fit for their campus and navigate the fast-changing landscape of available tools.**

What are DMHIs?

Digital mental health interventions (DMHIs) are third-party mobile apps and/or web-based resources that provide users with various forms of virtual mental health support. The specific services offered vary among different DMHIs, but often include:

- Teletherapy with a licensed mental health provider
- Health and wellness coaching
- On-demand crisis support
- Psychiatric or other medical care
- Peer support groups or community forums
- Self-guided resources for managing mental health
- Care navigation / connection to basic needs resources

The services provided by DMHIs are not unique to these tools, rather DMHIs offer a virtual way to connect students to these services. While some Michigan CC students have access to teletherapy through on-campus counselors or local mental health providers, this access is often limited by the availability and capacity of providers at their college and in their community. Further, few Michigan CCs offer other mental health services that DMHIs often provide, such as 24/7 crisis support, self-guided resources, peer support, and psychiatric care. This lack of access creates inequities for students attending resource constrained colleges or colleges located within behavioral workforce shortage areas.

Access to digital mental health support through a DMHI can remove some barriers to students' receiving care. Convenient access to mental health support at one's fingertips is a driving appeal of DMHIs, and this expanded access to mental health care can be particularly useful in rural communities and for individuals who face barriers to accessing in-person care, such as lack of transportation or child care. However, DMHIs require users to have access to a computer or smartphone with reliable internet access in order to engage with the DMHI features, which can create barriers for students without the needed technology or internet access, as well as students who don't have a private place to participate in virtual support such as teletherapy.

In 2024, 41% of Michigan CCs reported utilizing a DMHI to support student mental health.[4] Though continued research is needed to keep up with the rapidly evolving landscape of DMHIs, existing research has found DMHIs to be generally effective, especially when they include aspects of human support.[7-10]

The Role of DMHIs: A supplement, not a replacement

Though digital mental health approaches show potential, it is important to consider student preferences when considering these approaches. National data suggests that college students are generally open to DMHIs, particularly those that incorporate some form of human support.[11] This data shows that students often value the convenience of DMHIs; however, concerns about DMHIs being impersonal and less effective than in-person counseling remain common among students.[11]

This trend is reflected among Michigan community college students: When students from eight Michigan CCs were asked to rate how strongly their college should prioritize various mental health services on a scale from 1 to 10, in-person counseling services was ranked among the highest, with an average priority score of 7.3. This was followed by teletherapy (6.4), a virtual resource app (6.0), a peer support community forum (5.3), and a mood tracking app (5.0).[12]

> "I think an app is a great idea - I think it's really accessible, but I also know that ***a lot of people prefer that face to face kind of connection*** in order to actually get help. I'm also one of those people - I would prefer a face to face connection, but ***I think in a pinch, an app could be potentially really helpful***, even if you were connecting with somebody via an app."
>
> *-Student at a large, urban Michigan CC*

Taken together, this data suggests that students generally have interest in DMHIs as a means for reducing barriers to seeking mental health treatment, but many students still prefer to receive in-person individual counseling when possible. **As such, DMHIs don't replace the need for in-person individual counseling services but are an innovative way to provide *additional* support to students who either are unable to access other counseling services or who may not prefer or need in-person individual counseling to meet their mental health needs**.

The following vignettes illustrate potential scenarios where campus services and digital approaches may serve the diverse needs of Michigan CC students.



Stephanie works full time and attends community college classes in the evenings. Lately, she's been struggling with her mental health and is looking for support, but her college's counseling office is closed by the time she's done with work and on campus for her classes. ***Having access to a DMHI through her college has helped her connect with mental health support at the times that work for her through the DMHI's app on her cell phone.***

Jessie is enrolled in online classes at their local CC, and consequently never steps foot on campus. They don't currently have health insurance. Being able to meet with the counseling staff at their college has been really helpful in making them feel connected to their college and supported as they navigate some mental health challenges. ***However, having to travel to campus just for these appointments would be a huge barrier for Jessie, so they're really grateful that the counselor they meet with offers teletherapy so they can virtually meet from the convenience of their home.***





Timon takes in-person classes at his local CC. He takes the bus to campus each day and completes his coursework from the campus library as he doesn't have internet access where he's currently staying. His college offers a DMHI to students, however, ***engaging in teletherapy through this DMHI doesn't work for Timon, since he doesn't have a private location with reliable internet to conduct these sessions.*** *Instead, he meets with one of the college's on-campus counselors to talk through the mental health challenges he's been facing.*

POTENTIAL BENEFITS OF DMHIS

Expanded service offerings

Many DMHIs offer a variety of services that colleges can elect to make available to students through the DMHI platform, such as teletherapy, crisis support, self guided tools, peer support, health or wellness coaching, and psychiatric care. By utilizing a DMHI to offer services that aren't otherwise available to students on-campus, colleges can expand their students' access to a variety of services across the mental health continuum of care.

Matched student needs and preferences

By expanding the variety of mental health services available to students, DMHIs can help colleges ensure that students have access to the appropriate care that aligns with their individual needs and preferences. While receiving counseling services from on-campus counselors or local providers is strongly desired by many students, some students prefer to receive support and manage their mental health in other ways. In some cases, in-person individual counseling might also not be the best fit for all students' unique mental health needs - for example, some students might benefit more from peer support or from self-guided tools than from individual counseling.

Maximizing value of on-campus providers

If your college has on-campus mental health providers and elects a DMHI that expands the range of mental health supports available to students (e.g., by offering peer support, case management, or self guided resources through the DMHI) this may allow your counseling staff to focus on providing individual counseling to students who will benefit from these services the most.

Bridging gaps in support

If your college only offers mental health services on certain days or hours in a week or has wait times between when a student reaches out to campus counseling services and when they're seen (e.g., students have to wait two weeks for an appointment), DMHIs can help bridge this gap by providing students some form of support during the times, days, or weeks that they have to wait to meet with campus mental health supports. If on-campus counseling services are only available to students during the academic semesters, some DMHIs can also bridge the gap between semesters by providing students support during breaks between semesters and during the summer.

Around the clock access

Many DMHIs provide 24/7 access to self-guided resources or crisis support, allowing students who find themselves needing support after hours to connect with the appropriate resources in times of need. Additionally, DMHIs that offer teletherapy typically allow students to connect with providers that match their schedules, meaning students who are unable to engage with campus or community mental health resources during traditional hours can connect with care at the time that works for them.

Expanded access to diverse providers

DMHIs that offer teletherapy likely feature a wider range of mental health providers for students to choose from than a college's campus counseling services, as DMHIs allow students to virtually connect with a large network of providers. This may better allow students to select providers with specific identities that match their own or who offer services in other languages, which can be particularly beneficial for students who hold marginalized or historically oppressed identities. Additionally, DMHIs often allow students to connect with providers who are licensed in states outside of Michigan, which can be helpful if your college has a high proportion of online students who are enrolled from out of state.

POTENTIAL CHALLENGES & LIMITATIONS OF DMHIS

Evolving landscape with limited data

DMHIs are a relatively new domain that is rapidly evolving alongside technology. Though there is some data available on DMHIs - as discussed in the introduction section of this toolkit - the need for research on DMHI effectiveness and student experiences with DMHIs continues to grow as the landscape of available DMHIs develops. Limited data can make it difficult for colleges to determine whether a specific DMHI is empirically supported and worth their investment.

Requirements can create barriers for some students

While the convenience of having mental health support available on one's phone or laptop can remove some barriers to accessing mental health care, this can also create other barriers for students without access to the technology needed to engage with a DMHI or without access to a private space to participate in teletherapy. These barriers may be particularly pronounced within rural areas or other areas that face limited internet access. As such, DMHIs are not a one-size-fits-all solution to supporting student mental health, but one tool within a comprehensive system of supports available to students.

Students in need of higher levels of care may be referred out

Many DMHIs do not provide care for students in need of specialized treatment or care for complex and persistent mental health challenges. For example, students experiencing psychosis, in need of substance use treatment, or seeking diagnostic testing may likely be referred to outside care. While some DMHIs can still play a role in connecting students to this care, receiving care from an outside provider may not be feasible for these students due to cost, insurance status, or other barriers.

Potentially lessened sense of human connection

A key difference between digital support and in-person mental health services can be the sense of human connection that users feel when seeking care. Though research has shown teletherapy to be as effective as in-person counseling,[12-15] some find that connecting to a provider virtually has a lessened feeling of human connection than meeting with a provider in person.

Extensive promotion may be needed to drive student engagement

DMHIs are only as effective and impactful are they are utilized. Successfully raising students' awareness of a DMHI's services and how to use them is often a challenge for colleges, requiring significant promotional efforts and strategic implementation.

Cost effectiveness can vary by utilization

Pricing details vary widely across DMHIs: some vendors charge institutions a rate upfront based on total student enrollment, others charge based on the number of students who actually utilized the DMHI. When pricing is based on total enrollment numbers, the cost effectiveness of this approach is heavily influenced by how well the DMHI is utilized by students.

Note:
DMHI pricing models are discussed in further detail in the "Vendor Assessment" section of this toolkit.

CAMPUS ASSESSMENT: *DETERMINING WHETHER A DMHI IS RIGHT FOR YOUR CAMPUS*



While DMHIs can increase access to mental health services for many students, there are also drawbacks and limitations to the use of DMHIs. When considering a DMHI, the factors outlined on the following pages can be used to assess whether this approach to expanding students' access to care may be a fit for your campus needs.

Understand your students' mental health needs

- What population level data does your college have on students' mental health?
  - Has your college participated in the Healthy Minds Survey or pursued other ways of assessing student well-being?
    - Based on your available data, what are some of the most commonly experienced mental health challenges students on your campus face?
      - **Could the services provided by a DMHI effectively support students experiencing these mental health challenges commonly seen on your campus, or would students be better served by other services?**
    - Is there a gap between the proportion of students experiencing symptoms of a mental health challenge and those receiving care, either from campus resources or community resources (often referred to as a "treatment gap")?
      - What barriers do students describe facing when seeking mental health care - What factors get in the way of students receiving care, either from campus resources or community resources?
        - **How might a DMHI either address or not address these barriers experienced by students on your campus who struggle to access care?**

Assess gaps in your campus's current approaches to supporting student mental health

- What mental health services, if any, are currently provided to students by your college?
  - What gaps exist in these services offered that could be addressed with access to a DMHI, such as:
    - Lack of access to after-hours services
    - Long wait times or delays in scheduling
    - Lack of diverse identities within counseling staff / counseling staff don't reflect the identities of the student population
      - **Could a DMHI address these gaps more effectively or at a lower cost than other approaches to expanding care?**

To support colleges in conceptualizing how the services provided by a DMHI might align with different student mental health needs and how these could address any service gaps that exist on campus, the table below highlights various services offered by different DMHIs and what student mental health needs might align most closely with these services.

Mental Health Service	Student Mental Health Needs
Crisis support	Students who are experiencing heightened symptoms of mental distress that are beyond their ability to cope on their own. These students are in acute need of support in stabilizing their emotions and ensuring their safety.
Psychiatric services	Students experiencing symptoms of mental health challenges that might not be best treated by counseling alone. These students could benefit from receiving psychiatric medication alongside additional mental health support, such as individual counseling.
Teletherapy	Students experiencing mild to moderate symptoms of common mental health challenges, such as depression or anxiety. These students are not in need of urgent support (i.e., are not in crisis) and would benefit from structured clinical intervention with an individual therapist over the course of multiple weeks.
Peer support	Students experiencing developmentally appropriate challenges, such as general worry or stress, loneliness or social isolation, or interpersonal conflicts. These students are not at risk of harming themselves or others, and may not require clinical support from a licensed mental health provider. Alternatively, some students may benefit from engaging with peer support to increase their sense of social connection and belonging while simultaneously receiving counseling from a mental health provider.
Self-guided mental health management tools	Students experiencing mild symptoms of common mental health challenges, such as depression or anxiety, that they can self-manage with the help of evidence based tools, such as coping skill cards or guided mindfulness practices. These tools can also be useful for students utilizing counseling services by providing them with tools to engage with in-between sessions or allowing them to practice skills discussed with their provider.
Self-guided psychoeducation resources	Students who want to learn more about the symptoms and treatment of mental health - They might be looking to better support a friend who is struggling with their mental health or questioning their own health, but are not ready to talk to someone about it yet.

Center student preferences

- Has your college conducted focus groups or other ways of qualitatively understanding students' perspectives and preferences on mental health support?
  - What mental health services have students expressed interest in having access to that are currently not provided by your college?
    - **Could these services that students desire be offered through a DMHI?**
  - Are students generally receptive to receiving mental health support from a DMHI?
    - What features would students be most interested in using from a DMHI?
    - Do students have concerns about the effectiveness or privacy of DMHIs?
    - Do students have concerns about the technical requirements needed to use a DMHI, such as access to a smartphone or laptop, reliable internet access, or access to a private space to participate in teletherapy?
    - **Does it appear that a DMHI might be well utilized by students on your campus based on students' perceptions of digital support?**

Based on the considerations presented throughout this section, the scenarios below reflect instances where a DMHI might be a good fit for your campus:

- Students have high rates of mental health challenges, but are not accessing on-campus counseling services due to transportation barriers or other logistical challenges.
- On-campus counseling staff are unable to meet the demand for counseling services, leading to long wait times for students to engage with a counselor.
- Your campus provides on-campus counseling services during standard business hours, but students express needing access to care outside of standard business hours to accommodate their schedules.
- Your campus does not offer immediate services for students in crisis, or campus crisis services are available during business hours but data reveal that most student crises or incidents requiring intervention on your campus occur outside of these hours.
- There is a high proportion of online students at your college who desire virtual mental health care that your college does not currently provide.
- Your college is located in a mental health workforce shortage area, so you've had difficulty hiring additional counseling staff to provide campus mental health services.
- Students at your college are seeking access to a variety of diverse counselor identities that exceed those of your current counseling staff. Or, data on your students' mental health needs show that students with the largest treatment gap are not represented by current counselor identities.

VENDOR ASSESSMENT: *DETERMINING THE RIGHT DMHI FOR YOUR CAMPUS*



If your college determines that a DMHI may be a good fit for your campus needs, you'll need to identify a vendor with whom to partner. Given the heterogeneity across DMHI vendors and the growing number of vendors in this space, this process can be confusing and burdensome. The following prompts are designed to make this process easier by providing the key considerations to determine the right DMHI. For information on specific DMHIs that your college might consider, see the subsequent section of this toolkit titled "Commonly Used DMHIs in Higher Education".

"It's important to remember that DMHI vendors are salespeople - when vetting DMHIs for our college, the DMHI folks would often come in with a prepared spiel about their product, and it can be really easy to feel swayed by the sales magic! Navigating these conversations really requires a lot of intentional thinking and processing ahead of time, making sure that you have a sort of interview guide with all the information you need laid out. And as much as it can be hard for us to turn off our Midwest kindness, it definitely takes a healthy dose of assertiveness to do this. In my experience though, when you can be intentional in these conversations and push back on things when you need to, vendors are often willing to provide additional data, negotiate pricing, or create customized service packages for your campus."

-Counseling Director at a Michigan Community College

Vendor Assessment Considerations:

What services are provided by the DMHI?

Different DMHIs offer different services - from teletherapy, crisis support, psychiatric care, peer support, self-guided resources, and others. It's important to understand which services are offered by the DMHI and to ensure that these services match the needs of your campus.

What platform does the DMHI use?

Some DMHIs use a mobile app, others use an online website, and some house various content and services on different platforms. Does the platform used seem feasible for your students to engage with?

If the DMHI provides counseling services, what does this counseling entail?

"Counseling" can mean different things across DMHIs, so it's important to understand what these services actually involve in practice. For instance, session lengths may vary (e.g., 30 minute vs. 60 minute sessions), and some DMHIs may offer short-term focused counseling while others provide longer-term care. In some cases, "counseling" may actually refer to non-clinical life coaching. To better discern this, it's helpful to ask about the licensure of providers and their use of evidence-based practices - what treatment modalities are their providers trained in and using regularly? If a DMHI's providers don't use any evidence based practices, this may indicate that the services provided are more coaching-oriented rather than clinical mental health counseling.

What service requirements or wait times will students face?

It can be important to understand if there are reasons why students wouldn't be provided services through the DMHI - are students declined treatment based on severity of symptoms, or other factors? If so, how often are students declined treatment, and for what reasons? What are the protocols and actions taken in this scenario? In addition, it can be helpful to understand what the average wait time for students to be connected to services is, particularly for DMHIs that offer teletherapy services. Does the expected wait time for an intake session differ from the expected wait time for subsequent sessions? If so, what resources or supports are students provided in the meantime?

What is the DMHI vendor's pricing model?

Different DMHI vendors bill institutions in different ways - some charge a blanket fee upfront based on total enrollment numbers, while others charge based on actual student usage. Some vendors also charge one time set-up or implementation fees. It's critical to understand the pricing model - and how this pricing is broken down by services provided through the DMHI - in order to ensure that institutional funding is used cost effectively. It can be helpful to enter into these conversations with an established idea of the budget your college has and the DMHI features you're looking to receive with this budget, as DMHI vendors are often willing to negotiate pricing or waive certain fees. More information on pricing is provided on the following page.

Notes on DMHI Cost and Cost Effectiveness:

When DMHIs provide multiple services, each service that a college elects to offer students typically encurs an additional cost to the college. Within this, the two most common pricing models we've seen from DMHI vendors are those based on student ***enrollment*** and those based on student ***utilization***.

If a DMHI vendor charges based on ***enrollment***, colleges are charged a flat amount for every student that is enrolled at the college, regardless of whether or not that student will end up utilizing the DMHI. Enrollment based pricing is common for DMHI services that students can utilize an unlimited amount, such as self-guided content, crisis support, or peer support forums.

Some DMHIs also utilize enrollment based pricing pricing for teletherapy services, where the amount that the college is charged per enrolled student depends on the amount of sessions students are granted access to. For example, a college could pay $10 per student for all students to have access to up to 3 counseling sessions through the DMHI per year, or the college could pay $15 per student for all students to have access to up to 5 counseling sessions per year. Given that many CC students are only enrolled part time, some DMHI vendors that use an enrollment based pricing model will calculate a full time equivalent (FTE) enrollment number that they will charge the college based on, though other DMHI vendors don't regularly do this.

DMHI pricing models based on ***utilization*** typically involve the college purchasing a given amount of counseling sessions (or other services) that can be allocated to any student, so that the college is only paying for students who use the services. DMHI vendors that utilize this pricing model typically allow any unused sessions purchased by a college to "rollover" into the following year. For example, if a college purchases 500 counseling sessions, but students only use 400 of those sessions in a given year, the remaining 100 sessions that were already purchased will be rolled over as long as the college renews their contract with the DMHI vendor.

There are pros and cons to each pricing model, though it's important to note that **the extent to which enrollment based pricing models are cost effective is largely driven by how many students actually use the DMHI.** Research has found campus-wide utilization of DMHIs to be between 5-10%,[16] though the proportion of students who utilize a DMHI can be impacted by how well a college markets and disseminates the resource, among other factors. Among community colleges, companies report that typically 3-5% of students utilize purchased DMHIs. The impact that this has on cost-effectiveness (specifically for teletherapy services) is outlined in the example below.

> Imagine your college has 8,000 students enrolled and is contracting with a DMHI vendor that charges an annual fee of $10 per student to provide all students with up to 3 telehealth counseling sessions per year, costing the college $80,000 per year.
>
> If 20% of all students utilize the DMHI to receive between 1-3 counseling sessions (for an estimated 3,200 telehealth counseling sessions provided to students through the DMHI per year), this would mean that each session provided would cost the college $25. This is likely significantly less than the college would pay for a staff or contracted counselor to provide these services. However, colleges are unlikely to see utilization rates as high as 20%.
>
> More realistically, if only 5% of all students utilize the DMHI to receive between 1-3 counseling sessions (for an estimated 800 telehealth counseling sessions provided to students through the DMHI per year), this would mean that each session provided would cost the college $100, which may not make this particular DMHI more cost effective than hiring additional counseling staff or contracting with local providers to offer teletherapy.

What usage limits exist, and what does this mean for students?

Some DMHIs have limits on how much or how often a student can receive support (particularly for DMHIs that offer counseling services). If a DMHI does have service limits in place and a student reaches this (e.g., attends the maximum 4 counseling sessions), what options do students have for continued support? Will the student be referred back to their on-campus mental health services, community resources, or other avenues for support? Will the institution or the student be charged for additional sessions?

Does the DMHI have proven effectiveness?

Though research has found DMHIs to be generally effective as a whole, different DMHIs may have stronger or weaker effectiveness. Therefore, it's important to understand to what extent the DMHI has been shown to improve student mental health outcomes. Some DMHIs have this data publically available (e.g., on their website), while it may need to be specifically requested from other vendors. When reviewing this data, it's important to keep in mind that the data is coming from the vendor, so is likely presented in a way that positively frames the DMHI in order to increase sales. So while this data is can be helpful, it should be taken with a healthy dose of skepticism. If requesting data, ask the vendor to share ranges across similar institution types rather than just information from one school, which could likely be a positive outlier.

What data is available on student utilization of the DMHI?

DMHI vendors typically have data on student usage from institutions they've contracted with that can be shared (in a de-identified format) to help others understand how students use the DMHI. We recommend requesting student utilization data from colleges with similar demographics to yours (e.g., another small, rural, community college) to help you understand what proportion of the student body engaged with the DMHI at a similar institution. You might also request information on the range and average utilization rates or number of services provided across colleges who have implemented this DMHI. This can help illuminate trends in student usage, such as if a large proportion of students use the DMHI once but then never use it again compared to students regularly using the DMHI throughout the semester.

What are student perceptions of the DMHI?

It can be insightful to know how satisfied students been with the DMHI in the past, and what students are saying about this resource. Have students experienced glitches or other technical issues that may impact their continued uptake? To what extent did students find the process of receiving mental health support from the DMHI to be a positive experience? This data may be available publically, but colleges may also want to query DMHI vendors about any metrics they've collected on student perceptions and user experience.

How well does the DMHI align with student demographics?

While many DMHIs are specifically designed for college students, others are designed for the general public or other subgroups of individuals. You may want to consider whether the DMHI is tailored to college students, and (if the DMHI includes aspects of human support) whether the DMHI's providers are knowledgeable about the experiences of community college students in particular. Further, you may want to assess whether the DMHI's providers represent a diverse set of identities that match those of your college.

What data does the DMHI share with colleges?

Some DMHIs provide designated college staff with data on student utilization / teletherapy sessions attended, students' presenting concerns, or other information that would be obtained if a student was presenting to an on-campus counseling resource rather than utilizing a DMHI. The amount of information shared varies across DMHIs, as does the frequency in which this is shared - some make this data available in real time through custom data dashboards or integration with colleges' EHR systems, others share this data in routine report form, while others don't share information at all. Some only provide de-identified or aggregated data, while others share students' identifying information so that college counseling staff can be apprised of students' well-being and service utilization. Additionally, if a student contacts a DMHI in crisis, some may have policies in place about notifying the college, while others may not share this information.

Does the DMHI meet relevant technical standards?

Given the exponential rise of DMHIs in recent years, it's important to ascertain that the DMHI meets technical standards and regulations. For example, if human support is provided by the DMHI, is this provided from a licensed mental health provider? Additionally, is the DMHI confidential? What steps are in place to ensure student data is stored privately and securely? Does the DMHI abide by relevant regulations, such as the Family Education Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA)?

What is required to implement the DMHI?

The process for setting up a DMHI varies by vendor, with some playing a more hands-on role than others. Therefore, it's important to fully understand what is required from the college for the initial set up of the DMHI, as well as what's required from your college for the continued upkeep and delivery of this resource. After initial setup, some DMHIs provide ongoing administrative and technical support as a bridge between the college and the DMHI vendor, while others do not offer this as a standard form of support. Some provide tailored marketing materials for colleges to use, while the process of raising awareness of the resource falls on the college for other DMHIs. Further considerations for implementing a DMHI on your campus are discussed in the "DMHI Implementation Considerations" section of this toolkit.

The quote below highlights one student's perspectives on how their college could have better supported students when implementing a DMHI on their campus.

"I know the day that they launched [the DMHI], they didn't have a representative on campus, so they literally just set out the [branded] chapsticks and the pens. There was no access to somebody to give you information to say why this is important. So you're left to download the app yourself, create your account, and for some people that's super simple. But then all the people who are like, *I need help walking through this app, I don't know what questions to answer,* and then you get to the end of the app, and it's like, okay, so what are you looking for? But if you don't actually know, there's no option to be like, *Can I just talk to somebody who can help me or direct me to what I'm looking for?* So it would have been nice to have somebody there who could have been like, I'll get you connected with the right people. Because it is a lot of you having to initiate yourself, and even that's a lot of steps to even get to make an appointment, and then you don't even know if you're making an appointment with the right person."

-Student at an average sized urban Michigan Community College

COMMONLY USED DMHIS IN HIGHER EDUCATION

The following pages include a list of DMHIs commonly used by colleges in Michigan and across the country. This is not meant to be an exhaustive list of all DMHIs that a college may consider, but rather a tailored list based on several of the factors described throughout this toolkit. **As every college has different student populations, financial constraints, and existing services, a DMHI that might be the right fit for one college might not be for another. For this reason, this toolkit aims to inform colleges how to evaluate DMHIs rather than recommending specific DMHIs.** However, the DMHIs listed below are provided as a general starting point for determining which DMHI(s) might be a fit for your college.

For annually updated information on the number of Michigan CCs that offer a specific DMHI, please see our Statewide Mental Health Landscape Report available on MiTRENDS.org.

BetterMynd

BetterMynd was founded in 2017 to support colleges in expanding equitable access to mental health care for students. BetterMynd is designed specifically for college students and primarily offers access to teletherapy, though also provides 24/7 crisis care, psychiatric services, and health promotion workshops for additional costs to institutions.

BetterMynd's pricing model is based on *utilization*, not enrollment. Institutions can purchase packages of counseling sessions (e.g., 500 counseling sessions) that can be used by any student in any frequency - meaning, one student could attend 8 sessions, another student could attend 1, and another student could attend 5, and all of these would count toward the total number of sessions purchased by the institution.

Mantra Health

Mantra Health was founded in 2019 to expand students' access to comprehensive and high quality mental health care. Mantra Health offers a variety of services across the mental health continuum of care - including teletherapy, psychiatric consultation, 24/7 crisis support, self-guided resources for managing mental health, and short-term life coaching - all available through an integrated app.

Mantra Health's teletherapy and psychiatric services are priced based on *utilization* (colleges purchase a number of sessions and these can be allocated to different students according to students' needs), while their other services are charged based on *enrollment*.

Welltrack by Protocall

Protocall is a digital mental health company that originally launched in 1992 as a campus crisis resource. Currently, Protocall offers an expansive environment of campus mental health supports through their Welltrack ecosystem, including 24/7 crisis care, scheduled counseling sessions, self-guided resources for managing mental health, and care coordination. If offering Protocall's scheduled counseling session service (referred to as Welltrack Connect) to students, colleges can elect whether they choose to cover the costs of students' sessions or simply use the platform to refer them to vetted mental health providers.

Protocall offers flexible pricing options for their welltrack products based on colleges' needs: Colleges can either elect to purchase services based on student *enrollment* (e.g., the college pays for all enrolled students to have access to the selected services) or based on *utilization* (e.g., the college purchases a given number of counseling sessions that can be allocated to different students as needed).

TimelyCare

TimelyCare was founded in 2017 and is designed specifically for higher education. TimelyCare is a virtual platform offering students 24/7 access to mental health providers for consultation in addition to a range of services including teletherapy, medical care, psychiatric care, health coaching, basic needs assistance, faculty and staff guidance, peer support, and digital self-care content. Institutions can select from different service packages based on the needs of their institution.

In April 2024, the Michigan Community College Association (MCCA) partnered with TimelyCare to offer preferred pricing to MCCA member institutions. TimleyCare's pricing model is based on *enrollment* - the cost to colleges is determined by the total number of enrolled students (in addition to initial one-time set up fees). The cost per enrolled student is determined by the service package selected.

Uwill

Uwill was founded in 2020 and is designed specifically for college students, with the goal of expanding students' access to virtual support from a licensed mental health provider. Through Uwill, students can receive same-day individual counseling from one of Uwill's licensed teletherapy providers. Uwill also offers access to 24/7 crisis care for an additional cost to institutions.

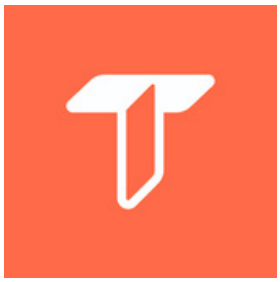
In June 2024, the Michigan Community College Association (MCCA) partnered with Uwill to offer preferred pricing to MCCA member institutions. Uwill's pricing model is based on *enrollment* -the cost of colleges is determined by the total number of enrolled students. The cost per enrolled student is determined by the number of counseling sessions allotted for each student (e.g., up to 3 sessions per students vs up to 5 sessions per student).

Peer Support DMHIs



Togetherall

Togetherall was founded in the UK in 2007 and first became available in the United States in 2014. Togetherall provides an online community where students can connect, share their feelings and experiences, and receive peer support. Togetherall is monitored 24/7 by licensed clinicians to connect students with additional support as needed.



Talk Campus

TalkCampus is the higher education specific platform of TalkLife, which launched in 2020 to provide ongoing wellbeing support for students across the world. TalkCampus' services include a peer support platform moderated 24/7 with clinical support, self-guided wellness resources, and on-demand "pay per session" teletherapy.

DMHI IMPLEMENTATION CONSIDERATIONS

Low utilization is a major concern for colleges when considering DMHIs, particularly when a DMHI vendor charges based on total enrollment rather than actual usage. Research has found that factors most commonly associated with low uptake of DMHIs include: [17]

- Student perceptions about lack of privacy
- Non-user friendly DMHI interfaces
- Lack of personalized support
- Lack of culturally responsive services

While these factors can be largely addressed by critically selecting a DMHI that aligns with the considerations described "Vendor Assessment" section of this toolkit, effective dissemination strategies can also play a critical role in successfully implementing a DMHI on your campus. The following best practice considerations are designed to support colleges in successfully implementing a DMHI on their campus.

Implementation Considerations:



Embed the DMHI within existing campus and community resources.
Student awareness plays a critical role in increasing DMHI utilization - students have to know about the resources available and how to access them in order to use them! With this in mind, colleges should consider embedding the DMHI into their campus through a variety of ways, including highlighting the DMHI in physical and digital spaces where students typically engage (e.g., advising and other student services offices, campus mental health offices, student centers and other campus shared spaces, college websites, etc.)



Ensure transparency about privacy.
When sharing information about a DMHI, transparently and accurately highlight the privacy and confidentiality of this resource to provide students with an informed understanding of how secure their data is.



Optimize students' ease of use.
To increase DMHI uptake and student engagement, colleges should be cognizant of minimizing user burden associated with enrollment and use of the DMHI. This might include providing direct links to the DMHI in emails, learning management systems (e.g., Canvas, Blackboard) or other campus apps to take students directly to the DMHI. Limiting DMHI intake forms and other set up processes can also play a significant role in easing user burden and increasing student uptake. Different DMHIs allow for different levels of customization, so it can be helpful to understand how much your college can customize the user experience and/or integrate the resource within existing campus systems.



Utilize targeted referrals.
Research has found that DMHI uptake from students was lower at colleges who invited their entire student population to use a DMHI than at colleges who referred students presenting to counseling centers to a DMHI for additional support. On the contrary, colleges who targeted outreach about a DMHI to students with elevated mental health symptoms had higher rates of DMHI uptake than colleges who took a more universal approach to outreach.[16] Based on this, your college might consider targeting outreach and DMHI referrals to students who may be most likely to benefit from the DMHI in order to increase student engagement.

NEXT STEPS:
INVITATION TO CONTINUE THE CONVERSATION

This toolkit was designed to provide general information on the role that DMHIs can play in community college student mental health and to equip colleges with the foundational information needed to navigate the fast changing landscape of available DMHIs. If your college would like to discuss this further with the MHICC team or receive additional support in selecting and implementing a DMHI on your campus, we welcome you to connect with us! Additionally, if your college has success stories or challenges with implementing a DMHI that weren't captured in this toolkit, we would love to connect with you to learn more about your experience in order to best support other Michigan community colleges.

ADDITIONAL RESOURCES

This toolkit was adapted from existing resource guides on DMHIs, in conjunction with expertise from the MHICC research team and topic experts at local community colleges, in order to be specific to Michigan community colleges interested in implementing a DMHI on their campus. For further information, the resources used to inform this guide can be accessed below:

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