Increasing accessibility of MIT Mental Health & Counseling and augmenting personalized support

### About MIT MH&C

**Student MH&C sees ~21% of students annually**
Works with students to identify, understand and solve problems (anxiety, stress, depression)
- Open 5 days a week M-Th 8:30AM- 7PM, F 8:30-5PM
- Call for appts (617) 253-2916 M-F working hours
- Call evenings and weekends (617) 253-4481
- Walk-in sessions M-F 2-4 PM

**Team composition / roles**
- 39 staff members
  - Registration / Front Desk – 4 staff
  - Referral coordinator / access coordinators – 3 staff
  - Psychiatrists, Psychiatric Nurse Practitioners, Psychologists, Licensed social worker, clinical nurse specialists – diagnosis and decision on patient treatment plan – 27 FTE

### Project overview

**Underlying challenges at MIT MH&C**
- Mismatch between student demand and availability of MIT MH&C
- Among a subset of low-to-moderate acuity patients, perceived need for greater immediacy and frequency of interactions with providers
- Seasonal surges in demand during busy academic periods of each semester
- Student desire for personalized, convenient treatment options and diverse student preferences for receiving mental health support

**Project objectives**
- Augment accessibility of MH&C support services and engagement between traditional in-person visits to enhance patient satisfaction
- Identify change(s) in care pathway and/or operational model to better address student demand
- Evaluate potential digital mental health solution(s) for supplementing care

### Project methodology and approach

**Internal stakeholder research and analysis**
- Understand current process flow for MH&C visits, pain points, and opportunities for improvement
- Evaluate counseling center throughput, resource use, and performance indicators for access
- Catalog and assess community mental health resources outside of MH&C

**Academic and market research**
- Understand new approaches implemented by other counseling centers to address student demand
- Determine use cases in digital mental health
- Research and evaluate digital mental health platforms suitable for needs at MIT

### Data analysis

**Wait times**
- Examined time between intake and first sessions, and time between subsequent visits
- Downward trend in mean days to first visit suggests improved access in 2018

**Volume over time**
- Visit volume and provider throughput peaks during busy academic periods
- Seasonality in volume and provider throughput suggest demand-sensitive surge capability

**Types of visits**
- 45 min-long counseling sessions are the most common appointment type
- Short returns and group therapy account for ~10% of visits each
- “High utilizers” account for a significant proportion of arrived visits and are more likely to be complex with more than one diagnosed conditions

**Resource allocation**
- Examined time between intake and first sessions, and time between subsequent visits
- Downward trend in mean days to first visit suggests improved access in 2018

### Recommendations

**Increase capacity**
- Hiring an additional provider can increase capacity by 7.5%
- Converting 20% of long returns to short returns can increase capacity by 9%

**Introduction of a digital mental health solution**
- Skill-based telehealth groups offer students the opportunity to access services from their own environment during more convenient times

**Consider a stepped care model and integration of mental health resources across campus**
- Provide students with a centralized site that aggregates clinical and sub-clinical mental health resources on campus

**Improve data collection**
- Student satisfaction survey (Press Ganey) on annual basis and post-visit satisfaction surveys
- Wait days tracking (granularity)

### Team

- **Umesh Jain**, SDM ’20
- **Rashmi Kamath**, MBA ’19
- **Chris Kwolek**, EMBA ’19
- **Yifan Lu**, MBA ’19