Stony Brook University

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Integration of Technology and Behavioral Economic Approaches to Enhance Mental Health and Substance Abuse Prevention and Intervention Services on Stony Brook University Campus The primary goal of the project is to improve population-level mental health and substance use disorder (SUD) prevention/promotion services using behavioral economic principles (decision science) to increase the baseline mental health of our student community, decrease stigma and expand "gatekeeper" effectiveness. Furthermore, by improving efficiencies within our mental health care system, we will increase access to care, improve clinical outcome, reduce treatment dropout that will ultimately impact academic success. Parallel to the national trend, Stony Brook University is experiencing an increase in demands for counseling services. However, data indicate that over 70% of students who access counseling may be better served by multimodal prevention and early intervention services. Meanwhile, SBU's prevalence rates for depression, suicidal ideation, affect regulation issues and substance use disorder is on the rise in the student community (anonymous needs assessment data). Therefore, this project is committed to reimagining mental health services into a collaborative, comprehensive data-driven public health approach designed to reach students who don't/won't utilize traditional counseling services. If funded, the project will serve all our student population (n=25,989) with special attention to the needs of LGBTQ, Veteran, and International Students. This project will focus on developing an integrated community of care by incorporating community partners, campus stakeholders, students, and parents.

The four primary goals of the project are:

1. increase access, efficiency, treatment compliance and positive clinical outcomes for students seeking counseling services by implementing telecounseling, evidence-based tools for clinical outcomes monitoring and reducing treatment dropout,
2. expand scope and increase effectiveness of voluntary screening by utilizing multimodal (in person and online) evidence-based screening approaches (SBIRT),
3. develop and augment outreach directed at students, faculty and staff to enhance awareness of mental health and substance use issues, build effective gatekeeper referrals tactics, reduce stigma, increase access to services and promote the national suicide prevention lifeline (QPR, Kognito, communication campaign), and
4. using SAMHSA's Strategic Prevention Framework create a task force of on-and-off campus behavioral health providers and suicide prevention organization to ensure effective prevention by implementing iterative data driven population level changes.

At the conclusion of this project, we aspire to build a sustainable and comprehensive repository of strategies and tactics that connect prevention, treatment, and community outreach into a seamless continuum of care supporting wellbeing and student success.