



Short Communication

Telepsychiatry as a Solution for Mental Health Needs in Higher Education: Short Communication

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Abstract

Introduction: With the increasing need for mental health services among college students, institutions struggle to find appropriate mental health resources in their communities. A medium-sized Midwestern university offered telepsychiatry services to students at 12 institutions of higher education (15 campuses) in 2021-2022. The aim of this study was to highlight telepsychiatry as an accessible and effective form of mental health care for college students while limiting barriers.

Methods: All partner liaisons were invited to participate in a brief survey to provide programmatic feedback. Secondary descriptive quantitative and qualitative data were reviewed. This study focused on a qualitative approach, with an emphasis on exploring satisfaction among referral institutions.

Results: A thematic analysis identified strengths such as quality and timeliness of services with a competent psychiatric provider. The importance of a streamlined referral process and establishing relationships between the provider, referral liaison, and student were highlighted. Descriptive data resulted in a mean of 4.7 out of 5 in nine areas of satisfaction.

Conclusion: The findings highlight the importance of telepsychiatry in addressing mental health needs in higher education. The implications are far-reaching. Telepsychiatry services within college health systems can increase inclusivity and accessibility for students by reducing barriers to care such as scheduling conflicts, transportation, and technical barriers. Institutions of higher education should consider establishing telepsychiatry services to maximize existing healthcare services and staffing models to increase student success. Further research should explore implementation strategies and long-term outcomes to optimize telepsychiatry's effectiveness in academic strategies.

Keywords: Student health services, Mental health, Mental health teletherapy, Telemedicine

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Introduction

There is a clear need for mental health services for college students' success. Thirty-nine percent of students in college experience a significant mental health issue, and approximately 75% of mental health issues begin by age 24.¹ However, affordable and accessible psychiatric care is not readily available on most college campuses, with many communities reporting a wait time of 6-12 months. For example, the Minnesota Department of Health Office of Rural Health² designated 80% of the State of Minnesota as having a shortage of mental health care providers based on geography, population (such as low-income or Medicaid eligible), or facilities, such as federally qualified health centers. Author³ found that students preferred in-person psychiatric services over other modalities. However, given the barriers such as long waitlists, limited providers, transportation, etc., there was a strong preference for having an established relationship if using telehealth services.³ When unaddressed by institutions of higher education (IHEs), college students are left with a lack of care and resulting consequences.

Some settings demonstrate success using telepsychiatry

models, such as K-12 and rural hospital systems. Researchers shared results of K-12 school systems who successfully used telepsychiatry for both treatment and consultation.⁴ Additionally, telepsychiatry was offered in a rural Washington hospital system for pediatric patients finding high levels of satisfaction with their experience. Despite success in similar environments, it is rare for IHEs to partner on services related to mental health.⁵

Mental health concerns consistently account for the most missed classes and lower grades.⁶ This has been compounded due to changing student demographics with increasing online and non-traditional students. Additionally, many IHEs struggle to find appropriate mental health resources in their communities. Despite the need for mental health services in higher education, little research has explored telepsychiatry as an effective college health model. One potential solution to fill the access gap is to offer telepsychiatric services coordinated within a higher education system. The model used in this study incorporates a psychiatric mental health nurse practitioner serving multiple campuses through managed care partnerships.



A medium-sized Midwestern university health service spent the last decade advancing the service of telepsychiatry in college health. The institution is part of a larger state system of 33 colleges and universities with 54 campuses.⁷ In a survey of senior leadership within this system, 51% of Student Affairs Officers participated in an online survey regarding mental health services and telemedicine.⁸ When asked what services were most needed: 74% responded with telepsychiatry and 68% mental health counseling.⁸ As a result, telepsychiatry services were funded by the state system from 2019 through 2022. In the 2021-2022 academic year, students at 12 institutions of higher education (15 campuses) had access to free psychiatric care due to system funding and the expertise of a Psychiatric Mental Health Nurse Practitioner. The provider's 20-year experience working in college health allowed a familiarity with college health services that many external providers would not.

A benefit to this managed care model is that each partner institution had at least one person identified as a referral liaison to assist with scheduling. Social workers, counselors, and nurse practitioners were examples of positions already employed by the partner institutions that administered referrals. Therefore, the client and provider relationships were maintained, and the student continued to have a safe place with continuity of care. Powell⁹ administered a small qualitative study that found participants were more comfortable talking over the computer when their existing provider referred them; these participants also reported benefits such as decreased transportation, reduced wait time, and not having to miss work for appointments. The concept of a warm hand-off between the referral liaison and provider increased the likelihood of initial and ongoing treatment.¹⁰ This study explored the satisfaction of referral liaisons at partner IHEs receiving telepsychiatry services to highlight telepsychiatry as an effective form of mental health care for college students.

Methods

A brief program analysis survey was distributed to the referral liaisons from the twelve participating higher education institutions in the Spring of 2022 and secondary data were reviewed. This study mainly focused on a qualitative approach, with an emphasis on participant experiences. Even though some quantitative data were collected to strengthen the study's findings, the primary focus of this research lies in the qualitative results, which offer a deeper understanding of the subject matter.

Overall, responses from ten unique IHEs were analyzed. The types of positions who served as referral liaisons and responded to the survey included nurse practitioner, medical doctor, counselor, social worker, dean of students, and physician assistant. The survey tool was created and distributed using Qualtrics®. The

survey did not identify the individual, the position of the individual, or the institution represented. A series of nine questions were asked relating to satisfaction with the referral process, student experience, and benefits to IHEs. Questions were developed by the team at the university health service coordinating telepsychiatry services. Participants rated their satisfaction on a 5-point Likert scale response options ranging from *Strongly Disagree* (1), *Somewhat Disagree* (2), *Neither Agree nor Disagree* (3), *Somewhat Agree* (4), and *Strongly Agree* (5). Two open-ended questions asked about specific areas of strength or suggestions for improvement.

Results

A thematic qualitative analysis was completed. When asked, *Please share any other areas of strength*, the following themes were identified

Positive Experiences with Prescribers and Staff:

- The prescriber is appreciated for being thorough and supportive, particularly in encouraging therapy and assisting students seeking consultation.
- Provider and team are highlighted as responsive, helpful, and attuned to the needs of college students. Their care is described as invaluable, particularly in telepsychiatry services.

One respondent stated, "[Prescriber] has been encouraging of therapy and helpful to students seeking consultation. I appreciate the prescriber being thorough."

Seamless Referral Process:

- The referral process is described as seamless, and the availability of this service is greatly appreciated by students.

Quality and Timeliness of Services:

- Services are noted to be of high quality and timely. There's an emphasis on providing care in a "zero barrier" manner, which suggests that the services are easily accessible to students.
- The team provides good coordination with partnering campuses, ensuring comprehensive care.

An additional quote within this theme was, "Great asset for some of our more challenging cases, bridges a gap for care in our area, student seen in a more reasonable time..."

Addressing Gaps in Care:

- The service is seen as a valuable asset, particularly for challenging cases. It helps bridge gaps in care availability in the area, offering quicker access to services compared to other outpatient providers, who often have long waitlists or require referrals.

Three responses were submitted when asked, *Please share any suggestions for improvement*. The first theme related to sensitivity in appointments. The comment suggested scaling back on giving feedback during the first appointment, especially when it comes to discussing personality components like labeling someone with a

psychiatric diagnosis. This underscores the need for establishing a relationship and trust before delving into potentially sensitive topics.

The second theme addressed scheduling challenges using Microsoft Teams®, a tool for collaboration. The use of the Teams platform was described as cumbersome. The individual mentioned not using it enough and receiving notifications that do not pertain to them, indicating that the platform might be poorly optimized for their needs or that the notifications are not effectively managed. One of the three responses was actually an identified strength to state the providers, schedulers, and administrators were *doing outstanding work*.

While the focus of this study was qualitative, a descriptive analysis was also completed on the ordinal variables in a 5-point Likert-style format. In summary, most respondents indicated they strongly agreed with all nine statements. The average response was 4.92, with a mode of 5. Table 1 outlines individual statements with responses.

Discussion

Recruitment and retention often take up substantial institutional time and resources, but the importance of keeping students well and in class should be brought to the forefront. “Poor mental health hinders students’ academic success; untreated mental health issues may lead to lower GPAs, discontinuous enrollment, and too often, lapses in enrollment”.¹¹ Mental and physical health concerns account for missed classes and lower grades;² therefore, providing students with the tools they need to return as a successful student or manage their mental health needs while remaining enrolled is the best solution.

While assessing telepsychiatry from the patient perspective has been established, service delivery models are typically planned by administrators. Most campuses have services available to help students succeed, ranging from case management to counseling to medical care. Partnering with referral liaisons allows students within the higher education system to increase access to care. Each campus has unique needs despite a common overall

lack of access to psychiatric care. For example, a rural community may have little to no psychiatric services available, while an institution in a metropolitan area has several options. However, a provider specializing in college health is a better option for all of these sites.

Maintaining students’ care within the college environment benefits everyone, as outside providers may not understand the academic factors, such as medication management relating to the academic schedule. The concept of a soft hand-off also allows for increased follow-through. Anecdotally, even institutional partners who had access to mental health services found that students would not follow through on appointments or pursue outside care due to cost, stigma, or other accessibility concerns. While psychiatrists are specialists beyond family care, this managed care model allows students to maintain existing relationships with providers at their IHE.

Findings from this study indicate there is a benefit from care managed between mental health professionals at IHEs. The concept of a soft hand-off increases communication and ultimately, improves care for the student in need of services. Results of this study could be shared with IHE mental health professionals and administration to better understand the benefits of managing mental health care referrals and care within university health services.

There are limitations to this study. It cannot be generalized to all higher education institutions, but it demonstrates a scenario where institutions and systems could coordinate a centralized service. While the sample size of ten is limited, it is important to note this was approximately one-third of all public colleges and universities within the state system. This broad implementation provided a pilot and ultimately framework for other public and private systems around the country. The inclusion of a larger sample would likely be required for a study with purely quantitative aims, but it aligns with the expectations for qualitative research. There is no link between survey responses and institutions or individuals; however, it is possible IHEs could be identified through responses. No identifying information was included in this analysis.

Table 1. Satisfaction of Telepsychiatry Services Among Referral Liaisons

Statement	n	M	SD	V
1. Our students report being satisfied with their telepsychiatry experience.	10	5	0	0
2. The referral process is easy to navigate and administer.	10	4.9	0.32	0.1
3. The referral and scheduling of appointments are timely.	10	4.9	0.32	0.1
4. The need for telepsychiatry services will continue to be in demand for our students.	10	4.9	0.32	0.1
5. Telepsychiatry has had a positive influence on the success and retention of our students.	10	5	0	0
6. I am confident in the recommendations made for our students by the PMH NP.	10	4.9	0.32	0.1
7. I am satisfied with case consultation from the PMH NP.	10	4.7	0.67	0.46
8. Telepsychiatry has been a useful addition to our campus services.	10	5	0	0
9. I hope to continue to use telepsychiatry services through State funding as a care option.	10	5	0	0

Total responses had an average rating of 4.9 on a scale of 5 (5 = strongly agree).

The suggested next steps would be to explore replication among a larger system of IHEs, such as private consortiums or state public colleges and universities. Due to limited psychiatric providers in higher education, replication should be managed within college health or experts within the field. However, administrators need to be involved with decision-making and financial support. Patient and provider satisfaction should continue to be analyzed to identify unique strengths or common challenges. In addition, researchers could explore underlying themes related to student well-being outcomes, service accessibility, or satisfaction levels.

Conclusion

IHEs continue to report an increase in demand and severity of cases of student mental health issues. Specialty services, such as psychiatry, are in shortage and needed beyond the scope of family practice healthcare. This study reviewed one service delivery model of telepsychiatry services for multiple campuses managed at a college health center while partnering with referral liaisons to increase convenience and affordability. The model of multiple IHEs working together to address this need is novel and will benefit all involved (administration, students, and healthcare professionals). Existing literature indicates telepsychiatry is common among hospital and rural settings, yet rare in higher education.⁴ This topic is of interest to higher education and the field of college health. Future funding models and financial avenues should be explored, such as fee-for-service or institutional support.

Results of this study are consistent with expected benefits. Managed mental health care coordinated through IHE partnerships can be an effective service delivery model for college students. Results indicate college health centers managing telepsychiatry services could consider developing guidelines for clinicians to approach sensitive topics more gradually, ensuring that rapport is established before discussing certain diagnoses or personality traits. In addition, the scheduling process needs to be clearly defined. It may be helpful to provide training on streamlining communication to ensure users only receive relevant information, or alternatively, explore other communication tools that might be more user-friendly.

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Conceptualization: Wendy Schuh.

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Competing Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article. The authors disclose they have no competing interests to report.

Consent for Publication

The authors provide consent for the publication of the manuscript detailed above, including any accompanying images or data contained within the manuscript.

Ethical Approval

The study was conducted in accordance with the Declaration of Helsinki and approved by the Institutional Review Board (Proposal [2215307-2] July 11, 2024). No personal or identifying information was collected. No animal or human data/tissues were used.

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