**FACULTY NEEDS ASSESSMENT APPLICATION**

|  |  |
| --- | --- |
| Name of Person Submitting Request: | **Elaine Akers** |
| Program or Service Area:  | **Student Health Services** |
| Division: | **Library & Learning Resources**  |
| When was the last Program Efficacy document completed? | **Spring 2008** |
| What rating was given? | **Exceeded Expectations** |
| # of FT faculty 2 | # of Adjuncts1 | Faculty Load  |
| Position Requested | FT SHS counselor; Job description in development |

1. Provide a rationale for your request.

|  |
| --- |
| Demand for crisis intervention, short term psychological counseling, stress management, suicide prevention, and mental health assessment is steadily increasing. Counseling visits at SBVC Student Health in 06-07= 132; 07-08= 189; 08-09=287; 09-10=460. As you can see there has been more than a 50% increase in each of the last two years (a more than 100% increase over the last 2 academic years). The RN is also providing a lot of counseling support to students. We are expanding the types of services we are offering and trying to reach more of the campus and impact the campus climate. We need a full time counselor to provide vision, leadership, and a visible face for this service. We also need to have someone who has the background and skills to evaluate the effectiveness of our programs and staff. |

1. Indicate how the content of the EMP One-Sheet and latest Program Efficacy Report support this request. How is the request tied to program planning? *(reference the page number(s) where the information can be found on the EMP and Program Efficacy).*

|  |
| --- |
| Page 18 of our program efficacy report describes the trend for increased demand for mental health services which has been demonstrated by the numbers in #1 and our plans to gradually expand the quality and quantity of mental health services we offer and to participate in the mental health crisis intervention process on campus which we have. We have now expanded to a point where we need one person to provide cohesion for the program and a consistent face for the campus. |

1. Provide updated or additional information you wish the committee to consider
*(for example: regulatory information, compliance, updated efficiency and/or student success data or planning etc).*

|  |
| --- |
| The ACHA-NCHA II survey done in spring 2009 at SBVC with 842 respondents in a representative sample also supports the need for mental health services for our students. Academic impact such as receiving a lower grade in the course; receiving an incomplete or dropped course; or experienced a significant disruption in thesis, research, or practicum work were reported resulting from mental health issues such as: 23% Stress, 16% Sleep difficulties, 10.4% Relationship difficulties, 9.7% Anxiety, 9.6% Depression, and 9.1% Death of a friend or family member. Mental Health disorders diagnosed or treated in the past 12 months included: Depression 7.6%, Anxiety, 6.2%, Insomnia 4.8%, and other Sleep Disorders 2.9%. Feeling reported in the past 2weeks, 30 days, or 12 months included: Overwhelmed = 62.4%; Exhausted not from physical activity = 59.4%; Very Sad 48.2%; Hopeless 39.6%; Very Lonely 39.2%; and Overwhelming Anger = 37.9% to name a few.  |

1. Evaluation of related costs (including any ongoing maintenance or updates) and identification of any alternative or ongoing funding sources. (For example: Department Budget, VTEA or Perkins).

|  |
| --- |
| Funded through Department budget and student health fees. Cost per faculty salary scale and benefit expenses. |

1. What are the consequences of not filling this position?

|  |
| --- |
| Poorly coordinated mental health services impacting student’s academic performance and retention. Delays in implementation of new programs. No mechanism for quality improvement and evaluation of mental health services. Lack of a consistent and skilled individual to represent the mental health needs of students to the campus community. Lack of consistent availability of mental health professional for crisis intervention. Longer wait times for initiation of requested counseling services. |
|  |