Vision for Reducing the Incidence and Prevalence of Eating Disorders and Related Comorbidities on College Campuses

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Eating disorders are serious mental illnesses, with high morbidity and mortality. College campuses are faced with an elevated prevalence of eating disorders, yet less than 20% of students that screen positive for an eating disorder report receiving treatment. Improved intervention efforts are needed.

Online screening and intervention offers an ideal medium through which to increase access to care, improve outcomes, reduce costs, and establish a self-sustaining system for providing mental health services. Our team has successfully developed an innovative method for addressing the intervention needs of individuals at risk for and with eating disorders using system-level implementation on college campuses. The Internet-based Healthy Body Image platform (HBI) uses population-based screening and management to identify individuals at low risk for, high risk for, or with an eating disorder, and offers tailored Internet-based or in-person interventions to address students' risk or symptom profiles.

Despite successfully targeting 43 college campuses to implement HBI, two major barriers have been identified that hinder widespread adoption and sustained implementation of this technological solution on college campuses. First, there are **limited person-based resources** on college campuses to affect a sustainable research-practice partnership. Specifically, there is a consistent need to address (1) barriers to adoption, such as stakeholder desire for demonstrated feasibility beyond the "ivory tower," lack of interest or time for new initiatives, and differing institutional priorities regarding whether eating disorders represent a salient priority area for campus-wide intervention; (2) barriers to implementation, such as establishing collaborative partnerships with departments, faculty members, and student groups to build a cadre of campus leaders for program promotion, maintaining ongoing stakeholder engagement, and limited staff time to encourage student uptake; and (3) barriers to sustainability, such as retaining a critical mass of program champions and users on campus, staff and interventionist turnover, and stakeholder capacity for ongoing fidelity monitoring and support. Second, **limited funding** hinders sustained implementation. Research teams lack the necessary funding to sustain a partnership with external, non-academic programmers, which limits the ability to maintain pace with the technology marketplace users have come to expect. Universities also lack funding to purchase screening and management platforms for individual mental health disorders, rendering intervention deployment to defined populations limited.

One vision for rectifying these barriers is to build and establish a college mental health online platform, poised to address a multitude of mental health needs relevant to college students. To our knowledge, no team has implemented a population-based screening and management online platform to address several of the most common mental health needs of college students. Specifically, establishing a team of investigators ready to implement online screening and tailored intervention for depression, anxiety, alcohol and substance use, eating disorders, self-injury, and other relevant mental health concerns would lead to transformative advances for college mental health care delivery.

A comprehensive mental health care platform would have **great clinical benefit to student users** by (1) providing comprehensive, ongoing symptom monitoring with capacity to offer early intervention as soon as various mental health concerns emerge; (2) reducing the number of health and wellness programs that inundate the college student experience; and (3) enabling greater capacity for facilitating peer support using asynchronous online discussion groups given the large populations of users navigating through one online mental health platform. This platform would also be **highly appealing to university stakeholders and rectify barriers** to sustainable implementation, as (1) creating a menu of intervention options that stakeholders can elect to adopt based on the needs of their student body would improve buy-in and decrease costs for purchasing multiple online platforms; and (2) focusing implementation efforts on one platform would help to build a comprehensive stepped-care program that effectively addresses students' mental health needs and conserves person-based resources for those most in need. Such a platform could be readily disseminated and easily adopted by organizations for independent use, resulting in reduced burden for mental health services while increasing access to care.

In sum, significant advances in online screening and intervention have facilitated improvements in care delivery for individuals with eating disorders on college campuses. An ideal next step is to incorporate screening and intervention for other mental illnesses relevant to college students, with the goal of scale-up for national dissemination across all 50 states.

Proposer Background and Credentials
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I am a clinical psychologist at The University of Chicago, completing a T32 postdoctoral fellowship specializing in health services research. I completed my doctoral degree at Washington University in St. Louis and my clinical internship at The University of Chicago. My career goal is to increase access to high-quality care for health and mental health conditions. Toward this aim, I have initiated a program of research (1) evaluating the use of information and communication technologies to scale access to care; and (2) investigating barriers that impact adoption and implementation of evidence-based interventions into routine practice. Throughout graduate school, under the mentorship of Drs. Denise Wilfley and C. Barr Taylor, I served as a junior investigator on research projects to develop and implement online/mobile platforms for delivering screening and tailored, evidence-based interventions to defined populations. I led pilot implementations of our online platform in a low-income high school and on a university campus, I spearheaded the submission of a R01 NIMH application to expand an online eating disorder platform into 28 colleges across the country (funded on the first submission), and I helped to leverage state funding to conduct the first statewide implementation of our online platform in Missouri public universities. Through these experiences, I have gained an appreciation of partnering with non-academic start-up companies to host online/mobile tools, as well as the complexities of keeping pace with the technology marketplace that users have come to expect (e.g., incorporating real-time updates and iterative data-driven intervention improvements without compromising research integrity). Now at The University of Chicago, I am collaborating on efforts to conduct the first implementation of a computerized adaptive testing tool for depression screening and management in primary care practice. I am also developing a NIH grant application to evaluate a personalized mobile obesity intervention implemented in two clinical practice settings. I am eager to participate in the 2015 National Workshop "Future Technology to Preserve College Student Health and Foster Wellbeing," as innovative, interdisciplinary collaborations are critical to studying smart and connected strategies to optimize college student health and wellbeing.