



Center for
Digital
Health

Season 2, Episode 2: Digital Health on College Campuses (ft. Dr. Nathaan Demers with YOU at College)

Anusha: Hi, and welcome to DigiHealth Talks, a podcast created and hosted by the Brown-Lifespan Center for Digital Health in Providence, Rhode Island. I'm your host, Anusha Rahman. Join us as we meet some of the masterminds behind the field of digital health, leveraging the innovative technology around us to help the public improve their well-being. **Before we begin this episode, I would like to offer a quick trigger warning. Content related to suicide will be talked about. Please take care of yourself if you choose to continue with this episode.** Today, we are interviewing Dr. Nathaan Demers, the Vice President and Director of Clinical Programs at Grit Digital Health. He is a licensed clinical psychologist and has worked in a variety of clinical areas. Today, we will be talking about YOU At College, a well-being app designed to support college students. Hi, and welcome to the podcast. Thank you so much for joining us!

Dr. Demers: Really excited to be here. Thanks for having me.

A: Of course. Can you just start us off by telling us a little bit about YOU At College and where it began?

D: I'm happy to. So I'll tell you what it is and then get in to the backstory. But You At College is a mental health and wellbeing platform that's now at over 180 campuses across the country. To zoom out and give you a little bit of the back story because that kind of feeds into what it is, our team is a multidisciplinary team living at the intersection of behavioral health and technology. So we have marketers, copywriters, technologists, and obviously behavioral health experts like myself. And we were approached by Colorado State University, we're located in Colorado, who tragically had 17 students died by suicide in two academic years, and they realized to their credit, and this also isn't only a CSU challenge, there's a mental health crisis very much affecting every campus across the nation. And they said, we need to do something differently. We need to get upstream. We need to increase resilience and connect students to resources long before that crisis. So we did over a yearlong research process, and what we heard is that students didn't really just want a mental health tool. When we pitched the idea of a mental health fitness center, students said things like, you know, I'm away from home for the first time, I'm stressed out of my mind, I'm coping with drugs and alcohol, I can't sleep, I'm so anxious I can't get to my texts, but you know, I don't have a mental health disorder. That's not me. So we knew we had to be much bigger, so we made a comprehensive wellbeing tool that has three domains. Succeed is all about academic and career success. Thrive is about physical and mental health. And matter is about purpose and connection to campus. And why this model is so important and so successful is that a lot of students enter our platform looking for support related to academics or finances, because what college student isn't stressed about those things at some point in time? It's very acceptable. But narcissistically, I'm very proud in that by far, our most viewed content and

resources is all within the mental health realm. Specifically to date, in our six years, it's been stress, anxiety, depression, how to help a friend I'm worried about, and sleep. And of course a lot of COVID topics have popped up in that time period.

A: So it sounds like it's a really effective app for college students, and that you've designed it to be helpful the best way that it can be for them.

D: Correct. So we, we codesigned with students at every step of the process. So one thing I think, and this is probably really helpful for your listeners, a lot of times administrators and clinicians, I'll throw my own field under the bus, we often make interventions to solve a problem. So let's say, you know, something to reduce anxiety. We rigorously test it so you know it's evidence-based and all that. But then, we don't test it with students. So what happens is we put it into the world, and students don't use it because they don't like it or it's not delivered in a format that they want. So everything we do, we a) rigorously research, but b) we codesign with students. And that's sort of our insurance policy that makes sure that when we do put it out in the world, it's gonna work. And two things that really have led to our success or I'll say three. One is the comprehensive nature. But two, we also customize the platform for each unique campus because of course, being a Brown is different than being at, you know, a community college in the Midwest, which is different than being at Stanford. But furthermore, we also know that everything in our world is personalized, from our Spotify feeds to, you know, sadly, our news feeds to a certain extent. And wellbeing has to deliver on that same value proposition. And we heard that loud and clear. So once users come into our site, what they can do is endorse aspects of their identities and what they want to work on. And what that does is, if I say I'm a student athlete, a member of the LGBTQ+ community, or an international student, all of the resources in the platform are actually personalizing to those identities. And that's huge because the more we can speak to individual identities, the better. And furthermore, we also know in this new world of COVID, everyone in our different intersecting identities have really been impacted in different ways, so the more personalized we can get, the better care we can provide.

A: So you've talked a lot about the research behind it, behind the app, and how you've worked with college students. Can you talk a little bit more about what specific research you've done?

D: Absolutely. So we've done a number of research studies, a lot of it being survey research, of course, focus groups, so a mixture of quantitative and qualitative. But in terms of some of our big outcomes, this is more on the survey research side, we've learned that over 87% of our users learn about new campus resources as a result of using our platform, and half of those students actually connect to that resource. Why that's so important is we know that students who are connected on campus tend to be happier, healthier, and more likely to graduate. And most significantly, all the research shows that 50% of students who stop, due to a behavioral health condition, have never accessed campus supports for that issue. For myself, as a psychologist, that's heartbreaking, cause we're working so hard to provide all these support services and these safety nets, but if students aren't getting into them, unfortunately, they are rendering themselves ineffective, so that's a huge outcome. Secondly, we know over 76% of our

users said that the platform has helped manage their stress. We know that 85% of students nationally said that they've experienced stress to a level of not being able to function within the past year. So if we can mitigate stress, we know that prolonged untreated stress can lead to anxiety, depression, substance use, sleep challenges, you name it, so that's a huge win. And then one last one that really jumps out at me, and I'm again really proud of, is that 98% of our first-year users said that they learned new resources, skills, or behaviors to support their academics as well as their physical and mental health. And why that's so important, when I'm starting my educational journey in college, whether I'm a, "traditional" or "non-traditional" student, that's a time where I'm engaging in a lot of new behaviors. Maybe I'm making my own choices about study habits, budgeting, substance use, relationships, sexual health. If we can connect students to evidence-based and evidence-supported resources to make sure that they are engaging in those health-related behaviors, that's not only gonna help their college experience, that's ideally gonna persist throughout their lifespan, which is a huge win. So I have a bunch of other stats that I can rattle off, but I think that's probably enough for listeners.

A: No, that's great. I want to touch a little bit more about the long-term effects of the app. Have you looked more into it or is that something that you're planning to research more in the future?

D: So one thing that's really challenging with prevention-based interventions is, let's just say a student at Brown uses our tool, we're not at Brown, so that's a bad example. Let's say Colorado State University, uses the platform. And you know the first few weeks they are feeling a little bit lonely, a little bit down or homesick. Let's say they log into our tool and they end up finding a club, a resource, a breathing technique, which helps them, you know, in that moment, helps them connect. All of a sudden, they find their friend group, they find their major they're passionate about. Our tool was the linchpin of that change in behavior. But of course, because it's a confidential and anonymous tool, we're never gonna be able to get back to that individual student in that moment. And so what we're doing, and our best effort to do that is obviously power in numbers, so we're working on setting up a longitudinal study where we would actually deidentify our users data and then be able to correlate that with long term outcomes, such as mental health, GPA, again, I don't love GPA as an indicator, but it's one of the best that we have, as well as graduation, disciplinary referrals, ideally I would love to get into job placement and things like that, but as I'm sure you and your listeners know, setting up a longitudinal study like that is not something you can just stand up overnight. So we have a couple of campuses who are interested and have some principal investigators identified, but we're working on that process right now.

A: So I want to stay with this research realm for a second, but I want to step away from the app just for a minute. In general, in your opinion, where do you think research falls short in terms of investigating best practices for the population of college age students?

D: That's really big question, but I'll do my best to answer it. So the first is, a lot of times when thing we see, going back to an issue I mentioned before, is that what happens in the research setting doesn't always generalize to the greater population. If you know the classic thing,

everyone who takes Psych 101 has to engage in five studies, then we have a very skewed sample. So that's one of them. But the other thing we know is, for example, if I make a new app and, you know, we don't do this just to be very clear, but if I make an app and say, hey, we're gonna pay 100 bucks to use this app for five weeks, you know you're gonna get adherence and students using that app for five weeks. When you generalize that to the general population, there's a chance that students download the app and then never go back to it, because they're not being compensated. So I think there's a lot of naturalistic observations that are lost, and there's ways to set up research designs that do work around that. But we need to work harder. And then the other thing I will share, and this one really bothers me is, you know, mental health I'm very glad it is a hot topic nowadays, it's awesome, it's being talked about in ways that we weren't previously and we're really pushing the needle on digital interventions to cope with this, hence this podcast. But we also see with that a flood of VC [venture capitalist] dollars, for example, getting into this space. And if you go to the App Store and type in anxiety, depression, stress, take your pick, you'll literally get tens, if not hundreds, of apps back. A lot of those apps don't have a clinical psychologist or clinician at the table. They're not evaluating properly, mental health best practices are not utilized in the app, and that is a real challenge that we have right now. Organizations like Cyber Guide, for not familiar, are taking a great step in having experts review these apps and making a consumer-facing dashboard or platform where you can go and say huh, App A has research, they have a clinician, they protect my privacy, versus App B does not. Consumers can start making better informed decisions on that front.

A: I really appreciate all of the research that you've provided and all the background and statistics, and I want to shift a little bit into implementation. What are some of the opportunities and some of the challenges of implementing digital health initiatives on college campuses, based on what you know with your app?

D: It's a great question. We've done it 180 times, so we definitely have some experience. So one thing I will share where a lot of apps we have found in the market do fall short is that you make this evidence-based app, it's all good, they hand it over to the campus and say, campus promote this. A lot of times our counselors and our counseling centers, they're not, you know, no offense to them, but they're not world-class marketers. It's not in their training. So what ends up happening is they make referrals to students who are coming into the counseling center. About 10% of the population can use it, maybe, but who we're missing is that 90%. And in my opinion, one of the most effective ways to use digital scalable technologies is on the upstream side of things, building grit, resilience, mitigating stress and subclinical challenges. So what we need to do and what our team has done, is we have a full turnkey marketing campaign or a toolkit, excuse me. We have templated email, stickers, popups for residence halls, posters, you name it, we have it. We also have a strategic linking guide so that campuses can actually work to integrate wellbeing into the fabric of universities. Historically, that's been a real challenge. Like learning management systems, that's a perfect example of somewhere that students go every single day. Historically, a lot of schools have said, you know what, if it doesn't have to do with academics, it can't be included in the LMS. Whereas now, what we're seeing, and we've been able to advocate for, if you wanna practice what you preach and say that you're taking care of the whole student, you need to make sure that you're featuring a wellbeing tool to support

mental health in the learning management system. And lo and behold, for us, if you have a really catchy, you know, proposition like “manage your stress with you” or “be your best you,” when a student is checking their grades or registering for classes, they're doing something stressful. So students are very willing to click out in that moment and look for coping tools.

A: So it does sound like the you've taken both research, implementation, all of the PR, and built this complete package that is most effective and most helpful for college-aged students.

D: Yeah, that's something we really pride ourselves on is that it doesn't stop with, “hey, here's the product, good luck getting it out there”. We really provide a lot of support, and at times, if we have to, hand holding to really support our campuses and garnering that cross-departmental support. And we were interviewed for an EAB, the Educational Advisory Board, report, and one of the things, their biggest findings right now is we have to embed wellbeing into the fabric of our universities. It can't just be the sole responsibility of our counseling centers, who tend to be in the basement of some building that no one wants to go to and has no visibility across campus. We need to get it in the hands of academic advisors, of professors, of coaches, and everyone in between.

A: So this is brilliant work you're doing right now, but now my last question is going to be more about the future. So where do you see mental health tech broadly in the future in say, 20 or 30 years?

D: That's another huge question, and I feel like we could do a three hour podcast on that alone. So a couple of things. One, I'm really excited for a little bit more regulation to come into the space. So it is very much the wild wild West. As I mentioned, you go to the App Store, you have no idea who made them, if they're clinicians, if they're not, and we are starting to see, you know, the FDA approving some digital therapeutics for treatments for anxiety, depression, and insurers starting to reimburse it. So the more that we can bring in that scientific rigor and, you know, make it accepted as a treatment modality, if again, it has that efficacy, the better. Personally, I think in the short term, where we can most beneficially use a lot of technology, is still that upstream, sort of mental health sub-clinical populations. That being said, we're getting closer, you know, I just don't think our AI is that good in machine learning. I'm very excited about the prospect, but admittedly, I haven't seen it good enough to sort of take the place of therapy and quite frankly, as a therapist, I don't think it can, and that there's something about being with another person and practicing being vulnerable and emotionally empathetic in those scenarios, that is the power of therapy. So I guess the one thing I will mention along those lines is I hope that clinicians can also adopt a mentality that digital therapeutics are additive to therapy, not a replacement for therapy. The reality is there is more mental health need out there than there is capacity. We cannot hire enough therapists. If you look at our workforce pipelines, we don't even have enough people in training right now to meet the demands that are out there. So I hope that we can find a place where clinicians are working more proactively with developers and technology companies to find areas that can really do the job of treating subclinical populations. And then equally important, referring the right people to the right resources at the right time, which is what we're all about.

A: Well, thank you so much for all of that. Thank you so much for your experience, your expertise. Thank you so much for sharing all of your knowledge. I really appreciated having you on this podcast, and I'm sure everyone listening also really appreciates you being here.

D: And if you'd like to be in touch, please feel free to go to youatcollege.com. We have several places that you can request an inquiry about You At College or our other products, and I'd be more than happy to reach out and answer any questions you have. Thanks again for having me.

A: Awesome. Thank you so much.

D: Thanks for your time.

A: To learn more about the Brown-Lifespan Center for Digital Health, check us out at digitalhealth.med.brown.edu. Don't forget to listen to our past episodes, available wherever you get your podcasts.