

Enhancing Student Resiliency: A Pilot Single-Session Intervention to Increase Equity and Access to Mental Health Care

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INTRODUCTION

Mental health concerns have increased exponentially over the last two decades (Healthy Minds, 2025), with estimates that up to one half of students in higher education meet criteria for a psychiatric disorder (Lipson et al., 2016). These percentages may be even higher among underrepresented minority student groups who may experience compounding stresses such as racism and imposter syndrome stemming from their social status that amplify risk (Billingsley & Hurd, 2019).

Despite higher rates of reported mental health distress, many members of underrepresented student groups do not access available mental health services on campuses (American College Health Association, 2019; Gallagher 2015; Kook, 2025), with low rates of service utilization reported (Lipson et al, 2022). Identified barriers to care include perceived lack of treatment effectiveness (Kessler et al., 2001), cultural stigma regarding mental illnesses and treatment, lack of English language proficiency, lack of familiarity with services offered (Hwang 2014), stigma (Vidourek & Burbage 2019), attitudinal barriers (Dale 2025), time constraints, lack of resource knowledge, and a perceived lack of need for professional help (Zhou, 2025).

Single session interventions offer a low-resource solution to the need to increase access and decrease barriers to care (Talmon, 1990; Schleider et al., 2020). Single session interventions (SSI) are defined as "...one face to face meeting between a therapist and patient with no previous or subsequent sessions within a year" (Talmon, 1990). Schleider offers an updated definition, "specific, structured programs that intentionally involve just one visit or encounter with a clinic, provider, or program" (Schleider et al., 2020). These stand-alone sessions are shown to be an effective, powerful way to bridge treatment gaps (Schleider, 2025), decreasing barriers to care targeting treatment obstacles such as time and travel restrictions, attrition and stigma (Schleider 2020; Vidourek & Burbage 2019), while addressing containment of escalating costs of healthcare (Hoyt et al., 2018).

The JHU Solution Session Consultations (SSC) are evidence-based solution-oriented SSI's that target a specific modifiable problem at a point of optimal readiness for change. They empower students to take a small and meaningful step towards their imagined future. (Schleider, 2020; Schleider et al., 2021; Sung et. al. 2023).

OBJECTIVE

The Johns Hopkins University Solution Session pilot program is an immediate, innovative, resource-efficient way to meet the rising demand for mental health services while reducing stigma, increasing equity and decreasing barriers to care. Structured as one stand-alone meeting with a clinician to address a specific concern, the intervention capitalizes on readiness for change and student's strengths through targeting small achievable goals. Students may opt to engage this service as one of a larger menu of services available to them in their MyHealth portal, and it is immediately accessible through same-day and next-day appointments.

DESIGN

Participants

Student Health and Well-Being Mental Health Services provides care to ~20k undergraduate and graduate students, medical students and residents, and postdoctoral fellows across four clinic locations in Baltimore and Washington, D.C.

Intervention

Solution Sessions are 50-minute in-person or virtual interventions that utilize the Single Session Consultation protocol (Schleider, 2020). Each session includes an initial risk assessment to ensure client is appropriate for the intervention, and following a structured solution-focused intervention, culminates in an Action Plan that is provided to the client along with a personalized, encouraging message.

Measures

- Pre-visit Questionnaires: Presenting Concern and Perceived Barriers; Adult State Hope Scale (modified), Beck Hopelessness Scale (modified), C-SSRS
- Post-visit Questionnaires: Adult State Hope Scale (modified), Beck Hopelessness Scale (modified), Feedback Survey

Evaluation

- Participation rates; Net promoter rating; Engagement relative to utilization in traditional model of counseling services

Semester	Timeline of Pilot Development and Implementation
Fall 2024	Consultation with Lab for Scalable Mental Health and introductory training to all Mental Health Services clinical staff; Train Solution Session pilot clinician cohort and offer limited access to clients waiting for counseling intake
Spring 2025	Open MyHealth portal self-scheduling on same and next-day basis; No active marketing
Summer 2025	Focus group with Solution Session clinician cohort to address challenges to implementation; Promote Solution Sessions to campus partners to increase referrals
Fall 2025	Consultation with Lab for Scalable Mental Health to address challenges with implementation; Modified protocol to issue post-session surveys at end of session to increase completion; Include promotion of program in orientation and service marketing
Spring 2026	Initial pilot program evaluation; Train JHU Senior Mental Health Services Clinician to provide training and role plays to staff; Include SSC training in standard clinician onboarding plans for Mental Health Services counselors; Share results of pilot with student and faculty advisory boards
Summer 2026	Quarterly Solution Session clinical consultation meetings; Increase marketing, particularly to first generation-limited income, medical students, and residents/fellows; Move to flexible scheduling system to increase Solution Session availability

RESULTS

October 2024 – April 2026

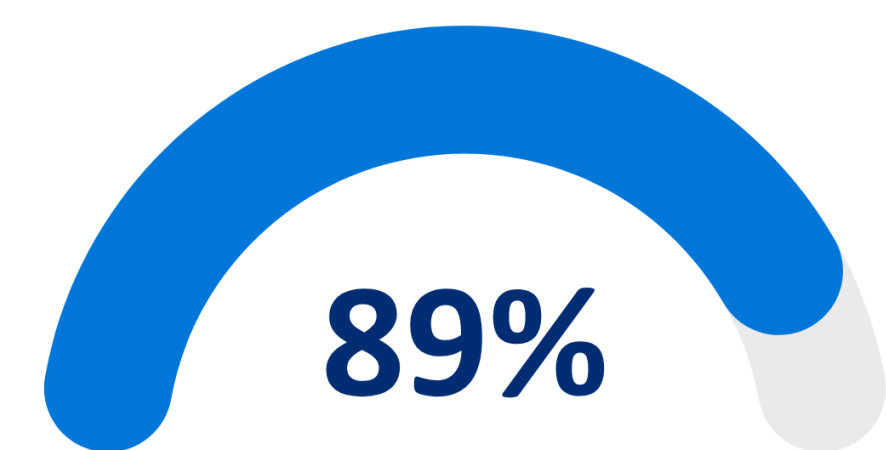
- 174 unique clients completed 185 Solution Sessions
 - Nine clients completed >1 session
- 39% of clients who completed a Solution Session had no prior contact with Mental Health Services
- 55% of clients chose the Solution Session as their first contact for current treatment episode
- 65% of sessions were truly stand-alone interventions, and 20% of clients were referred and connected to other mental health treatment or resources
- Academic Level of Solution Session clients:
 - 32% Undergraduate students
 - 57% Graduate students
 - 11% Medical residents, students, and postdocs
- 44% of unique clients are International students

CLIENT FEEDBACK

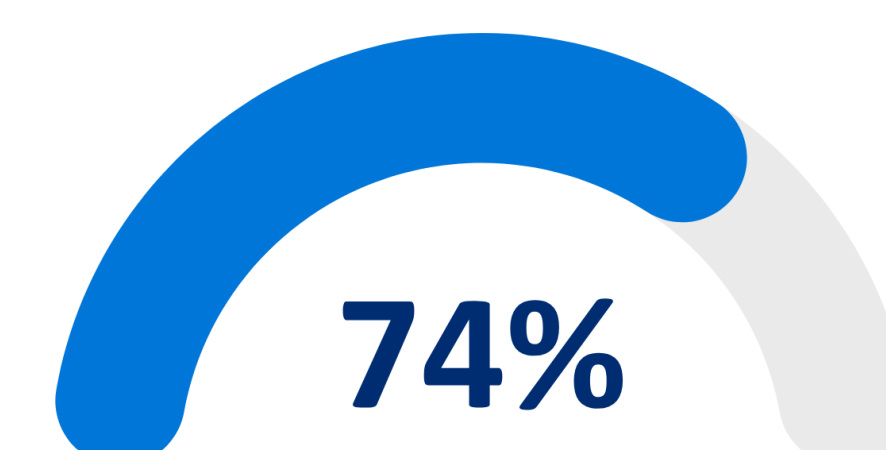
"Great session - I think this is a great pilot program. Sometimes we're in ruts, and while long-term therapy may be the best preventative measure, having sessions like this (flexible, easy to access, etc.) are a great way to help students/professionals who are busy and aren't already seeking therapy."

"This service is outstanding and exactly what a ruminator like me needs. I am beyond grateful that the university offers this!"

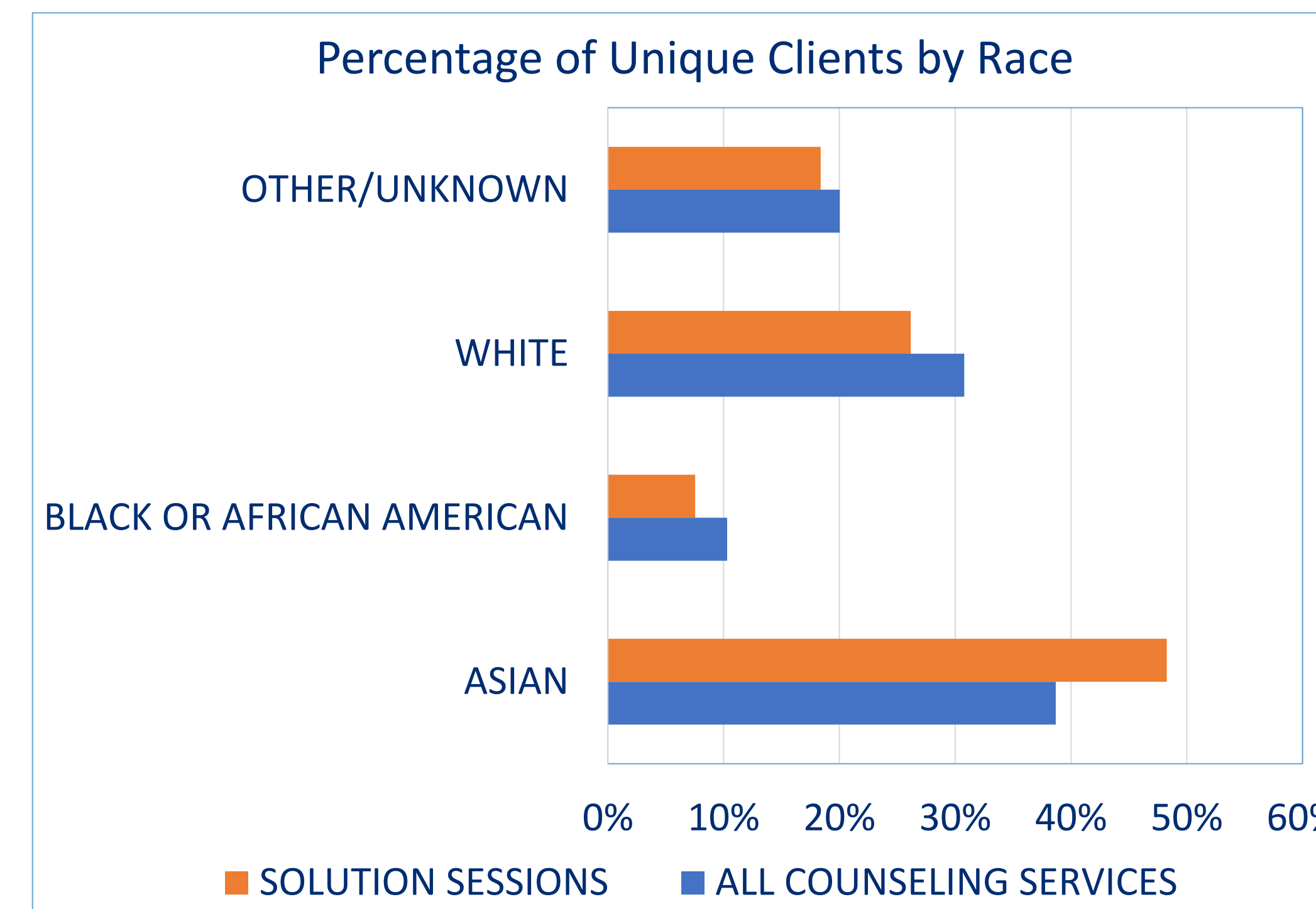
"I am glad that I did this consultation because it helped me think about taking action to resolve my current situation. Even though I still feel scared of completing my action plan, knowing that I have one is helpful to know the steps that I need to take, whether I am scared or not."



Would recommend the Solution Session program to others



Found the Solution Session helpful in addressing concerns



CONCLUSION

Students in higher education experience high rates of mental health concerns along with longstanding stigma and systemic barriers to receiving care. This is particularly true of students from underrepresented minority backgrounds such as international and first generation-limited income students. The ongoing development of the mental health ecosystem of low barrier, solution-focused services is essential to address growing demand for mental healthcare while also reaching populations historically underrepresented in traditional care.

The JHU Solution Session Consultation pilot program demonstrates that:

- Brief, evidenced-based, solution-focused therapy interventions may increase participation in campus-based mental health treatment** for students with discrete mental health concerns.
 - Almost 40% of Solution Session participants had no prior contact with Mental Health Services at JHU, and chose the Solution Session over traditional Initial Consultation, suggesting that they preferred a solution-focused, more immediate intervention over a referral to goal-oriented ongoing counseling.
- Positive, strength-based interventions may reduce concerns related to stigma. Solution Sessions can reduce barriers to care for historically underrepresented groups.**
 - Engagement in Solution Sessions is higher than in general counseling services for International (+9%) and Asian and Asian American learners (+10%); these populations overlap significantly.
- Further outreach to other historically underrepresented groups, and longitudinal evaluation of impact to engagement with Mental Health Services across enrollment is needed.**

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