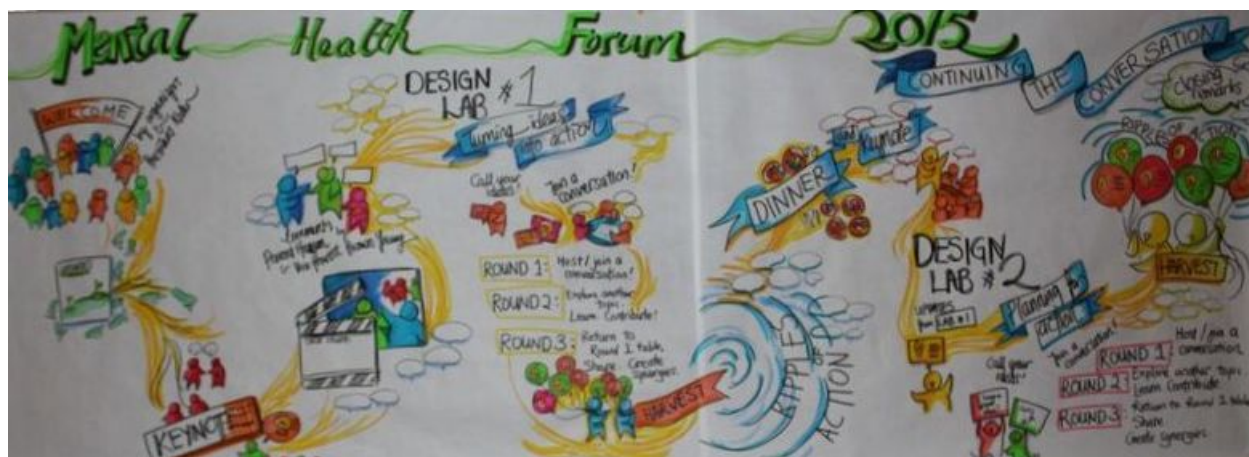


MENTAL HEALTH FORUM 2015

Continuing the Conversation



The Provost's Committee on Student Mental Health was established in 2005 with the following charge:

- Raise awareness about issues related to student mental health
- Effect policy change
- Improve conditions on our campus for students with mental health conditions
- Serve as a model of collaboration for our campus and other universities

The 2015 Student Mental Health Forum included:

- updates on mental health projects around campus, including initiative proposals generated during the 2014 Forum,
- interactive sessions to both advance existing projects and develop new ideas,
- speakers on the various ways to positively impact student mental health, and
- a shared community meal.

What happened? 100 university leaders, faculty, staff, and students met from 1:00 p.m. to 8:00 pm in the Coffman Mississippi Room.

Dr. Gary Christenson, Boynton's Medical Director, summarized the wealth of initiatives being done campus-wide by various colleges/schools, departments, and student organizations.

Dr. Phillip Buhlmann, Chemistry department professor, shared a program addressing the mental health needs of the department's graduate students.

Dr. Ryon McDermott, from the University of South Alabama, delivered a keynote highlighting national data on student mental health. A panel of three students responded to the keynote.

During an afternoon and evening design lab, 19 topics were called by participants for the purpose of determining next steps for acting on the ideas.

Schedule of the Day

1:00 Welcome

Barbara Blacklock, Co-chair of the Provost's Committee on Student Mental Health

1:10 Supporting Remarks

President Eric Kaler

1:15 Resources and update since 2014 Forum

Gary Christenson, Boynton Medical Director

1:45 Chemistry Department Mental Health Assessment and Actions

Phillip Buhlmann, Chemistry Director of Graduate Studies

2:00 Keynote

Ryon McDermott, University of South Alabama assistant professor

2:45 Student panel responding to keynote

Abdirhaman Hassan, Heidi Rieck, Jenae Herron

3:00 Supporting Remarks

Provost Karen Hanson
Vice Provost for Student Affairs Danita Brown Young

3:15 Design Lab #1

5:00 Dinner

6:20 Update on first session of Design Lab/Art of Living Student organization mindfulness exercise

6:30 Design Lab #2

7:45 Ripples of Action

Individual commitments to act

7:55 Closing Comments

Gary Christenson, Boynton Medical Director

Design Lab Purpose

To allow callers of topics and projects related to student mental health to access the collective wisdom of students, faculty, and staff who are familiar with the topic and idea as well as campus community members who are bringing fresh eyes to the discussion.

Process

Marketplace is opened for participants to call topics. Each caller goes to their own table with the template shown on next page.

Round One - Attendees go to topic/project table that interests them. People will be encouraged to not necessarily join a conversation on a topic with which they are necessarily familiar. Everyone at the table will be encouraged to write on the design lab template provided adding post-it notes as needed.

Round Two – Attendees leave and go to different idea/project tables. Additional contributions are made to the template.

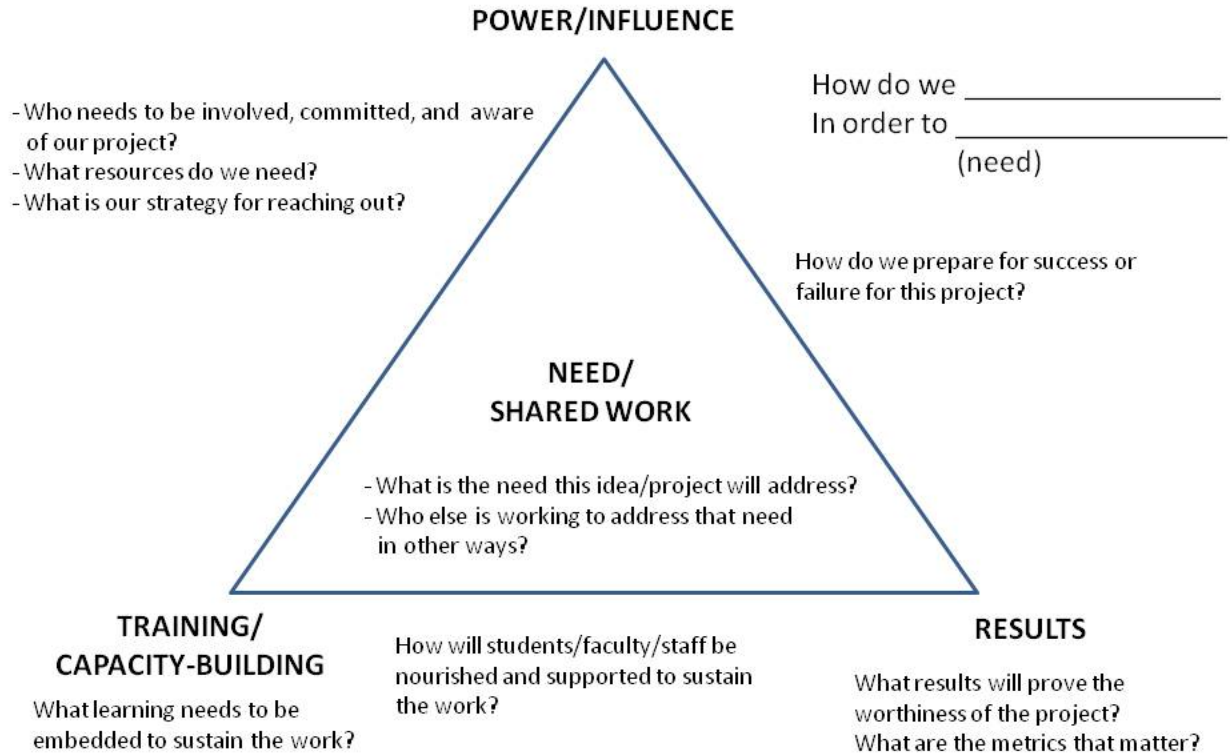
Round Three – Attendees go back to original table and help caller finalize their current thinking on the topic/project.

Harvest – each caller will be asked to share one takeaway from the previous discussions with the entire group of forum attendees.



Design Lab Template

Limiting Beliefs
Fears



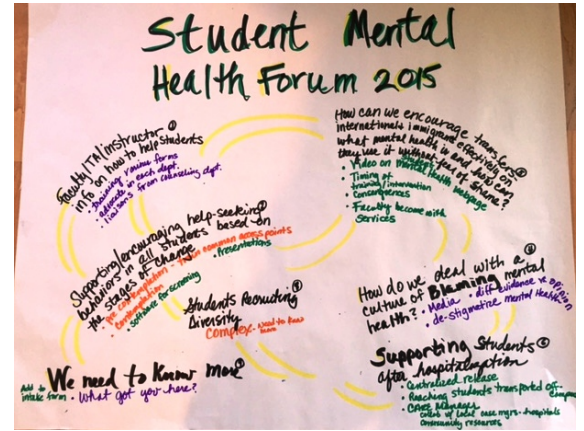
Afternoon Design Lab

Topic/Project/Idea	Key Takeaways
1) Fostering Resilience <i>Table host: Sarah Keene</i>	1) Can a mentor program help build resilience in younger students – maybe in FYE programming? 2) Normalize stress, failure, and mistakes – then see the value in each. (Faculty can play a big role in this!) 3) Help students learn to become more resilient through: optimism, problem solving, gratitude, mindfulness, trying hard things, making mistakes, speaking up, and harnessing stress.
2) Student Health Rewards Plan <i>Table host: Jeremy Goldberg</i>	1) Operations and funding will need to be a collaborative process utilizing full OSA umbrella and engaging student groups and feedback. 2) Outcome measures and statistics embedded in the health assessment 3) Providing tools, resources, and skills in the point earning activities and throughout the website/app.
3) How do we evaluate outcomes? <i>Table host: Canan Karetekin</i>	1) Funding – how? 2) Buy-in from university administration and staff 3) Appropriate outcome needed
4) Supporting students who study internationally both during their program and when they return home. <i>Table host: Laura Coffin Koch</i>	1) Develop more formalized programs for re-entry (for both domestic and international students) and help students understand their experience. 2) Work with faculty (short-term) and providers to develop language that might help lessen the stigma. 3) Help students understand the importance of taking their medications while studying abroad and for students to understand the country's laws and requirement for bringing medication into a country.
5) How to get students to be spokespersons for mental health. Specifically, students who have used mental health services and had positive experiences and can serve as role models. <i>Table host: Sanjiv Kumra</i>	1) Using technology (reviews of counselors blog site, social media) to increase information and broaden dialogue about mental health. 2) Use of peer counselors to triage initial concerns about mental health. 3) Coaching students about providing testimonials.
6) Radical self-care/mental health in underserved communities (women of color, indigenous women, QTPOC) <i>Table host: Uyenthi Tran Myhre</i>	1) Students feel stigma about indulging in self-care. 2) Culture on campus of “glorification of busy-ness.” 3) Create events that partner with other groups to reach bigger audiences. 4) Events that center marginalized communities.
7) Centralized method to disseminate information about services and resources on campus <i>Table host: TranhVan Vu</i>	1) Designating a mental health advocate/ally/ambassador for each Department. 2) Connect advocate to case manager and send weekly/biweekly digest to keep advocates updated on resources. 3) Utilize OSA case manager. 4) Toolkit for students (flow chart website) to help self-identify helpful/individualized resources.

8) Create toolkit for departments (agency, pathways) <i>Table host: Cynthia Fuller</i>	<ol style="list-style-type: none"> 1) Need for buy-in (data, stories from Chemistry department) 2) Need for training for coaches 3) Need for holistic approach for process
10) Syllabus statement <i>Table host: Katie Russell</i>	<ol style="list-style-type: none"> 1) Moodle built-in (required) 2) Reading it out loud 3) Gender neutral pronouns
11) Technology to support mental health services <i>Table host: Adam Moen</i>	This will be tough! Need sign off from Office of General Council, Privacy.
12) How to build a bridge between culture and mental health? <i>Table host: Hamdi Farah</i>	<ol style="list-style-type: none"> 1) Creating culturally competent professionals to help threat a more diverse community. 2) Changing the language we use to talk about mental health with other cultures. 3) Continue to intentionally target the populations/cultures that are not utilizing support. 4) Addressing self initiated stigma. 5) Emphasizing peer to peer services.
13) New ideas to increase awareness of programs and services and promote seeking help <i>Table host: Barb Blacklock</i>	<ol style="list-style-type: none"> 1) Summarize new ideas generated 2) Use focus groups to get feedback from students on new ideas. Make sure focus groups are diverse – recruit through SUA, MCAE, GLBTA, MSA.



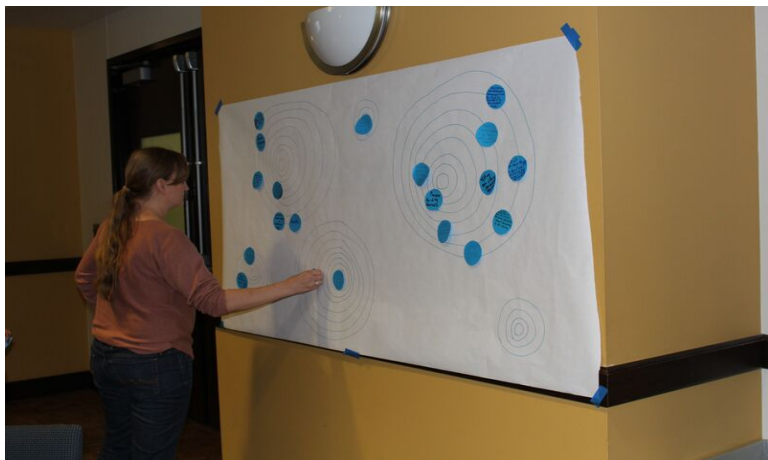
Evening Design Lab



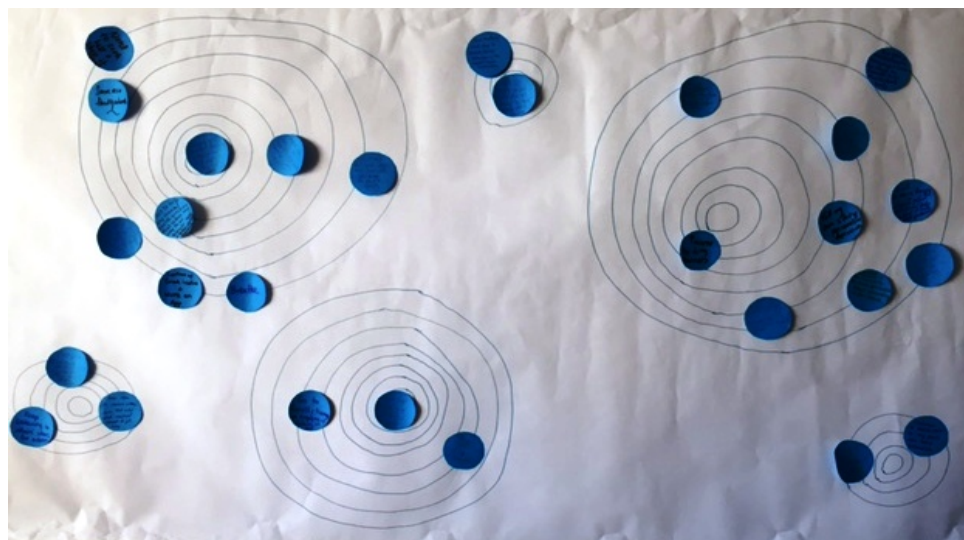
Topic/Project/Idea	Key Takeaways
1) Role of faculty, teaching assistants, instructors in student mental health <i>Table host: Anna Mosser</i>	<ol style="list-style-type: none"> 1) Faculty and TA training 2) Department Advocate 3) Expectations are unclear
2) Supporting/encouraging help seeking based on stages of change <i>Table host: Sarah Keene</i>	<ol style="list-style-type: none"> 1) Pre-contemplation – train common access points – faculty, Has, TAs, (do all TAs have a required training?). Distress presentation in classes. Welcome week presentation on helping a friend in distress. 2) Contemplation – Screening app – enter your symptoms for more information. Hearing from students that have been through similar things. Present mental health services as “additional tools for success” alongside academic services like tutoring.
4) The culture of blaming violence on mental health: unHINGING mental health from violent behavior <i>Table host: Michelle Gensinger</i>	<ol style="list-style-type: none"> 1) Media don’t help – a need for research and an understanding of the difference between opinion and evidence. 2) Addressing root causes of violence because “labels are easy.” 3) De-stigmatizing mental health and begin on U of M campus to address misinformation that links potential for violence and mental health.
5) How can we encourage new transfers – international and immigrant – effectively on what mental health is and how they can use it without fear or shame? <i>Table host: Rhonda Franklin</i>	No documentation
6) Supporting students after hospitalization <i>Table host: Laura Knudson</i>	<ol style="list-style-type: none"> 1) Need for a central release – DRC, SCS, BHS – two-way Communication 2) Reaching students off-campus – relationship with Minneapolis Police Department 3) Supportive needs assessment with clear communication to student
8) Students recruiting diversity <i>Table host: Gary Christenson</i>	Very complex. Need to know more – start with students, what their needs are, and how would they access them.
9) We need to know more. <i>Table host: Dave Golden</i>	<ol style="list-style-type: none"> 1) Add a question on the SCS and BHS intake form about got them to seek help. 2) Start conducting focus groups to help define/describe what helps move people to help. 3) Use current data and do deeper analysis.

Ripples of Action

What action are you inspired to take to promote positive mental health?



Keep thinking about ways to include faculty/instructors in the mental health conversation. • Seek out additional mental health first aid training for academic advising staff and faculty. • Talk to Julie about Health Advocates speaking classes. • I will help facilitate BHS/SCS/RSSS/DRC open house for staff and faculty. • I am going to provide a brief presentation to my department about where to go to get help for students. • Need to seek help with stages of change. • Serve as a faculty advocate. • Breathe. • Talk to other departments about what we do in chemistry. • Act to help any mental health question that comes my way to an answer. • Make a better student experience. • Continue with Greek initiative and work on app. • Keep listening to others' ideas for action. • Offer "helping a friend in distress" training as extra credit. • Add item to common intake form that asks what convinced student to get help. • Get mental health cards at our front office for students. • Go to faculty training on engaging with students on mental health. • Help peers find resources. • Learn to identify signs of distress/depression in my peers and encourage them to find help. • Use positive mental health language to look for ways to promote it to the student body. • Connect with chemistry department to get help in talking about mental health. • Work on centralized release, funding alternatives, departmental liaison roles. • I will be more thoughtful in how I refer students for help to have it feel more personal. • Tell my own story – personalize depression. • Be more observant in the community. Be more proactive about presenting in de-stress. • I will help with mental health open house for staff and faculty. • Include mental health info in my syllabi; maintain the connections I made today; make sure the information in my syllabi about mental health is accurate. • Increase access by lowering barriers. • Continue to reach out to my peers who have influence. • Facilitate process for a centralized release and hire a care manager. • Listen; speak up; and connect.





THANKS TO ALL WHO PARTICIPATED!

On behalf of the ...

Planning committee

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