

# Joint Task Force on Student Mental Health Recommendations: Recommendations Specific to Instructors

Summary and Introduction	p.1
Recommendation 1 - Role of Instructors	p.2
Recommendation 2 - Instructional Strategies	p.3
Recommendation 3 - Strengthen Instructor Proficiency to Respond	p.8
References	p.10
Task Force Members	p.14

## Summary and Introduction

Student mental health struggles are a reality that impedes the academic mission of the University of Minnesota. Instructors (faculty, instructional staff, adjuncts, and teaching assistants) are at the front lines of these struggles. They observe students try to meet academic demands while managing mental health challenges, many of which impact learning and pose broader concern for their welfare. The problem is significant. One in three University of Minnesota (UMNTC) students has been diagnosed with a mental illness prior to or during college (Lust and Golden, 2015) and an estimated one-fourth of enrolled students would likely meet the criteria for a mental illness, with depression and anxiety the most prevalent mental health problems (Eisenberg and Ketchen Lipson, 2012). Furthermore, the stress of college life itself often exacerbates mental health problems. Nearly 35 percent of students report they are unable to manage their stress (Lust and Golden, 2015). And, while mental health concerns are present in all student cohorts and disciplines, students from underrepresented populations and international students may face additional stress as well as barriers to access assistance (London *et al.*, 2005; Smedley *et al.*, 1993; The Steve Fund and JED Foundation, 2017).

Student mental health exists on a continuum that ranges from wellness through mild stress to diagnosable mental illness. Mental illness also varies in degree from milder states to life-threatening conditions. While all would recognize that clinically diagnosed conditions can become debilitating, some instructors may not realize that less severe mental health challenges also negatively affect student success. Likewise, instructor interactions with students can either support student mental health or cause of unnecessary student stress. As a result, addressing student mental health involves not just responding to crises but making sure instructor practices do not contribute to the problem.

Regardless of the reasons for high level of student mental health concerns, one result is clear: student learning suffers from it. Both the inability to manage stress and impaired student mental health have been shown to correlate with lower grade point averages on the UMNTC campus (Lust and Golden, 2016). Mental health issues are also a leading reason for dropping out, accounting for 38.5 percent of requests for tuition reimbursement on the UMNTC campus. (Provost's Committee on Student Mental Health White Paper, 2016).

At the request of the Senate Faculty Consultative Committee (FCC) and the Provost, the Joint Task Force on Student Mental Health was established. The Task Force was asked to provide the FCC chair and the Provost with insights and observations relevant to the role of faculty and instructors in addressing student mental health, and to develop strategies for engaging University faculty and instructional staff to recognize their role in student mental health, become knowledgeable about student mental health resources on the UMNTC campus, recognize and respond to behaviors that signal student mental health concerns, contribute to positive student-mental-health environments, and reduce the stigma associated with mental health problems. In addition, the Task Force was asked to provide recommendations for future charge, operation, and composition of the Provost's Committee on Student Mental Health.

## Addressing Mental Health in Academic Settings

The Task Force has developed recommendations to help instructors, units, and University leaders address student mental health needs as they arise in academic settings. The Task Force believes these strategies will ease confusion about instructor roles and ultimately promote student learning and long-term success. The recommendations involve active instructor engagement at all levels (e.g. instructor, unit, department, college, governance, administration) within UMNTC. Although the Task Force charge was focused on the UMNTC campus, the recommendations are applicable to all campuses system wide.

To achieve an optimal approach to student mental health and its impact on learning, the Task Force sees the following as essential:

1. Instructors **understand the key role** they play in student mental health.
2. Instructors **adopt instructional strategies** to prevent unnecessary stress without compromising academic rigor, and provide reasonable accommodations for students with mental health disabilities.
3. Instructors **strengthen proficiency to respond** to students in distress and refer them to appropriate resources.
4. Units **foster an environment** that promotes positive mental health and supports professional development of instructors in student mental health.
5. University leaders **continue to show a strong commitment** to student mental health by strengthening relevant policies, planning strategically, and allocating sufficient resources.

## Recommendation 1 - Role of Instructors

Recommendation: Instructors **understand the key role** they play in student mental health.

Despite significant increases of college students who identify with mental health problems, instructors are often ambivalent about the role they play as it relates to student mental health (Backels and Wheeler, 2001). In considering this role it is necessary to appreciate that the historical concept of teaching as defined only by being a dispenser of disciplinary content and skills is inconsistent with current educational theory and practice (Ambrose *et al.*, 2010; Barr and Tagg, 1995; Jankowski, 2017). Viewing teaching as the process of facilitating learning means that instructors also need to recognize the academic and personal backgrounds students bring to an educational setting.

While instructors feel prepared to present their discipline to students, they may have received less guidance on creating an environment that supports learning, and may be unprepared to deal with distressed or disruptive students (Becker *et al.*, 2002; Brockelman *et al.*, 2006). Given the rising concern about student mental health on our campus, the Task Force believes it is important to clarify instructor roles as well as empower instructors with the knowledge and skills to address mental health issues. In addition, instructors should recognize the opportunities they have to help prevent unnecessary stress and poor mental health in students through instructional planning and self-care promotion. These opportunities and skills apply not only to interactions between instructors and students in classrooms, but also to the one-on-one interactions between instructors and graduate, professional, postdoctoral, and undergraduate students doing individual projects. Particularly in those situations in which the instructor is also a mentor and/or the employer, the potential for the instructor to affect student mental health is high (Student Conflict Resolution Center, University of Minnesota, 2014, 2016).

Instructors are not mental health providers. However, because instructors interact with students most directly and frequently, they are in an opportune position to recognize, respond to, and refer students to mental health professionals in a preventative and proactive manner. By applying these skills, instructors also promote positive action and reduce stigma. Instructors who understand their role -- both the opportunities and the boundaries of it -- are in a better position to not only help students but also foster learning. As the American College Personnel Association has noted, students are more likely to succeed academically if they are also socially and emotionally healthy (American College Personnel Association, 1994).

To fulfill the role as defined here, instructors need specific skills and resources that may not have been included in their professional training. Recommendation 2 outlines strategies for establishing a learning environment that supports student mental wellness, and Recommendation 3 addresses best practices for instructors in response to student mental health challenges.

## Recommendation 2 - Instructional Strategies

Recommendation 2: Instructors **adopt instructional strategies** to prevent unnecessary stress without compromising academic rigor, and provide reasonable accommodations for students with mental health disabilities.

Instructors must maintain appropriately high standards. Our shared commitment to excellence requires all students to work hard and push themselves to learn and contribute. We hold honors students and those in elite programs to particularly high standards. While University policy includes provisions for mental health disability or absences due to mental health issues, students remain accountable for meeting requirements in order to progress through an academic program. Professional standards may also demand performance around deadlines, fast-paced work, and long hours, which may be unavoidable yet challenging for student mental health. That said, instructors *can* play a significant role in reducing unnecessary stress around academic requirements. Instructors have the power to create learning environments on a continuum between excessive demands or flexibility, depending on how they choose to pace and present their instructional material and provide feedback to students (Savani, 2016). Educational policies can encourage or fail to support such actions.

Reasonable efforts to reduce stress by instructors need not sacrifice high expectations and academic rigor or forgo student accountability; rather, they can create the conditions for more focused and mindful student learning and performance. Seemingly small steps to create a better learning environment have the potential for large impact. This proactive approach not only benefits students but can also help instructors by reducing time needed to attend to academic mental health crises.

A proactive approach to a better learning environment includes establishing clear course policy with respect to deadlines, allowing reasonable flexibility in assignments and exams, incorporating varied teaching and learning formats, and willingness to work with students deemed appropriate to receive disability accommodations and/or who are eligible for exam rescheduling in accordance with University policy. It is well documented that instructors who use sound evidence-based principles of teaching and learning in their course design and delivery not only ease student stress but also maximize student mastery (Ambrose *et al.*, 2010; Boucher, 2016; Bush *et al.*, 1977; Chesebro *et al.*, 2001; Clark *et al.*, 2006; Hines *et al.*, 1985; Jankowski, 2017; MacDonald, 2010; Metcalf and Cruickshank, 1991; Mowbray *et al.*, 1999; O'Neill, 1988; Wahlberg, 1988; Wang *et al.*, 1984; Woolfolk, 2016).

The Task Force recommends instructors adopt the following key practices:

### **Clarify expectations for the course and for all learning activities.**

At the most basic level, instructors must make their course guidelines clear from the start. Students benefit from syllabi and course guidelines that include measurable course objectives, a weekly course calendar, expectations for time spent and course workload, and clarity in course goals, assignments, activities, and assessments. Students also benefit from syllabi and guidelines that specify any routinely granted exceptions to deadlines or graded assignments and relevant policy statements, and recommendations for dealing with stress, mental health problems, and disabilities.

### **Build flexibility into the course structure.**

In some disciplines and specific courses it is common for instructors to base grades on two or three high-stakes and high-stress exams. Instead of this model, best educational practice supports, when possible, using multiple smaller assessments instead (American Association of Community Colleges *et al.*, 2013; Astin *et al.*, 1996; Banta, et al., 2009; Kinzie, et al., 2014; New Leadership Alliance for Student Learning and Accountability, 2012). With this approach instructors can also allow students to drop one or more of

their lowest quiz or assignment scores. This decreases stress for students, allows more flexibility, and does not detract from determining a student's level of mastery.

### **Use a variety of evidence-based strategies and techniques to teach.**

Employing a diverse range of teaching strategies and techniques reinforces students' understanding of material and offers students engagement with course material in the learning style best suited to them, which increases learning ease and decreases stress. This is particularly relevant for instructing recent migrants, others for whom English is not their first language, and underrepresented groups. Several strategies show clear success in evidence-based studies (Ambrose *et al.*, 2010; Atkinson *et al.*, 2003; Bothwell, 2016; Burgstahler & Cory, 2008; Carroll, 1989; Chandler, & Sweller, 1996; Clark *et al.*, 2006; Conway *et al.*, 2013; Freeman *et al.*, 2014; Gerjets *et al.*, 2004; Hall *et al.*, 2012; Hmelo-Silver, 2004; Jankowski, 2017; Kalyuga, *et al.* 1998; Rose & Meyer, 2002), and instructors should aim to use the fullest possible range of these:

- scaffolding, which presents students with pertinent problems that are only partially complete. Such partially worked examples help students learn efficiently without overload, directing the focus to manageable aspects of the problem.
- visual prompts, such as diagrams or charts, and mental rehearsals, which also serve as forms of scaffolding
- verbal descriptions of visuals or handouts to reinforce those with strength in auditory processing
- student-centered learning formats such as team-based learning, Process-Oriented Guided Inquiry Learning (POGIL) or other cooperative learning approaches that may be combined with flipped classrooms
- links to tutorials and other helpful resources that reinforce learning
- outlines, not complete PowerPoint presentations, for students to annotate
- engaging, interactive strategies, such as "think-pair-share," case studies, or clicker questions that involve higher level cognition and discussion with classmates
- breakdown of large projects into smaller, more manageable subunits, each with clear instructions and rubrics

### **Provide reasonable deadline expectations.**

Deadlines are necessary, but inflexibility and excessive numbers of deadlines within a semester and across courses can cause overwhelming student stress and anxiety (Patton, 2000). Instructors sometimes forget that students take multiple courses each term, each with its own set of exams, assignments, and deadlines. Students often report that several of their courses have major assignments due the same week as midterms, other projects, or finals. In most professions there are strict deadlines (such as for grant proposals) but also other deadlines that are more negotiable (such as a request to review a manuscript or proposal), so many instructors will be familiar with navigating complicated arrays of deadlines. Reasonable instructors will hold students accountable while at the same time showing compassion for those who might have an accumulation of simultaneous deadlines, and also teach students how best to determine which deadlines are negotiable and how to make a case for a short extension.

- To allow students to plan ahead, list all assignments and their deadlines in the syllabus at the beginning of the term.
- If the instructor anticipates any additional assignments or any deadlines yet to be determined at the start of the term, these must be mentioned in the syllabus and students must receive due notice once deadlines are determined.
- For long-term assignments, provide students with clear deadlines spaced throughout the term, setting milestones for achievement on various parts of the assignment.
- Consider allowing students to negotiate an alternative deadline if they have multiple major deadlines at the same time or have another reasonable reason.
- Avoid deadlines that promote poor sleep patterns (e.g., midnight deadlines, especially for courses that meet early in the morning).
- Consider deadlines in the context of scheduled breaks so that students experience breaks as they were intended to be used.

### **Provide reasonable accommodations for students with mental health disabilities.**

Mental health disabilities account for the highest percentage of accommodation requests coordinated through the Disability Resource Center (DRC) (The Provost's Committee on Student Mental Health White Paper, 2016). Navigating the implications for reasonable accommodations can pose significant challenges to instructors. Since mental illness is a non-apparent disability and the reason for the accommodations is protected personal health information, instructors are asked to accommodate, often with significant time and effort, in the context of limited or no justification for their additional efforts.

Instructors need to acknowledge that an accommodation request for any disability, whether physical or mental, represents an actual problem; it does not mean that a student is trying to hide behind excuses. Nor does providing accommodation constitute hand-holding. Students seek accommodations -- such as extensions for deadlines, extra time for taking exams or flexibility in attendance -- to counteract symptoms that represent challenges to their success in the classroom. Other common accommodations include developing additional educational materials and/or formats or make up examinations. Instructors need basic knowledge of how the DRC determines these accommodations and how to best work with disability specialists. This can be achieved by accessing existing professional development opportunities at <https://diversity.umn.edu/disability/educationandtraining>.

To support reasonable accommodations instructors need to do the following:

- **Inform** all students about practices around disability accommodation letters by including the relevant policies in syllabi and by discussing with students the importance of presenting any requests early in the term, or as early as possible if problems arise once the term has begun. For instruction outside of a classroom, such as with graduate students and postdocs, instructors should have a proactive conversation with students early in the period of interaction.
- **Acknowledge** a student's accommodation letter with an email or conversation that sets up a time to discuss the matter in depth and privately.
- **Convey confidence** in a student's ability to identify strategies for coping with the disability, being resilient, and succeeding.
- **Agree** with the student on a reasonable plan for the semester, for if and when the need for specific accommodations arises.
- **Communicate** with the student and/or the DRC if requested accommodations exceed what is reasonable for that discipline, course, or program.
- **Follow up** with the student on any unforeseen or concerning issues, such as unexplained absences or missed assignments; if the student does not respond, consider contacting the DRC counselor to express concern.

### **Demonstrate what it means to "reduce stigma" around mental illness.**

Mental health problems can carry a significant stigma, which itself can become a source of distress. There are many ways that instructors can demonstrate sensitivity to the issue of stigma in their regular interactions with students (<http://www.mentalhealth.umn.edu/get-involved/whatyoucando.html>).

- Watch for and avoid words like crazy, insane, nuts, wacko, schizo— all promote stigma or can be offensive to individuals who have a mental illness.
- Use people first language. For example, refer to a person with a mental illness instead of a mentally ill person.
- Become educated on mental illnesses. Look up mental illness and specific conditions and find out more about the people who have these illnesses.
- Become knowledgeable of individuals who have dealt with mental illness and made significant contributions to your area of study (e.g. Nicola Tesla, Isaac Newton, Ludwig Boltzmann, Vincent Van Gogh, John Nash etc.)
- Confront jokes about mental illness. Refuse to listen.
- Ensure that all educational materials are free of negative stereotypes.
- Do tell someone if they express a stigmatizing attitude or a view that is contradictory to fact. People are often unaware of the facts about mental illness and it is important to let others know when they are presenting a stigmatizing attitude.

- Be sensitive to students from other cultures; they may not be accustomed to talking about mental health and may need extra help to understand why we are trying to reduce stigma around the topic and why it is important to seek assistance if in distress.
- Emphasize abilities, not limitations. A mental illness is like other chronic health conditions. It is a part of an individual; it does not define the person.
- When explaining syllabus statements or talking to students about mental health, use encouraging language and nonverbal signals that convey a sense of inclusion and approachability (Ambrose *et al.* 2010).
- If comfortable doing so, allow yourself to demonstrate some level of vulnerability to enhance your sense of approachability and your ability to empathize with student struggles.
- Recognize the common signs of mental distress or illness in yourself and in your friends so you can find help if you need to.

### **Promote a positive environment for students to practice good mental health.**

Creating a campus responsive to mental health needs is not simply a matter of responding to distress or of accommodating documented disabilities. It also involves reducing the likelihood of unproductive stress (i.e. prevention) by:

- preparing for, expecting, and welcoming discourse of sensitive issues
- taking time periodically in interactions with students to underscore the importance of good mental health and simple stress management.
- urging students to practice self-care and seek assistance when needed.
- helping students develop resilience through techniques like post-exam analysis and reflection on other academic activities

### **Use reasonable midterm and final examination procedures.**

Exams are often high-stress activities for students that, depending on how written and administered, may produce so much stress that students aren't able to show what they have learned. Instructors need to remember that it will usually take students considerably more time than the instructor to complete an exam and thus need to allow ample time in the examination period. Especially in exams in which the questions involve extensive prose, students for whom English is a second language and those with dyslexia or other learning challenges need extra time just to read the questions. Students benefit when instructors follow the following guidelines for exams.

- Focus the exam on what students have mastered, rather than on how fast they can read the exam and write their answers. These considerations are especially important for students with English as a second language.
- Allow students a choice among a number of questions on an exam.
- Provide pretests, self-assessments with constructive feedback, and other relevant preparatory materials to give students adequate opportunities to prepare. Provide review formats in which students can review content individually, in pairs or groups. Several online formats (Moodle/Canvas) are available to develop helpful review formats.

Alternative evaluation formats may be more or less stressful depending upon how they are administered. These include take-home and group exams, projects, demonstrations, presentations, and simulations.

### **Comply with University policies concerning exams.**

In addition to provision of reasonable midterm and final exams it is the responsibility of all instructors to comply with University policies concerning exams. Current policy includes the right of students to reschedule one exam when they have three final exams scheduled in one calendar day. The Task Force recommends that this policy be changed to allow for rescheduling one exam when three are scheduled within 24 hours and be extended to include midterm exams. Instructors must also adhere to the University's official final exam schedule and the policies about changing the date of a final exam (<https://policy.umn.edu/education/exam>).

### **Provide clear expectations, training, support and evaluation for students doing research**

Research mentors also need to use best practices with students conducting research with them. The Dignity Project has produced guidelines for responsible conduct in graduate and professional education (see Tips for TAs and RAs at [http://www.sos.umn.edu/Staff-Fac/Grad-prof\\_advising.html](http://www.sos.umn.edu/Staff-Fac/Grad-prof_advising.html)) that are applicable whether the students are at the undergraduate, graduate, professional, or postdoctoral level.

### **Resolve conflicts through appropriate channels.**

Students and instructors may not be in agreement with interpretation of policy and/or provision of reasonable accommodations. The Student Conflict Resolution Center [http://www.sos.umn.edu/Staff-Fac/Staff-Fac\\_home.html](http://www.sos.umn.edu/Staff-Fac/Staff-Fac_home.html) is a recommended resource when there is a dispute or conflict between an instructor and student for these or any other problems.

### **Use and share resources for promoting positive mental health**

While instructors often see their role in student mental health as just responding to distress, promoting positive mental health is also a critical skill. Instructors play an important role in mitigating or contributing to excessive stress through structuring courses and other academic experiences. The Task Force recommends that professional development for all instructors include knowledge and application of best instructional practices conducive to good mental health. The UMN Center for Educational Innovation ([cei.umn.edu](http://cei.umn.edu)) provides free workshops, consultations and services for universal instructional design, which benefits all students, including gleaned student feedback on teaching. The Office of Equity & Diversity ([diversity.umn.edu](http://diversity.umn.edu)) offers a number of workshops that provide knowledge and skills that can contribute to decreasing student stress. These are included in the resources section at the end of this report.

Instructors can also promote positive mental health through role modeling and encouraging self-care and healthy coping strategies. Students can support their own well-being by participating in courses or workshops such as *Success Over Stress* offered by the Rothenberger Institute ([www.ri.umn.edu](http://www.ri.umn.edu)), and *Mindfulness-Based Stress Reduction* offered by the Center for Spirituality & Healing (<https://www.csh.umn.edu/education/credit-courses/all-csph-courses>). Participation in such courses has been demonstrated to positively correlate with academic success, retention, and graduation (Soria & Kjolhaug, 2017). The Effective U program (<http://effectiveu.umn.edu/>) developed by the SMART Learning Commons includes online stress management and time management modules that students can explore according to their own schedules. Instructors could consider including self-care resources in course syllabi paired with short oral reminders about them. Instructors can also provide periodic tips for healthy lifestyle, especially in the weeks before exams, and announcements about wellness programs on campus or in the wider community. Comments on self-care and coping strategies need not be lengthy or encroach on instructional time; even a one-minute comment delivered in an encouraging tone can be effective. Boynton Health's Health Promotion department has also developed a strategy to promote student ability and intention for self-care that could be incorporated in any department's preventive strategies (reference here).

### ***Instructional best practices guidelines for stress reduction and mental wellness***

Instructors could benefit from the development of a set of campus wide mental health instructional best practices guidelines that incorporate the above and additional approaches. Existing University resources that provide source material for such guidelines include:

- guidance on appropriate accommodations for students with disabilities offered by the Disability Resource Center (<https://diversity.umn.edu/disability/educationandtraining>)
- workshops and trainings through the Office for Equity and Diversity (<https://diversity.umn.edu/workshopsandtrainings>; <https://diversity.umn.edu/idea/workshopsevents>).
- recommended statements for course syllabi <https://policy.umn.edu/education/syllabusrequirements-appa>.
- Student Academic Success Services material (<http://www.sass.umn.edu/> and <http://www.uccs.umn.edu/academic.htm>).

- programs promoting best practices in inclusive course design and other teaching and learning concerns through the Center for Educational Innovation (<https://cei.umn.edu/>)
- programs promoting how to handle sensitive course content <https://cei.umn.edu/resources/best-practices-teaching-sensitive-course-content>
- resources on tolerance <https://cei.umn.edu/resources/beyond-tolerance-resources>
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### Recommendation 3 - Strengthening Instructor Proficiency to Respond

Recommendation 3: **Strengthen instructor proficiency to respond** to students in distress and refer them to appropriate resources.

Instructors are often in a position to first recognize signs that a student is struggling with a mental health issue and to influence students to seek appropriate resources. But well-meaning instructors may need to be better-equipped to approach and interact with students in effective ways. Instructors may feel particularly ill equipped to respond to underrepresented or marginalized students, such as members of the LGBTQ community, or to international students whose home countries may not acknowledge mental illness or may stigmatize it. The Joint Task Force on Student Mental Health recommends that instructors acquire the knowledge and skills to strengthen their role in student mental health and to promote a culture of compassion, respect, and support.

This can be achieved by participating in professional development opportunities that clarify how instructors optimally respond to distressed students. We recommend that instructors participate in at least one professional development workshop related to student mental health topics early in their career at the University, and that response to mental health concerns be a part of all TA training. We further recommend that all current instructors, no matter how long they have been at the University, likewise participate in professional development addressing best practices in response student mental health difficulties and take advantage of opportunities to refresh their skills and obtain current knowledge of available resources on a regular basis throughout their career.

Instructors who effectively respond to student mental health concerns are able to:

#### **Respond to a crisis situation.**

Instructors are subject to student mental health crises arising in classrooms, laboratories, offices, meetings, or communicated by email or social media. In preparation for such events, instructors need to be knowledgeable of when to call 911 or the 24/7 UMN Crisis Line 612-301-4673 (1-HOPE), a service contracted through Crisis Connection. The Task Force recommends that all instructors enter the Crisis Line number into their mobile phone directory for quick and easy future reference in case the need should ever arise. Crisis Connection is also accessible by texting UMN to 61222.

#### **Apply the Four R's for dealing with student mental health problems.**

The Provost's Committee on Student Mental Health (PCSMH) developed *Responding to Students in Distress: the 4 Rs (aka Four R's or 4R Model)*, a group training presentation scheduled through the Office of Student Affairs care manager at [eochara@umn.edu](mailto:eochara@umn.edu). This presentation is free of charge and has been delivered in multiple venues including conferences, seminars, and staff meetings. Yet instructors have thus far been underrepresented in requests for presentations compared to staff and student audiences. The Task Force recommends that all instructors participate in this presentation to learn these skills, summarized below. Alternatively, instructors can access an online interactive training that provides a useful introduction to these same principles (<http://mentalhealth.umn.edu/training/index.html>).

- **Recognition.** Seeing signs of a mental health problem is the first step toward addressing it, and instructors are often the first and most clear witnesses to such signals. These can include frequent absences, decline in work quality, decreased personal hygiene, excessive fatigue, decreased participation, smelling of alcohol, or displays of erratic behavior. Other signs can be indicative of a worsening condition, including classroom disruptions or disturbing writings about



despair, hopelessness or violence. In the most severe situations, behavior can be quite alarming and represent threats to the safety of others including stalking, harassment, carrying a weapon, specific verbal or physical threats or suicidal threats or gestures. In such cases, recognition must be accompanied by awareness of how to mobilize an intervention to prevent harm.

- **Role assessment.** The instructor's primary job is not to ensure all students have mental or even physical health. Their job is to create conditions best suited to learning in whatever environment that might be -- from the classroom to the lab to the field. However, since mental health challenges can negatively impact learning and are prevalent throughout the student body, attending to mental health issues in a defined and limited manner is consistent with the instructor's academic role. This role does not extend to the provision of advice and support more appropriately provided by mental health professionals. Understanding roles and boundaries leads to more successful interactions with a range of students.
- **Response.** It is appropriate for instructors to respond to potential mental health concerns that they identify in students. A general expression of concern in a private setting is often enough to start a conversation about factors that are getting in the way of learning. Instructors should focus on listening and connecting to the student's words, empathizing with the student as much as possible. Open-ended listening will usually reveal the source of the problem that can then be addressed appropriately. In general, the instructor should not criticize behaviors and should be respectful of student privacy, value systems and cultures. Although instructors may contact the student's counselor at the Disability Resource Center (DRC) for support and direction in responding to a student, oftentimes a student has not been identified by or is not part of the DRC system. In such instances, instructors have several options when they experience concerns about a student's behavior such as missing or disrupting class. These options include reaching out to discuss your concerns with the student's advisor, the department's head of student affairs, the DRC (even without a designated counselor), a counselor at Student Counseling Services or Boynton Mental Health, and in some cases, the Center for Educational Innovation, the Behavioral Consultation Team, the Office for Student Conduct and Academic Integrity (OSCAI), or the Aurora Center.
- **Referral.** Instructors should encourage students to seek help at one of the several available professional resources (University Counseling Services, Boynton Mental Health, Disability Resource Center, Aurora Center, Behavioral Consultation Team, Center for Educational Innovation, etc.) and be prepared to take steps to share addresses or directions for these resources. In alarming cases where the student is threatening to harm self or others, it may be necessary to accompany or arrange escorts to the appropriate professional resource.

### **Share referral resources for mental health clinical services and counseling.**

Professional development also includes learning about available resources for responding to mental health issues, including where to appropriately refer students depending on the situation.

Student mental health clinical care and counseling is provided by two units on the UMTC campus, Student Counseling Services (SCS) located in Appleby Hall and the Mental Health Clinics at Boynton Health, both at the East Bank facility and at the St. Paul Clinic in Coffey Hall. Boynton primary care providers (physicians, physician assistants, and nurse practitioners) also prescribe medication for many cases of less severe depression, anxiety and other mental illness.

Students, staff, and instructors often are unsure about whether to refer to SCS or Boynton. A clear understanding of the major differences and similarities between the two facilities is beneficial to anyone who might encounter a student mental health problem requiring referral. The main differences between the two resources can be summarized as:

<p>Boynton Mental Health</p> <ul style="list-style-type: none"> <li>•Medical Model</li> <li>•Psychotherapy</li> <li>•Psychiatry (medications prescribed)</li> <li>•Minimal trainees delivering care</li> <li>•Student fees &amp; insurance funded</li> </ul>	<p>Student Counseling Services</p> <ul style="list-style-type: none"> <li>•Developmental Model</li> <li>•Academic, career, &amp; psychological counseling</li> <li>•No Psychiatry</li> <li>•50% services delivered by supervised trainees</li> <li>•General funding/no billing of insurance</li> </ul>
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As both Boynton and SCS use a similar brief consultation model to quickly assess what services best fit a student's needs, instructors can take comfort in knowing that students will be directed to the best fit for their needs even if this is not initially clear to student or instructor.

**Access UMN mental health website resources when indicated.**

The PCSMH developed a mental health website, <http://mentalhealth.umn.edu> as a central resource for mental health resources. Instructors will benefit if they become familiar with this website. It includes a section specifically devoted to the needs of faculty and staff ([mentalhealth.umn.edu/facstaff/](http://mentalhealth.umn.edu/facstaff/)), with general guidelines on assisting students in distress as well as guidelines for addressing more specific scenarios such as academic difficulty, academic integrity, suicidal behavior, disruptive behavior, stalking, disability issues, international students' concerns, distress communicated within assignments, and student/advisor difficulties. The site also hosts an anonymous self-assessment of common mental health conditions to which it is useful to refer students when they are unclear whether their symptoms might benefit from professional evaluation.

**Inform the Behavioral Consultation Team of students of concern.**

Instructors play an important role in identifying student behavior that could represent a risk to them, fellow instructors, students, or the student of concern. By being aware of and reporting concerns to the Behavioral Consultation Team (BCT) (612-626-3030), instructors can gain consultation and guidance on how to address concerns and assist in identifying patterns of student behavior that may require more urgent intervention.

**When needed, use/share additional mental health resources on campus.**

Case/care managers are available in the Office of Student Affairs (612-625-2517), Boynton Health (612-624-1444), and Student Counseling Services (612-624-3323) to help students connect with services on campus and in the community or assist student transition back to campus if hospitalized.

The Community Response Team is available for quick mobilization of mental health support to groups of students dealing with the immediate aftermath of a traumatic experience such as the death of a student or instructor. To contact the CRT email [osaum@umn.edu](mailto:osaum@umn.edu).

Disability Resource Center (612- 624-4037) is available to assess for and recommend reasonable accommodations (see recommendation # 2).

Student Conflict Resolution Center (612-624-7272) is a good resource for assisting with unsolved conflicts between students and instructors (see recommendation # 2).

**References**

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