



The
Healthy
Minds Network

***Contents are
bookmarked for
your convenience.***

- [Message from HMN](#)
- [Agenda](#)
- [Session Minutes](#)
 - [Welcome](#)
 - [HMS Presentation](#)
 - [Breakouts Part 1](#)
 - [Share-out Part 1](#)
 - [Breakouts Part 2](#)
 - [Share-out Part 2](#)
 - [Closing Remarks](#)
- [Additional Resources](#)

11th Annual

Student Mental Health Research Symposium

Spring 2021

Summary and Minutes

Hosted by The Healthy Minds Network
*University of Michigan, Boston University,
University of California, Los Angeles*

2021 Spring Student Mental Health Research Symposium
March 8, 2021
Virtual Meeting



Message from the Healthy Minds Network

The Healthy Minds Network (HMN) extends sincere thanks to all who joined the 2021 Spring Student Mental Health Symposium, **Lessons Learned from COVID-19**. Over 100 researchers, clinicians, campus practitioners, entrepreneurs, advocates, students, and others attended this virtual collaborative event.

The overarching question for the symposium: What have we learned from the pandemic and what changes will likely remain with us? The COVID-19 pandemic disrupted countless facets of education and mental health service delivery. We sought to answer—to what extent have students, mental health practitioners, and researchers successfully adapted to the unprecedented circumstances in which we've found ourselves? What can we leverage from these experiences?

Together, we reviewed the latest national Healthy Minds Study (HMS) findings on the landscape of mental health symptomatology and service utilization in Fall 2020. We examined how this landscape has changed since Fall 2019, before the COVID-19 pandemic began. We then moved into two rounds of stimulating breakout room discussions featuring diverse topics in student mental health. **Our special thanks to our wonderful partners who facilitated these breakout sessions!**

Large group share-out sessions produced insightful observations, identifying important issues relevant to student mental health service delivery that both research and practice should seek to address in the pandemic era and beyond.

Life as the world knew it changed, perhaps indelibly, in 2020—yet it is clear that challenges for student mental health loom as large as ever, if not larger. Equally substantial is a force of students, mental health advocates, researchers, and practitioners who are committed to identifying best practices in student mental health service delivery, in spite of and in response to the pandemic.

We thank each of you for attending this virtual symposium and reminding us all of the hope we can place in a field of colleagues collectively pursuing unanswered research questions, addressing mental health inequities, and building new innovations so that all students can thrive.

A recording of the main session of the spring 2021 Symposium and slides from the HMN data presentation are available [here](#).

Thank you for your engagement and continued support!

— *The Healthy Minds Team*

**2021 Spring Student Mental Health
Research Symposium
March 8, 2021**



Monday, March 8: Agenda

Welcome and Symposium Introduction	3:00 – 3:10 pm
HMS Fall 2020 Data Presentation Sasha Zhou, PhD, MHSA Assistant Professor, Wayne State University Co-Investigator, The Healthy Minds Study	3:10 – 3:20 pm
Introduction to Breakouts Part 1	3:20 – 3:25 pm
Small Group Breakouts Part 1	3:25 – 3:45 pm
a) <i>Lessons Learned from Active Minds' Healthy Campus Awardees</i> Amy Gatto, MPH, Senior Campus Program Manager Laura Horne, MPH, Chief Program Officer Active Minds	
b) <i>Highlights from The Steve Fund's COVID-19 Task Force Report</i> Laura Sánchez-Parkinson, MA Director of Partnerships, Programs and Research The Steve Fund	
c) <i>Student Reflections and Findings from HMS Spring & Fall 2020 Data</i> Liadan Solomon, BA Community & Global Public Health, University of Michigan (Spring '21) Research Assistant Healthy Minds Network	
d) <i>K-12 Education: Supporting Students in High School</i> Nnemoma Chukwumerije, MSW, High School Advisor, The Jed Foundation Nance Roy, Ed.D, Chief Clinical Officer, The Jed Foundation Adam Wheeler, MPH, Project Coordinator, Healthy Minds Network	
Large Group Share-Out Part 1	3:45 – 4:05 pm
Introduction to Breakouts Part 2	4:05 – 4:10 pm
Small Group Breakouts Part 2	4:10 – 4:30 pm
a) <i>Best Practices on Use of Technology to Support Mental Health</i> Nathan Demers, PsyD, Vice President, Grit Digital Health Leah Goodman, OTD, Clinical Faculty, University of Illinois-Chicago	

2021 Spring Student Mental Health
Research Symposium
March 8, 2021



Monday, March 8: Agenda Continued

b) Peer Support Around Mental Health and Substance Use

Dolores Cimini, PhD, Senior Research Scientist, State University of New York at Albany
Matt Statman, LMSW, CAADC, Program Director, Collegiate Recovery Program, Michigan Medicine
Liadan Solomon, BA Community & Global Public Health, University of Michigan (Spring '21)

c) Opportunities for Philanthropy Around Student Mental Health

Joe Behen, PhD, Dean, Counseling, Health, and Disability Services, School of the Art Institute of Chicago
Daniel Eisenberg, PhD, Professor of Health Policy of Management, UCLA, Director, Healthy Minds Network

d) Faculty and Staff Well-being and their Role in Supporting Students

Sarah Lipson, PhD, M.Ed., Assistant Professor, Boston University School of Public Health, Associate Director, Healthy Minds Network
Amber Talaski, MPH, Healthy Minds Study Coordinator

Large Group Share-Out Part 2

4:30 – 4:45 pm

Closing Remarks

4:45 – 5:00 pm

Welcome and Symposium Introduction

Welcome Minutes:

- **Sarah Lipson began meeting**
 - Expressed excitement for event: 11th annual research symposium
 - Offered welcome to all attendees
 - Described hope and intent for session
- **Purpose:** Drawing stakeholders together to discuss, collaborate on how to advance mental health equity in research and practice
 - **Topic of discussion:** Lessons Learned from COVID-19
 - **Overarching question:** What have we learned from the pandemic, and what changes will likely remain with us?
 - Goal = identify best practices in student mental health service delivery, especially during pandemic
 - Pandemic offers unique opportunity to address factors shaping mental health from population perspective
 - Successful adaptations in service delivery?
 - Identify research priorities, unanswered questions in student mental health
 - Build new innovations moving forward
- **Event format**
 - Discussion-based event
 - Breakouts followed by large group discussions
 - Each room has facilitator who will frame conversation
 - All breakout rooms are discussion-based
 - HMN team will share slides, recordings, notes after symposium

Presentation Minutes:

Mental Health & Wellbeing during COVID-19: Data from the Healthy Minds Study

Sasha Zhou, PhD, MHSA, Assistant Professor, Wayne State University Department of Public Health; Co-Investigator, The Healthy Minds Study

- **Purpose of Healthy Minds Network (HMN)**
 - Address how we can efficiently invest in mental health in student populations given time, resource limitations
 - Collect descriptive population data
 - Design, evaluate mental health programs/interventions in tandem with administrators and policymakers

- **Healthy Minds Study (HMS)**
 - Annual survey of undergraduate, graduate students
 - 350+ participating institutions, 300,000+ higher ed students since 2005
 - Prioritizing inclusivity: Recruiting community colleges, tribal colleges, MSIs, HBCUs
 - HMS = robust public health assessment tool
 - Uses validated mental health screening tools
 - Also asks questions about attitudes, lifestyle, health and social behaviors
 - Examines service utilization, academic and social environments, and more

- **HMS and COVID-19**
 - **HMS survey changes**
 - Developed new COVID-19 HMS module in partnership with ACHA
 - Included COVID-19 module in Fall 2020 and Winter 2021 HMS
 - **Student mental health trends in COVID-19 times**
 - **Increase in students with major depression, Fall 2019—Fall 2020**
 - Fall 2019: 35.67%
 - Spring 2020: 40.90%
 - Fall 2020: 39.18%
 - Rise in severe and moderate depression cases driving this increase
 - **Increase in students with suicidal ideation, Spring 2020—Fall 2020**
 - Fall 2019: 14.31%
 - Spring 2020: 10.52%
 - Fall 2020: 13.09%
 - **Increase in students with anxiety, Fall 2019—Fall 2020**
 - Fall 2019: 30.99%
 - Spring 2020: 31.00%
 - Fall 2020: 33.78%
 - Rise in severe and moderate anxiety driving this increase

- Proportion of students with severe anxiety has more than doubled in last 7 years (6% in 2013; 16% in 2020)
- **Service Needs, Access, and Utilization**
 - **Comparisons in treatment usage changes by race**
 - Students of color with mental health symptoms underutilized treatment compared to white peers during each semester both before and after pandemic began
 - Increase in % of students of color using medication or therapy from Fall 2020—Spring 2020, with exception of Pacific Islander students
 - Among Pacific Islander students, treatment usage declined each semester from Fall 2019 to Spring 2020 to Fall 2020
 - However, still ~40% students in Fall 2020 found accessing treatment difficult due to COVID-19
 - **Changes and inequity in student financial burden due to COVID-19**
 - In Spring 2020, by race and ethnicity, anywhere from 56% to 75% students reported experiencing a more stressful financial situation due to COVID-19
 - This magnitude of COVID-19's financial impact remained stable from Spring 2020—Fall 2020
 - Higher financial burden reported among students of color compared to white peers
 - By gender, greater proportions of female and trans or non-binary students reported increase in financial stress due to COVID-19
 - 70% of trans or non-binary students reported increase in financial stress due to COVID-19 in Fall 2020
- **Conclusions on higher ed student mental health during COVID-19**
 - Mental health symptoms high across all groups
 - Low sense of belong compared to previous semesters
 - Treatment utilization rates especially low for students of color
 - Access to health services = challenge especially for students of color and gender minority students
 - HMN will continue to share data on COVID-19 and its impact on students in higher ed settings

Presentation slides can be found [here](#). Slides include more data on changes in:

- Campus climate
- Loneliness
- Flourishing (positive mental health)
- Substance use

Breakouts Part 1 Minutes:

1a. Lessons Learned from Active Minds' Healthy Campus Awardees

Facilitated by Amy Gatto, MPH & Laura Horne, MPH, Active Minds

- **Healthy Campus Award: An award for moving wellness forward on their college campuses.**
- **How are campuses:**
 - Approaching student health and wellbeing
 - Championing student voices
 - Creating equal opportunities for health (equity)
 - Ensuring services are accessible
 - Being strategic in using current resources
- **How are campuses approaching students' academic challenges, uncertainty around graduation protocols (COVID), housing insecurity, food insecurity?**
 - We know these things impact student mental health.
 - Example: CSU Long Beach: innovative strategies to maintain student support groups surrounding support for various identities (e.g. ability, international students, LGBTQ community, etc.)
 - To view other examples:
 - <https://www.activeminds.org/wp-content/uploads/2020/06/COVID-19-Position-Statement.pdf>
 - <https://www.acenet.edu/Documents/Mental-Health-Higher-Education-Covid-19.pdf>
- **What is the most innovative strategy you've implemented on your campus to improve student mental health?**
 - School of the Art Institute Chicago: Implemented a "Making It" art show where students submitted pieces to express themselves and how they're feeling during the COVID-19 pandemic.
 - Kent State: Created an online concierge service. Instead of having to navigate different phone numbers, emails, etc. and the navigator listens to your concerns and will provide the resources you need and will connect you to that office.
 - Pace University: Pace saw a significant drop off in students accessing MH services in Fall 2020 due to privacy concerns & access to technology. Innovations should take into account the difficulties students are having with privacy and online access.

- **How have you seen your students' resiliency during COVID? What programs/policies have allowed you to support student mental health?**
 - Telehealth services: Many campuses have implemented and it was something they wanted to do for a while and there was a lot of red tape previously but COVID forced them to implement it!
 - Partnership with external programs/services.
 - Pace: "Our group therapy programs have been very popular with students since they have felt quite isolated"
 - Also reported by Kent State
 - "In terms of the privacy/technology issue, we have had success with "therapy suites"..... spare offices in our center used by students to see therapists."
 - "Hi - we provide a peer support platform that students can access via our app, TalkCampus. Our college & university partners have reported that many of their students using TalkCampus had not sought help with on-campus services - so this has been a great way to engage with students struggling yet "under the radar""
 - "many counseling centers and campuses have been doing "Let's Talk" sessions, referred to as "Tele-Talk" as drop-in sessions"
 - "We also have an online peer training support program to help students engage on TalkCampus"
 - "Our Student Life has been very active virtually with events all day and into the evening. Numbers participating continue to grow."
- **Additional observations**
 - Amy Gatto mentioned that she spoke with a counselor who reported students are having sessions in the bathroom, their cars, and in other places that are non-conventional to have more privacy.
 - About $\frac{2}{3}$ of students reported supporting their fellow students in supporting their mental health.
 - Peer support is paramount during this time!
 - Quick discussion surrounding not a large increase in mental health symptoms pre-COVID to today and if this has also been found in other surveys or if other surveys are finding a larger difference from year to year.

1b. Highlights from The Steve Fund's [COVID-19 Task Force Report](https://www.stevelfund.org/crisis-response-task-force/)

Facilitated by Laura Sánchez-Parkinson, MA, Director of Partnerships, Programs and Research, The Steve Fund

● **Introduction**

- The Steve Fund is a nonprofit organization that works with mental health and people of color
- <https://www.stevelfund.org/crisis-response-task-force/>
- They pulled together a team (educators, scholars, philanthropists, etc.) to increase awareness

● **Taskforce Results (Report - <https://www.stevelfund.org/crisis-response-task-force/>)**

- Focus on transition of moving from college to workplace
- Young people of color are facing anxiety and other mental health related obstacles when going from college to work force during COVID-19

● **Higher Education Recommendations in Report**

- Racial trauma-informed leadership
 - Make sure those people working with people of color are familiar with and have an understanding of racial trauma
- Collaborative approach to promote mental health for students of color
 - Mental health is a top priority
 - Communities of color rely on community orgs/networks for having safe spaces
 - How to reach out to community orgs/networks to encourage/facilitate support
- Engaging faculty and staff to support mental health of students of color
 - Making sure faculty can engage with students of color virtually and be aware of the experiences these students are going through related to COVID
- Treat student mental health as a priority
 - Trying to leverage the interest in mental health to increase funding for MH resources
- Leverage community and external stakeholders to promote educational wellbeing
 - How can we help stakeholders support students of color during COVID times?

● **How have you (as researchers and other professionals) been working to help students of color?**

Small Group Breakouts: Room 1B

- Leah Goodman -
 - Thinking of how to support mental health needs
 - How can we look at non-clinical means of helping populations of color?
 - Delivering courses where students get credit
 - Training faculty to know how to work with other minority populations
- Curious of how to go from “needing” to making it happen?
 - Steve Fund - How to go beyond just making a task force.
 - Students want a response, not just a task force.
 - Others mentioned struggling with moving from just task force meetings to actual actions as well.
- **Why prioritize students of color?**
 - Thinking about student of color mental health, what in daily life impacts mental health in general
 - Systematic issues/racism compound the daily MH stressors that impact students of color, on top of the regular MH stressors that occur in daily life
 - Students of color have not utilized MH resources as much as white populations have, so there is a need to focus on students of color
 - Dianne Aguero-Trotter - Telehealth has increased visits from students of color that would not have otherwise wanted to come into the office
 - Created a “Let’s talk” alternative to traditional counseling/MH help.
 - Data and counseling attendance has increased
- Students of color face unique challenges of a wide variety not faced by other students

1c. Student Reflections and Findings from HMS Spring & Fall 2020 Data

Facilitated by Liadan Solomon & HMN Team

- **What hypotheses do you believe have impacted student mental health?**
 - Nursing students: Students that have children have had a particularly challenging time. This might not be captured in the survey if people have children or not
 - Katharine Oh: Students were frustrated with academic requirements and lack of clarity. Helplessness and powerless surrounding academics.
 - Big drop off of new clients. 28% fewer clients. Students have had a hard time connecting considering zoom fatigue
 - Chat question: "Have you found an increase in use of counseling services especially as it's on a digital/telehealth format? Or the other way around?"
 - Talked about HMS data indicating uptake in digital service utilization
 - Question: "Do you know the treatment rate for students who have suicidal ideation? Has this changed over the past 3 semesters?"
 - Janelle Patrias: Colorado State - Initial decrease but rebounding of health seeking behavior
 - Students miss in-person connections and some don't feel like using digital services
 - Fatema Al-Ghadban - Students have not been receiving services as frequently. Less overall utilization.
 - Does a lot of work with international students, significantly impacted by factors like immigration changes, remote learning effects on immigration status, affects international student mental health
 - Casey Murphy: University of Central Oklahoma
 - Numbers of students seeking services have gone up each semester when compared to previous years' semesters.
 - Nichol Killian: Some students shared that some instructors were inflexible with due dates and meeting times (i.e. losing internet connections during exams or meetings, etc.).
 - Many of the students said that this added a lot of stress to their already stressful adaptations.
 - Lori Ciotti: Center of Eating Disorders in Boston
 - Higher levels of care have been on virtual platforms. The acuity and utilization has increased. Severity has become a big issue.
 - Hypothesis: How emotional, relationship connections, and isolation have increased severity of symptoms with eating disorders.
 - Isolation is exacerbating factor for other mental health symptoms
 - Nathaan Demers:
 - Seen a lot of data indicating people are increasingly viewing info on international student experiences, so there is a need to address that

Small Group Breakouts: Room 1C

- Liadan Solomon:
 - Anecdotally found increase in social media, internet news intake, potentially negative impacts on self-perspective, spending school, work, and free time all on screens
- Adam Kern:
 - Interested in question asking students about screen time, stratifying data based on screen time and how it impacts student outcomes
- Aarti Kullar:
 - Students' sense of efficacy surrounding in-person vs telehealth services
 - HMN paper on this subject
- Katie Huber:
 - Works with Lori
 - Interested in HMS data indicating why students of color display less help-seeking
 - Sasha Zhou's response: Thinking about how campuses can tailor services to fit the cultural needs of students
 - Partially stigma, but many students simply do not know how to access services or think it is more difficult than it actually is
- Marian:
 - Potential research data point: Do you know the treatment rate for students who have suicidal ideation? Has this changed over the past 3 semesters?

1d. K-12 Education: Supporting Students in High School

Facilitated by Nnemoma Chukwumerije, MSW & Nance Roy, Ed.D, The Jed Foundation, & Adam Wheeler, MPH, Healthy Minds Network

- Adam: Healthy Minds for Secondary Schools (HMS2): social emotional well-being and service utilization with high schoolers
 - Bring HMS2 to JED, pilot phase, 5 different schools, 10 more on the horizon
 - Preliminary data analyses to be shared soon
- Nnemoma: HS advisor at the JED foundation, non-profit, project emotional health and prevent suicide for teens and young adults
 - Work with HS and colleges to assess MH, create strategic plan to strengths and programming
- Nance Roy: Chief Clinical Officer at JED
- Hope is to connect students with support at this time; opened room for discussion
- JED focus = HS & college focused, what about for younger groups?
- Life Act -- suicide prevention programs in middle and high school
 - Middle school (5th-8th), try to focus on anxiety and stress; toxic stress really early on. Their expertise is depression and suicide.
- More students in the ER presenting w/ MH concerns, non-suicidal self injury
- The Making Caring Common Group → resources recommended by Nance
- Depression Center prevention worker → peer to peer depression awareness, encouraging stigma and help seeking
- HMS2 interest: long-term plan to develop interventions. HMS provides data and JED supports interventions.
 - HS program = the same as the colleges for JED program
 - JED Campus colleges program -- map the theory of change onto the HMS2 questions. Map on from theory of change (TOC) to pre-post survey.
- How did HMS2 revise the survey: Work with a SAB from the Network to get student voice and opinion, areas of interest for student well-being, word choice, reading level + worked with partners such as the JED foundation + teachers at local high schools
 - Balancing the brevity of the survey, shorter attention span
 - Validated screens for HMS2 and brief screens with high construct validity
- 5 schools for pilot: Boarding schools and traditional/day schools/public schools.
 - Boarding: community amongst themselves
 - Similar to small liberal arts colleges, residential, organization structure → specific questionnaire
 - Public school: word-of-mouth publicity, press conference announcing JED HS program
 - Model: HS advisor works w/ HS for 2 years. Assess, x2 HMS2 surveys
 - Collaboration with the school; staff assesses data themselves and provide interpretation afterwards, high school investment

Small Group Breakouts: Room 1D

- HS JED Program = 2 year initiative (vs. Colleges = 4 year)
- Schools are invested in their students. People who work with students, know their population best. Collaborative voice.
 - Make sure approaches are equitable → think about students who are NOT at the table (ex: races, learning abilities, LGBTQ+ community), fruitful conversations result
 - Tailor to students who need it the most. Student voice! Diverse voices, too. Not just the same leaders who are always selected.

Large Group Share-out Part 1 Minutes:

- **Unanswered questions**

- We know students of color are underutilizing mental health treatments; is this underutilization primarily with formal support (e.g., therapy)? What about informal sources of support?
- From Active Minds work, we see that if students are not trusting their parents/counseling services, they're trusting their friends. How to empower this for programming?
- What resources are students accessing off campuses during COVID-19? Are there protective factors students are accessing while not living on campus?
 - Are students not getting care, or getting care elsewhere?
 - What can be learned?
- How is screen time affecting students' mental health and use of mental health services, especially telehealth services? Will screen burnout affect telehealth use?

- **Lessons learned and important observations**

- YOU at College app: Across 150 campuses using app, students of historically marginalized backgrounds → higher app usage (confidential, anonymous platform)
- In HMS data: Asian students → utilizing less informal support avenues and less formal support avenues compared to peers
- North Virginia Community College, 75,000+ students
 - Pre-COVID, counseling center got ~1,900 referrals/year
 - Since COVID, referrals have gone down
 - But seeing increase in referrals where students are asking to be matched with providers without using their insurance
 - Students don't want parents to know they're seeking therapy
 - Don't want to go through insurance (esp. From Asian students)
- Strategy = continue efforts to hire counselors/therapists of different races/ethnicities so students can identify with counselors' cultural backgrounds—though other solutions and structural interventions also needed
- Telehealth seems to be helping to some extent → more diverse pool of providers
- Off campus = lack of community/connection

- **Promising opportunities for mental health efforts**

- U. of Illinois-Chicago: Curriculum-based approach showing success in reaching students of color who may not otherwise use services
- Seton Hall: Have looked for a while at how to increase service utilization among students of color; now seeing uptick in use of services among students of color via telehealth

Large Group Share-out Part 1

- Peer support training for students: way to leverage friendship networks?
- Steve Fund: Launching project on spirituality, religion, and mental health in students of color
 - Hopefully will give insights into how students are engaging with religious and faith organizations on their campuses
 - Also looking into how to prepare faith leaders on campuses to destigmatize mental health in their communities
- USC: Launched effort to hire more diverse pool of mental health providers for clinical positions
- How campuses navigating COVID → “therapy suites”, designating empty spaces and offices for students to utilize telehealth services in a safe environment
- Use of teleapps has been positive
- Remote learning, advising, counseling might stay in the future
- Community colleges prioritizing basic needs (ex: food and housing insecurity), which are important predictors of mental health

Breakouts Part 2 Minutes:

2a. Best Practices on Use of Technology to Support Mental Health

Facilitated by Nathaan Demers, Psy.D, Grit Digital Health & Leah Goodman, OTD, University of Illinois-Chicago

- **Telehealth: Addresses the demand for counseling services—to what extent?**
 - Myer Henderson
 - 24/7 support has been tremendously helpful for students especially at unorthodox times for therapy (outside 9-5).
 - Over 80% of students on a peer support platform are not seeking help on campus.
 - Janelle- Colorado State
 - Pre-established digital tools before the pandemic hit which eased the transition to a virtual format.
 - Resources can get lost in the chatter and shuffle.
 - Getting them to students at the right time is difficult.
 - Jacqueline Pistorello at the University of Nevada
 - Privacy is a big concern and there are physical Zoom rooms where teletherapy can be achieved.
 - Cohabitation and the privacy of appointments is difficult.
 - Suicide risk management is not a typical field of work for telehealth. It is now extremely commonplace.
 - Evidence-based interventions do not have a UX component that connects with students and is feasible and effective.
 - Product designers and engineers are essential.
- **Nathaan shared a poll.**
 - **1: How many people implemented wellbeing tech in response to COVID?**
 - Vast majority of folks in the group.
 - **2: What has the overall student response been to that?**
 - Overall, people like it.
 - Majority think it's more accessible and more time-friendly (it = teletherapy)
 - Some people still want in-person.
 - Proposes new barriers, while also removing previous barriers to in-person counseling.
 - **3: What has been the biggest challenge to implementation?**
 - Overwhelm: students are having a lot of resources thrown at them. How do you get them to students at the right time, during which they are receptive to using them?

Small Group Breakouts: Room 2A

- Privacy and trust:
 - How do you do teletherapy (or health) if you don't have a private physical space you can sit in during your session?
- Skepticism: was a decent amount of skepticism from providers at the beginning, but there is less now
- **Lessons learned:**
 - Learning that we can accommodate more disabilities that limit people's access to in-person services, including classroom sessions.

2b. Peer Support Around Mental Health and Substance Use

Facilitated by Dolores Cimini, PhD, State University of New York at Albany, Matt Statman, LMSW, CAADC, Michigan Medicine, & Liadan Solomon, University of Michigan

- **Question: How are others engaged in peer support on other campuses? What interests you in peer support?**
 - Adam Kern - Clinician at UofM, peer support is one of his specialties as a fellow, interested to know how more informal supports are helping students since there is an increased demand on college campuses
 - Kristi Horner - has a peer support network that supports caregivers
 - Jade Watts - Their school has no peer support program
 - Interested in setting one up
 - Lots of turnover of students
 - Has had JED training with a lot of positive feedback.
 - How does one get started with a peer support program?
 - Kamla Modi - With the JED foundation, without support or training the programs could go awry, interested to know what models have worked for others
 - Dolores Cimini - University of Albany hotline service found that students were not showing up for their volunteer shifts, to resolve that issue implemented credit hours for their service.
 - Allow for a mechanism to provide training and supervision of peer programs since most have the issue of straying from the intended goals, supervision can also prevent liability
 - Liadan Solomon – Wolverine Support Network (WSN), a volunteer student org sponsored by CAPS, CAPS provides the training and supervision. Much of the training also covers liability
 - While sponsored by CAPS, most students come from word of mouth and come on a basis other than mental health concerns which can help alleviate the stigma of seeking professional help
 - Over time there is evidence that the training is being used
 - Matt Statman - Works with a small group of students sometimes for several years, has alums participating.
 - Does case management with all students
 - When things go well, not much intervention is needed, when there are many new students coming in for recovery, more intervention from supervisors is needed
- **Question: How have peer support networks transitioned to virtual?**
 - Liadan Solomon: Saw pretty consistent dynamics since students were leaning on the connections they had made in person
 - Saw many more issues with recruiting new students for the fall semester

Small Group Breakouts: Room 2B

- More difficult to enforce engagement
 - Difficult to find private spaces for students to discuss private topics
 - Worked hard to recruit more students of color and male-identified students
- Dolores Cimini - Moved hotline to virtual using technology

2c. Opportunities for Philanthropy Around Student Mental Health

Facilitated by Joe Behen, PhD, School of the Art Institute of Chicago & Daniel Eisenberg, PhD, Director, Healthy Minds Network

- **Question: How do we use data to make the case for mental health resources on campuses?**
 - SAIC - HMS data has given them momentum to advocate for resources on campus
 - Past couple years, they've been successful in getting private funding, partnering with provost office and alumni office to link with donors in delivering support to students
 - A couple 7 figure gifts!
 - Giving days: student wellness is one of the items that people can give to
 - Nance Roy
 - JED relies completely on philanthropy
 - Reaching donors is 99% of efforts
 - When they're able to say we can show you how the work we do impacts student outcomes through Healthy Minds data, it really moves the needle in giving/investing in their work
 - Especially relevant for university presidents and boards - job is to get kids to graduate
 - Richard Shadick
 - Private companies interested in promoting their ways, wants to give them grant money so they can use their services
 - Ex: New York community trust
 - Point of view of what philanthropy looks like: partnering with JED and Steve Fund, providing low cost or not cost options to try and get data and services...lots of generosity out there when look at unique ways
 - Joseph Behen
 - GLS grant
 - Work closely with institution's advancement team: getting funding privately for some components of it
 - Concurrently thinking about how to draw in funding now or later on how to sustain stream
 - Student wellness and mental health increasing in important with COVID
 - The data is so compelling - everyone is feeling it now, the opportunity to find resonance with people who have the resources to give up to schools
 - The people with wealth in this pandemic is largely coming out with their wealth
 - Offices/alma mater needs us to tell them the opportunities out there

Small Group Breakouts: Room 2C

- They don't have the bandwidth to know everything
- Generational issue: folks who have not only experienced this issue themselves but also their kids
- We're the bridges between people and their administrations
- "Ready-made audience"
- Jan Collins Eaglin
 - Development department are not used to looking for mental health resources
 - They are focused on individual schools, and so on.
 - This is an exciting development
- Steve Fund: students of color, transitioning from college to workplace - one area where they're seeing some money being put in
 - It's time to think out of the box in terms of money and where you can get it
 - Looking at alumni relations on campus: they've had number of families wanting to donate for specific causes or schools; they might be helpful in pitching what you do
 - Dean of Students offices: understanding need for food/housing; counseling centers don't get that much engagement in
 - If we have these kinds of connections (Dean of Students, counseling, housing) - some mental health task force, needs to be some cross talk to really help students and get impact in many different ways - holistically rather than in a narrow perspective
- Robyn Suchy
 - Young alumni- this issue is top of mind, and also less stigma talking about and addressing the issue
 - "We have 40K alumni, \$1 from each alumnus is a counselor's time etc."
 - Ex: in Robyn's alma matter, there was a fund developed last year in the wake of covid, emergency fund (students' needs airfare to get home) - one of their most successful campaigns in a while
 - That's another place to have students supporting that tie to alumni as well
 - Lots of our students engage alumni in mental health professions in panels to talk about all the different paths within the MH field aside from counseling
 - That always has great showing between students, alumni, and career center folks

- **Daniel Eisenberg: What specifically people like us can do to get in front of alumni?**
 - Briefs, presentations, panels, feature articles
 - Can we support this at more of a national level?
 - Offering templates/guidance etc.
 - Jan: often when they do see the data, there's a lot of surprise
 - Allison J Smith
 - Large research institutions - lots of politics associated with approaching alumni
 - How to position alumni as a strategic opportunity
 - Tough when coming from folks not up in the hierarchy
 - Would need to be coming from most senior leadership if there would be resources to tap into
- **THEME: There's a lot of untapped opportunity and development of cogent, economic case for Mental Health is KEY**
 - Alumni relations is very promising - many givers from SAIC were alumni from the school
 - Resonance in wanting to contribute to solutions right now
 - College and University presidents: student mental health still continues to rise above capacity of institutions

2d. Faculty and Staff Well-being and their Role in Supporting Students

Facilitated by Sarah Lipson, PhD, M.Ed., Associate Director, Healthy Minds Network, & Amber Talaski, MPH, Healthy Minds Study Coordinator

- **Introduction: New faculty survey**

- Pilot version of survey study in collaboration w/ the Mary Christie + Betty Ford Foundation
 - Spring 2021, 12 colleges/universities pilot version
 - Understanding faculty experiences, discuss MH with students, challenges with faculty, attitudes/knowledge about student MH, own MH & well-being
 - National version launching in fall 2021: faculty and staff (all employees), hope many HMS schools will also collect
- What else should be measured?
- Professors = some of the only people consistently seeing students, recognizing if/when they are struggling
- Comment: Similar to "trauma informed" care in education

- **Sarah Lipson's questions:**

- **What is the role and responsibility of faculty to support student wellbeing?**
- **How can this role and responsibility be communicated to faculty?**
- **How do we prevent burnout resulting from efforts to support students (e.g., counseling center staff, faculty dealing with student mental health crises, etc.)?**
 - Plans with national Healthy Minds faculty-staff survey launching in fall 2021
 - Demographics
 - Domains around: faculty/staff knowledge and attitudes, gatekeeper experiences, own wellbeing and use of services, need for resources and training, campus climate
 - Other topics important for your work? Unanswered questions? (elective modules)
- Gatekeeper training for staff, faculty, students
 - Eyes/ears in the classroom, changes in behavior
 - "Pause for wellness", as an employee for oneself. Skills based sessions.
 - Elevate conversations about well-being + provide skills for faculty and staff
- Not the responsibility of faculty to be trained MH professionals (puts at ease)
 - Low hanging fruit: assignments due at 5pm vs. 9am (don't pull an all-nighter, work through meals)

Small Group Breakouts: Room 2D

- Flexible, give students benefit of the doubt
- Concept: we exist outside of a classroom, more than just academics
 - Don't give weekends assignment
 - Different department approaches
- Include a MH statement in syllabus and read it, talk about own well-being, make assignments due earlier, flexible with deadlines
- Comment: cannot be too flexible with deadlines, as it can impact staff well-being
- Students not able to participate in programs → perceived barrier, classes are not flexible, can't miss class, attendance is mandatory
 - Address the stigma, see where this can be addressed on student and faculty and MH programs' ends
 - Non-traditional help seeking = professors
- Are athletics included in the survey = yes!
- Different cultures on teaching by department. Weeder courses, failure is expected. Schedule out retakes because students will fail.
 - In the "real world" you will fail, so you will need to learn how to bounce back from it now
- Voluntary staff training program vs. mandatory, variation by academic discipline
- Mindfulness focused → worked into syllabi, discuss mental health resources
 - "Cannot tell faculty what to do", how do you make this a priority
- "Show people what to do" → target the right stakeholders, higher than networking,
 - "Leading By Convening" resources
 - Youth MH 1st Aid, QPR, ect. (students and staff)

Large Group Share-out Part 2 Minutes:

- **Lessons learned and important observations**
 - Many people didn't realize the MH crisis across the world until COVID—both in K12 and post-secondary environments
 - At K12 level, parents now having to recognize MH concerns, teach children coping mechanisms
 - At post-secondary level, more students now living with parents; parents are seeing mental health issues firsthand—wondering what resources to turn to
 - We should strategically look at what stakeholder groups need to be at the table in conversations with faculty about promoting student mental health
 - Benefits of taking data from national, to state, then local level as an approach to garner attention about mental health needs at our specific institutions
 - Huge need to assess faculty and staff mental health!
 - Directors are under more distress for counseling centers and beyond
 - Should look at demographics, the role of staff (what department/org), their burnout
 - HMN developing new faculty and staff survey for Fall 2021
 - Campuses could run both HMS and new faculty/staff survey
 - Then can get cross-campus data collection of all stakeholders
 - MH is presently top of mind (both student and faculty/staff MH) for many university presidents
 - Here is a link to the surveys ACE has been doing on college and university presidents: <https://www.acenet.edu/Research-Insights/Pages/Senior-Leaders/Leaders-Respond-COVID-19-On-Campus.aspx>
- **Promising opportunities for mental health efforts**
 - Significant opportunities for college MH → develop connections and channels to people who can give \$
 - Let's seize the day while this is top of mind and grab support of senior leadership at our institutions
 - Economic cases are important on college campuses; could use data from HMS and ACHA as starting points
 - Collect \$\$ from donors and alumni → advancement and development
 - Offer presentations, panels, videos, briefs, reports to alumni relations people
 - Alumni can be advocates! → teach about treatment gaps, economic case memo
 - Staff need to model well-being too; everyone has role to play to support MH, not just counseling/therapy centers; need senior leadership!
 - Student is becoming a priority, impacts finances for colleges/universities
 - Return on investment conceptualization → invest in wellness resources for faculty and staff

Closing Remarks Minutes:

- **Daniel Eisenberg provided closing remarks**
 - Future meetings: get together in person, next academic year hopefully!
 - May be in tandem with DOCC conference
- **HMN News/Notes**
 - 3 hubs (UM, UCLA, BU); UM is the mothership with most of HMN staff at UM
 - In the last year, HMN expanded geographically
 - HMN also expanded research directions
 - Faculty and staff survey
 - Sara Abelson developed equity, diversity, and inclusion module + module on policing and student mental health (UM task force effort)
 - Writing lab: Geared toward early career researchers who will work with HMS data with guidance from HMN team
 - HMS2 high school survey in collaboration with JED
- **Key take-aways: “One thing you gained” Word Cloud!**
 - Optimism, innovation, hope, connection, collaborative, shared knowledge, stakeholders, understanding, positive outlook, progress, reconnecting, challenges, current trends, perspective, privacy, counselling/therapy, connection, inspiration, funding ideas, online, philanthropy, pivots
- **Thanks to all breakout facilitators, partners, and HMN team!**

Additional Resources and References

Active Minds: www.activeminds.org

American College Health Association: www.acha.org

Center for Collegiate Mental Health: ccmh.psu.edu

Equity in Mental Health Framework (Steve Fund & Jed Foundation): www.equityinmentalhealth.org

EVERFI Campus Prevention Network: www.campuspreventionnetwork.com

Grit Digital Health: www.gritdigitalhealth.com

JED Campus Program: www.jedcampus.org

Mary Christie Foundation: www.marychristiefoundation.org

The Steve Fund: www.stevelfund.org

YOU at College: www.youatcollege.com

More information about the Healthy Minds Network is available at www.healthymindsdnetwork.org.