

Contents:

- Summary
 - Link to slides
 - Whitepaper series
- Agenda
- Session notes
- Attendee bios
- Attendee contact information
- Additional resources and references

Summary and Minutes

2017 College Mental Health Research Symposium

*University of Michigan,
Ann Arbor, Michigan*



The 7th Annual College Mental Health Research Symposium
March 19 & 20, 2017
University of Michigan, Ann Arbor, Michigan
Location: Institute for Social Research (426 Thompson Street)



Summary:

The 7th annual College Mental Health Research Symposium was held on March 19 and 20, 2017 at the University of Michigan Institute for Social Research in Ann Arbor, Michigan.

The symposium brought together approximately 60 researchers, clinicians, campus practitioners, health IT professionals, advocates, media representatives, undergraduate/graduate students, and others to discuss ongoing projects and future trends/challenges in campus mental health. The diverse backgrounds of attendees allowed for the sharing of different perspectives on existing research, and an informal environment to brainstorm new ideas and approaches.

The Symposium was designed to address several key questions, including:

- What does college student mental health look like in today's climates (political, national, campus)?
- How do current technologies support student mental health?
- How might we create an ideal campus mental health system, given the increasing demand for mental health services and the emerging technologies and programs available?
 - What additional data and research do we need most urgently to answer this question more confidently?

The Symposium agenda included introductory presentations from key organizations to provide the state of campus mental health, two full group sessions, and an innovation tournament aimed at elucidating the components of an ideal campus mental health system (see summaries on pages 4-8 of this document). This document includes the following information:

- 2017 College Mental Health Research Symposium agenda
- Notes from the sessions
- Attendee bios and contact information
- A list of additional resources and references mentioned during the Symposium

You can view the slides of the Symposium [here](#).

Whitepaper Series:

The group discussions have always been vital elements of our Symposium, which are in large part the catalysts to the innovative ideas and solutions generated at each Symposium. This year's innovation tournament allowed us to delve deeper into ideating tangible solutions for creating an ideal campus mental health system. To capitalize on these great ideas, we have decided to begin a whitepaper series to take steps toward putting these ideas into actionable plans and gain feedback from key stakeholders. **If you are interested in learning more about or contributing to any of these whitepapers, please email us at healthyminds@umich.edu!**

The 7th Annual College Mental Health Research Symposium
March 19 & 20, 2017
University of Michigan, Ann Arbor, Michigan
Location: Institute for Social Research (426 Thompson Street)



DAY 1 **Sunday, March 19**

Welcome and Overview (room 1430)

1:00-2:00pm

Welcome

Symposium Overview

The State of Campus Mental Health: *Laura Horne (Active Minds, Inc.), Mary Hoban (American College Health Association), Center for Collegiate Mental Health, Sarah Ketchen Lipson (Healthy Minds Network), Nance Roy (JED Campus Program)*

Full Group Session #1 (room 1430)

2:00-3:30pm

Student Mental Health in Today's Climates (political, national, campus)

Introductory Presentation: *Alfiee M. Breland-Noble (The Steve Fund)*

Break

3:30-3:45pm

Full Group Session #2 (room 1430)

3:45-5:15pm

Technology to Support Student Mental Health

Introductory Presentations: *Emily Lattie (CBITS), Holly Rider-Milkovich (EverFi), Bruce Skoletsky (Kognito), Matthew McEvoy and Stephanie Walker (Morneau Shepell)*

Reception and Dinner (Atrium)

5:15-7:30pm

DAY 2 **Monday, March 20**

Breakfast and Day 2 Overview (room 1430)

8:00-8:30am

March Madness Innovation Tournament

8:30-11:30am

How might we create an ideal campus mental health system, given the increasing demand for mental health services and the emerging technologies and programs available? What additional data and research do we need most urgently to answer this question more confidently?

Breakout Rooms: Atrium, 1430, 1440, 1450, 1460, 1480, 6006, 6040, 6080

Wrap-Up (room 1430)

11:30am-12:00pm

Full Group Session #1: *Student Mental Health in Today's Climates (political, national, campus)*

Introductory Presentation: Alfee M. Breland-Noble (The Steve Fund)

Questions:

1. How are people addressing under-represented schools in our national discussions and research of college mental health?
2. How can we develop strategic plans for college mental health?
3. What factors are related to mental health outcomes among college students?
4. How do we form and share best practices in college mental health promotion?
5. How are campuses dealing with continuous issues (i.e., continuous political events that cause discomfort and even trauma)?
6. How do we assess various campus climates?
7. What measures do we have for researching vigilance and perceived safety?
8. How are campuses doing trauma-based care?
9. How are campuses promoting student activism?
10. What are institutional characteristics of students with high and low prevalence of mental health service utilization?
 - a. Which programs are “doing it right?” What makes them great?

Minutes:

- ‘Mental health kiosks’
 - Opportunities for students to have quick mental health check-ins and screenings
- Recent student concerns:
 - Travel Ban
 - Free speech
 - Pop culture and the news
 - Not being heard (especially by administrators)
 - Lack of faculty/staff of diverse backgrounds
 - Lack of services that are provided by clinicians of diverse backgrounds
- UV has program focused on a peer-mentoring model for students of color
- Active Minds Healthy Campus Award recognizes campuses doing work related to addressing marginalized populations
- Smartphone app that notifies students where leftover food from campus events are
- Michigan State University has food bank for families and international families
- Administrators erroneously grouped, leading to misrepresentation and miscommunication
- Trauma-informed training for professionals
 - Everyone, not just one person, needs to be trained consistently
- Pomona College has system where students can also go to Deans, and Deans refer them to community practitioners
- HMS and other surveys need more specific campus climate questions
- UM part of 5-year Diversity, Equity, & Inclusion plan
- Campus climate operates on different levels on each campus
 - Hard to define “climate”
 - Important to distinguish individual belonging from public belonging
- Consider adding following question to surveys: “Do you feel your campus engages in activities that are welcoming?”
- Consider putting students in focus groups to think about what to add to surveys, and ask them why they think there are discrepancies in personal and global belonging
- Important to recognize that some schools tout inclusivity, but some of their policies (Title IX, leave-related policies, etc.) suggest otherwise
- Marginalized people engage in “mental calculus” to determine level of safety of their identity in a given environment
- Study groups can be “unsafe” places, and may exacerbate imposter syndrome

- “Emotional Labor”
 - Explain burden of diversity
 - Stereotype threats, hinders peak performance
 - Surveys should try to measure Emotional Labor levels on campus
- More research could be done on the spiritual component of resilience
 - Some students may be unwilling to see CAPS, but willing to see a religious mentor/figure
- Important to remember that not all students need psychotherapy; we can make big impacts just by fostering students’ sense of belonging
- International student “ally training”
- Spectrum of wellness: mental, emotional, physical, spiritual health all influencing mental health and sense of belonging

Full Group Session #2: *Technology to Support Student Mental Health*

Introductory Presentations: Emily Lattie (CBITS), Holly Rider-Milkovich (EverFi), Bruce Skoletsky (Kognito), Matthew McEvoy and Stephanie Walker (Morneau Shepell)

Questions:

- Thoughts on students making their own apps. eg. Lean on me? Does it lead to increased engagement?
- How to make students want to engage in interventions?
- How do you get someone to open an app for the first time and remain engaged in program till the point of getting results?

Minutes:

- Hard for students to make high quality apps at professional level. Maybe have them design a prototype or have startup incubators to help those students develop their ideas.
- Other examples of apps made by students:
 - Stanford University - MindRight app. Students exposed to trauma, coach young people how to deal with trauma
 - Brown University - Zencare. Search for therapists, check insurance coverage and match students with them.
- Haven is more adopted than Alcohol Edu because of federal regulation. It is mandated. How to get high completion rate? Methods that worked so far:
 - Strongly mandating, but unfavorable because it can seem coercive.
 - Have it be delivered before students find out that there are no consequences of non-completion. Worked for undergrads, grad students and staff. Not faculty.
 - Sending semi-threatening or encouraging messages to them when they haven't completed.
- No real difference seen across campuses between mandated and non-mandated.
- Use soft mandating: you can't go to a social event unless you complete course. Certificate of completion used as admission ticket to event.
- Possible research question- how to identify messaging distinct and type of incentive to keep engaged for survey completion?
- CBITS used human support coaching program model to keep engagement in an 8-week long mobile app program. Coach make a 1/2 hr call to get to know user and set goals at first use; then sends text messages that are fairly templated, a bit personalized. 90-95 percent actively engaged for 8 weeks.
- In Carleton University, professors played a short video ad (whiteboard video) of app during lectures. Significantly increased engagement.
- Instead of texting or emailing students to participate, using student portals or school websites students have to repeatedly visit might better promote engagement.
- An Australian CBT tool had good results because it required a one time in-person on campus meeting.
- Need for trusted sources to reinforce the significance of the app/program.
- As a clinician, hard to recommend because there are too many apps out there. Difficult to know which app is for which purpose. Need to vet them.
- Current Vetting tools: American Psychiatric Association, and Psyber Guide are putting together guidelines, users rate apps based on those guidelines. Still in the works. Nothing complete, yet.
- Investment needs to have a relationship piece (phone calls or follow up). Technology on its own isn't effective.
- Technological tools also need to be evidence based.
- Ever Fi working on an online program on opioid prescription drug course. Will release next month. Have a universal population approach, but those significantly affected by issue is small percentage (5%). How to balance the universal approach to teach the remaining 95% about prevention and teach the 5% about treatment?
- Opioid prescription programs are becoming more prevalent in Jed campuses. Primarily focused on educational campaigns on opioid misuse. Campaign includes teaching RAs, teaching about monitoring how many pills are prescribed, having consent form of understanding the danger.

Innovation Tournament:

Challenge Questions: *How might we create an ideal campus mental health system, given the increasing demand for mental health services and the emerging technologies and programs available? What additional data and research do we need most urgently to answer this question more confidently?*

Introduction: Defining the ideal college mental health system

The ideal college mental health system:

- Is holistic
- Is comprehensive
- Is accessible
- Is sustainable
- Is proactive
- Is evidence-based
- Is adaptive to diversity
- Is committed to transparency
- Abides by a public health model
- Has a full range of services
- Uses a stepped-care approach
- Uses targeted treatment with outcome research
- Emphasizes care for high-risk subgroups of students
- Focuses on flourishing and developing resilience, not just treatment
- Offers wellness courses for student engagement
- Involves students in all processes
- Works with students from start to finish in their collegiate careers
- Enables students to achieve their full academic and personal potential
- Normalizes mental health by familiarizing and engaging faculty and students with mental health issues
- Rethinks punitive measures and policies
- Integrates into a campus-wide wellness model
- Is a colorful umbrella for all issues, with all stakeholders, on campus

Small-group brainstorming sessions

See the [corresponding folder](#) for access to all the notes taken by individual groups.

Final Round—Presentation of Tools or Models to help achieve the ideal system

Group 1

Creating a data dashboard

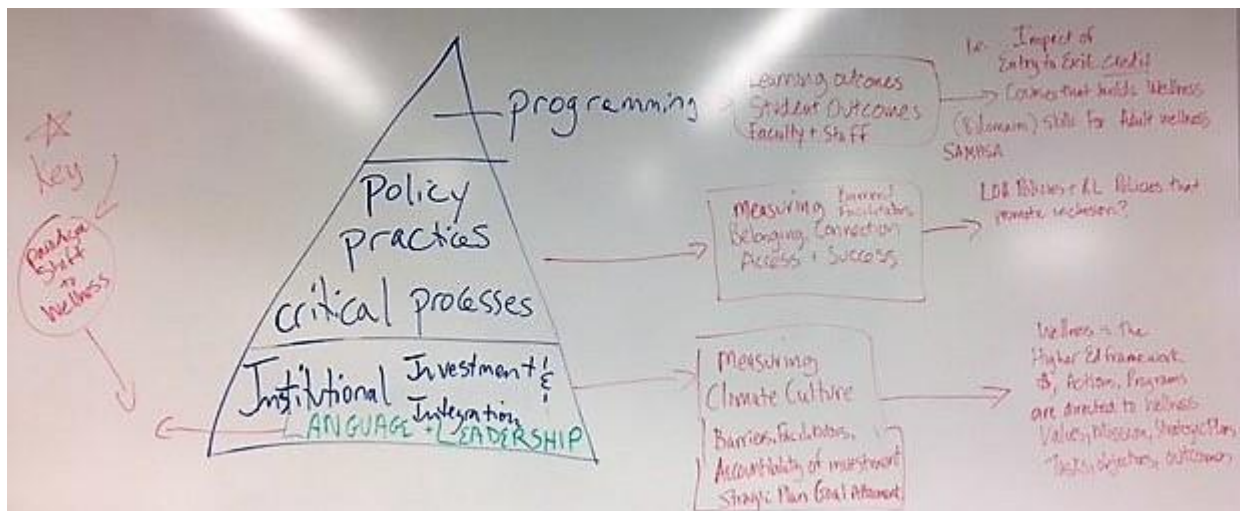
- Easily searchable by terms that are valuable to clinician
- Understanding the WHY when we see trends
- Are we articulating outcomes we desire for our students? How are we measuring?
- There are so many data points that are telling very limited stories because they're looked at by a narrow lens. When put together collectively and tracked on a real time basis, you get a more complete picture of the overall health of your students-->becomes important to tie to strategic vision because allows you to say, how close are we to actually achieving that vision on our campus so that in real time you can evaluate
- Both a now component and a major research component
- What are key drivers and how do we measure them?
- Dashboard = how well are you doing in promoting strategic plan/mission that university has set?

- What would it have to look like to be appealing to students? What would students want to see about themselves and their communities?
- Ability for students to look over time at themselves and their experience

Group 2

Shifting current campus mental health models from a “disease” to a “public health” model

- Positive language is key (paradigm shift to “wellness” rather than “illness”)
- Bottom-up approach; starts with ensuring the leadership is engaged to refocus institutional investments and integration:
 - Begin with assessing climate, barriers, facilitators, accountability of investment, strategic plan
 - “Wellness” is the Higher Ed. framework; money, actions, programs are directed to wellness values, mission, objectives, and outcomes
- These lead to informing policies, practices, and critical processes
 - Again, need to measure barriers, facilitators, sense of belonging, connectedness, access, and success
 - Translate these to inform LOA and RL policies that promote inclusion
- Ends with programming aspect
 - Assess learning outcomes, student outcomes, faculty and staff outcomes
 - i.e., impact of entry-to-exit credit
 - Have courses that build wellness (8 domains) skills for adult wellness



Group 3

Developing online tool with validated mental health resources for all audiences and issues

- Challenge: lack of known and commonly used resources for students, admins, faculty, providers, and parents
- Solution: one-stop resource warehouse that is regularly maintained
- Role for everyone to play
- Considerations: How do we reframe what we are talking about in mental health? How do we make the concept of wellness appealing to all?
- Problem: people go to get information they need to know, they are not looking for things they do not immediately need

Final Discussion and Next Steps

What are the next steps we can take to making these two resources, using this practice model?

Work together to publish a series of white papers and other communications on our discussion-session innovation final-round topics for a variety of audiences. Use these to raise awareness and build support and engagement for putting our ideas into action on campuses.

Additional Resources and References

1. [Albright, Glenn \(*In-press*\). Outcomes of mental health simulations for higher education students and faculty across racial and ethnic groups. *National Registry of Evidenced Based Programs and Practices*.](#)
2. Healthy Minds Network 2015-2016 national data report:
http://healthymindsnetwork.org/system/resources/W1siZiIsIjIwMTYvMTEvMjEvMDhfMThfMzJfMTI5XohNU19uYXRpb25hbC5wZGYiXVo/HMS_national.pdf
3. LiveWellNYU: <http://www.nyu.edu/life/safety-health-wellness/live-well-nyu.html>

**The 7th Annual College Mental Health Research
Symposium
March 19 & 20, 2017**



www.healthymindsnetwork.org | healthyminds@umich.edu