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for Research on Adolescent and Young Adult Mental Health



# Summary and Minutes

## 2019 College Mental Health Research Symposium

*University of Michigan –  
Ann Arbor, Michigan*



## Summary:

The 9th annual College Mental Health Research Symposium was held on March 12 and 13, 2019 at the University of Michigan in Ann Arbor, Michigan. The symposium brought together approximately 40 researchers, clinicians, practitioners, advocates, undergraduate and graduate students, organization partners, and others to network and collaborate over two days of discussion to improve college student mental health.

This year, we addressed three overarching questions:

- What new research and data are most needed?
- How can we share research and data more effectively with practitioners?
- What are new opportunities for collaboration?

Over the course of two days, attendees discussed the state of mental health and current work being done in the field, presented about national initiatives being done by key organizations, collaborated and networked, and participated in an innovation tournament aimed at creating a strategy to address system-wide mental health challenges through a unique combination of perspectives present at the symposium.

This document includes follow-up materials from the 2019 College Mental Health Research Symposium, specifically:

- 2019 Symposium Agenda
- Minutes from each session
- Attendee bios

To view the slides of the Symposium, [click here](#).

## Healthy Minds Innovation Network:

Healthy Minds proposes to establish a premier center for the incubation, development, and testing of innovative solutions for mental health among college students. To have a more direct impact on student mental health, we will transform from a research and data network to an innovation network. The Innovation Network will leverage the data and knowledge our team has collected over the years, and combine it with the eagerness and interest from young people to develop innovative solutions to improve mental health on their college campuses.

To reference the collaborative notes taken during the Innovation Tournament, please visit the [HMN Innovation Tournament 2019](#) spreadsheet.

If you are interested in learning more about or getting involved with the Innovation Network, please email us at [healthyminds@umich.edu](mailto:healthyminds@umich.edu)!

# Agenda



## **DAY 1** Tuesday, March 12

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<b>Welcome and Overview</b>	12:30-1:15pm
<b>“Lightning” Prepared Intros and Discussion</b>	1:15-2:30pm
<b>National Initiatives</b> (JED Campus, Active Minds, Healthy Minds, EVERFI, YOU at College)	2:30-4:00pm
<b>Break</b>	4:00-4:15pm
<b>Collaborations</b>	4:15-5:15pm
<b>Reception</b>	5:15-7:00pm

## **DAY 2** Wednesday, March 13

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<b>Breakfast and Day 2 Overview</b>	8:00-8:20am
<b>Innovation Session</b> (connecting data and practice)	8:20-10:10am
<b>Wrap-Up and Next Steps</b>	10:10-10:30am

## Session Minutes



### *Welcome & Overview*

#### **Minutes:**

- A. Key feature of HMN: disseminating research - CMHRS is a key part of this goal
- B. Overarching Questions for Research Symposium:
  - 1. What new research and data are most needed?
  - 2. How can we share research and data more effectively with practitioners?
  - 3. What are new opportunities for collaboration?

### *“Lightning” Prepared Intros and Discussion*

#### **Minutes:**

- A. Goal of the lightning intros is to introduce you to the group and think about who you want to network with and/or collaborate with after the symposium
- B. What are people's reactions/questions to things that people shared during their introductions?
  - 1. People who have mental health issues oftentimes can become stronger and healthier through helping other people, and I think that people should have the opportunity to not only receive support but also give support
  - 2. As an undergraduate student, many of them consider using the resources, they know they're there, but they can't bring themselves to go. They may not think their struggles are serious enough to go and see someone or utilize the resources, and they think about the resources as episodic (i.e. you have a breakdown, you use the service) versus using the resources as preventative to make sure that you don't have the breakdown. To change the narrative on mental health services and counseling would benefit from advertising it as preventative, rather than putting a Band-Aid on an issue.
  - 3. Messaging and branding about mental health should emphasize that we all have mental health, rather than saying that you're mentally health or you're not
  - 4. Interesting that many attendees at this symposium are going to return to their countries, states, organizations so we should learn from each other and bring this knowledge and collaboration back to our local regions. How can we be more thoughtful and organized to do this successfully back in our communities? Lots of horsepower and research we use in Ohio are found at this symposium.
  - 5. Variety of different types of students we need to reach is brought up time and time again, and we need to think about how to support these populations and reach all of these students and have the students know that they can receive help
  - 6. Cross-cultural comparisons in mental health is very valuable. Data collected in Ecuador has been valuable and they learned that family/social support is essential for mental health. Many students stay and live at home until they get married - very different compared to the US - so they don't have the stress that US students experience when they transition from elementary school > middle school > high school > college, etc. We are just starting to conduct data and we have found lots of mental health issues among our students so there must be something being social/family support that is needed. What exactly is the reasoning behind the mental health issues among their students? University students are much more vulnerable than we think. They experience heartbreak, their parents divorce when they're at university, many parents experience health issues (especially cancer) when the students are at university, and grandparents pass away. Many vulnerabilities among college students that younger children may not experience.
  - 7. A lot of the issues seem to stem from the culture around resource utilization. Many differences between what's advertised and what's reality (i.e. work-life balance, get your work done and then figure out your life). Many students want to receive the information so they jump to Google, but the immediate results may not give them the accurate information they need. They also struggle with the layers that come with a diagnosis (i.e. how to deal with school, how to tell your parents, etc.)
  - 8. We asked the question to grad students: how long have you been having issues and how long did it take you to ask for help? Sometimes students are too young to recognize the symptoms, sometimes they don't immediately reach out for help. The average answer was four semesters and that's too long for graduate students
  - 9. I think it's time for faculty & administrators to come out and say that they use resources to address their issues. It's brave to share your experiences with mental health resource utilization with the public, but it's

important for a student to know that their professor may have experienced a particular issue and asked for help and ended up having a healthy, successful life. Hearing the stories of success can be inspirational for students

- a) It's important to think about how students are in a new place, experiencing new things, new emotions, new problems - it's important to hear the stories from their mentors (i.e. professors) about how they had the same experiences and found help
  - b) University of Calgary (in Canada) - on their homepage for mental health has a story about their provost sharing their story about their mental health - video clip of them sharing their story
    - (1) University of British Columbia, as well
10. Many students feel angry towards the university for their lack of addressing student mental health - we should use that anger in a positive way to make changes, help the students learn about the resources, and shape the narrative in a positive way
  11. Interesting that we have companies here who are interested in connecting students with mental health services with a platform within the health services system. Being able to open an app and connect with someone through there will help students be more open to accessing resources. But sometimes an app is too desensitizing - also a good idea to decentralize the systems that provide mental health services. i.e. CAPS at Michigan - need to be open to receiving the service, leave their residency/make time to go there, and by the time you get to the bus you've changed your mind. It's easier to go down the hallway and talk to someone, rather than traveling far distances for another resource
    - a) Embedded CAPS counselor model at Michigan - provides a counselor within your specific college/program to make counselors more accessible for the student's schedule
  12. Heard a lot of talk about data and how to get it into the hands of students - we should continue to explore all of the areas that data is being collected on campuses and how we can connect students to this data, how to understand it, how to use it, etc. Also, thinking about health equity within specific student populations is a good lens to look at how to use the data we collect and share
  13. Concern that things are moving so fast in the macro environment that we're not necessarily serving well enough or understanding well enough the issues on our campuses. We need to figure out how to better understand this and use our data to understand it and how to put it into action
    - a) Something that would help - publicizing how useful it is when you use the resources. Disconnect between feeling like you need mental health services and knowing that it will help. Thinking your situation is helpless is a barrier to you receiving this help. Being able to publish how many people have received services and how it has helped them will change the environment and dialogue
  14. From our survey research [HMN]: it's not just about shame, stigma, discrimination - main issue is simply the lack of urgency and lack of salience of mental health services compared to all of the things that young people are doing. Seeking mental health should be parallel with diet, exercise, getting enough sleep - we don't realize that we need to attend to it on a regular basis. It's a lifelong process - it's not just something we can do a few times and be done. How can we ingrain mental health into the culture to be addressed on a day-to-day basis? Training academic advisors to promote mental health support within academic advising is something that can be used for a student to realize the importance of addressing their mental health (preventative method)
  15. Mental health combined with self-care reduces the seriousness of mental health issues. Important to know it's serious, they can't deal with it on their own, and it needs to speak to the seriousness of the issue and the need to receive help to address them
    - a) Self-care approach is relevant for a large portion of people, and there's a portion of the continuum that experience more serious issues that need more help. It's important to identify more significant symptoms and the services needed, but it's also important to address people at all levels

## National Initiatives

### Healthy Minds

#### Minutes:

- A. Thinking about moving from data (will always collect data) to think about how we can connect our data and facilitate implementation of solutions
- B. Long-term Agenda:
  1. Ultimate question: how do we invest most effectively in mental health (and success and wellbeing) in student populations?
  2. Collect data, design and evaluate programs, and then disseminate data
  3. We have limited time, limited resources - how do we best spend our time improving mental health?
- C. Multidisciplinary public health approach
- D. Background: started in 2005 with grant from BCBSM, started at U-M and grown into national study and growing into international studies (i.e. Healthy Minds Ecuador for Spanish populations)
- E. Address a diversity of topics in the survey. Spend a lot of effort to make our data easy to digest - data reports provided to school, as well as data interface available on our website to share their data
  1. Survey has found a rise in depressive symptoms since 2007
  2. Some schools have high suicidal ideation prevalence, others have low prevalence
- F. Sampling of solutions developed by Healthy Minds and partners
  1. Mental Health First Aid (MHFA) training for Resident Advisors (RAs)
    - a) Results were disappointing
    - b) Program increased skills and knowledge, but did not change their behaviors
    - c) But we shouldn't stop doing gatekeeper program. Rather, it was a clue that we need to do better
  2. Brief Videos for Coping Skills and Help-seeking
    - a) Some are through Athletes Connected at Michigan
  3. New study (started last fall, going to go for five years): Online Cognitive-Behavioral Therapy (CBT)
    - a) Look at how online services can complement traditional services on campuses
    - b) Partnering with online program called Silver Cloud (developed in the UK)
  4. Through Healthy Minds Study, trying to provide a more useful list of resources at the end of the survey
    - a) "Sage": Personalized Resources through Healthy Minds Study
    - b) Now that we know so much about these students after a long survey, we're working with Academic Innovation to create customized pages for students who complete the survey
    - c) A page that the students can come back to after completion
      - (1) Starting to test it with University of Michigan students
- G. College setting is a population very comfortable with technology use
  1. Innovation Center provides a catalyst of innovative solutions - how can we learn more about integration of technology and in-person community
  2. This is our dream - provide grants and competitions to partners to complete their projects as entrepreneurs, students, companies, etc.
    - a) Students should be involved with the projects - Healthy Minds utilizes students on campus to help with their operations
- H. Ideas/questions/comments:
  1. General idea of integration of technology and in-person community: some apps are helpful, others are not - hard to make sense of them all. With all of the online resources out there, what can be used by students to improve their mental health?
  2. Attendee launched a website in October - how I recovered from Bipolar
    - a) Katherine Ponte - [ForLikeMinds.com](http://ForLikeMinds.com)
    - b) People want to see people they can identify with and learn from their struggles
    - c) [Video of her recovery journey](#)
    - d) What are some ways that powerful videos can connect students with resources? Athletes Connected has compiled series of videos that are then shared with the sports teams and they're shared alongside a presentation about the resources available on campus for them to use
  3. FAQ developed by Healthy Minds provided to partners has been really helpful and could be a continuously developed project within the network. Good spark for Healthy Minds to start this up again!
- I. Loyola University Chicago is using Headspace in groups of depressed college students (as a study) and post usage stats in private Facebook group to provide an online community. Didn't see the benefits they would have expected - the students didn't feel like they connected very much in the group. They wanted to meet face-to-face, as well. Integration with technology for some people is a good model, but meeting face-to-face is important, as well.
  1. Deciding which tool and efforts to bring to campus - if the technology doesn't bring people together in real life, they're not very interested. Connecting people on campus is very important.

**National Initiatives**  
National College Health Assessment (NCHA)

**Minutes:**

- A. Mary from Great Lakes Colleges Association - working on National College Health Assessment (NCHA)
- B. Getting ready to survey on more than 250 campuses
- C. Excited to share that we are pilot testing NCHA 3
  1. Added some new measures on resilience, flourishing, scales on general psychological distress (testing how they do against the other variables on the survey), loneliness, anger, etc. Don't know which ones will end up on the actual survey, versus the beta
  2. Incorporated the Assist Screening tool
  3. Advisory Committee is meeting in June to plow through final decisions and have NCHA3 ready for the Fall 2019 semester
- D. Introduced a new survey this year related to Faculty & Staff
  1. Slow rollout - surveying on five campuses this semester
  2. Instrument has been translated into Spanish
  3. NCHA for students is available in English and French Canadian
- E. NCHA is surveying roughly 50-60 Canadian universities
- F. How often are students being routinely screened for depression? Plenty of zero responses, some 97% responses
  1. Asked four things, one about tobacco use: the use has really crept up over the years (vaping challenges)
  2. Important lessons within that data
- G. This year's clinical benchmark study: for students who have been diagnosed with depression, are they being followed up with?
- H. Connected College Health Network - data warehouse pulled from institutions (resources, services, policies, health promoting practices on campus), NCHA, and clinical data to try and look at the data we've been collecting *together* to see what we can find
  1. Started collecting institutional data
  2. Another tool coming out of the data: dashboard for institutions to play around with their NCHA data
- I. Question for Mary: what are the techniques/best practices for survey distribution and collection?
  1. Participation has been declining steadily and the survey hasn't gotten any shorter
  2. Advantages and disadvantages of every method of survey implementation - has to be something that works for *your* campus
  3. Many schools are using a hybrid approach - randomly selected classrooms and secured student list in classes and are going in person during class and provide a survey link for them to participate during class.
  4. Are there institutions that have had consistently high response rates?
    - a) 25% survey response is doing well
    - b) We have data on how they're implementing it, the incentives offered, etc.
    - c) Something about the culture of the school - maybe it's survey fatigue - that each institution is different and unique
  5. Peter shared that, during his coordination of the HM Study - working closely with schools, it does seem to be the schools where there's a culture around well-being that the response rate is very high (40% and up). Peter can tell as soon as a school starts talking to HMN whether their response rate is going to be high or low. How can we understand the qualities of the campus culture that increases student engagement with surveys?

## *National Initiatives*

### JED Campus

#### Minutes:

- A. John MacPhee, Executive Director of Jed Foundation
- B. JED Campus
  - 1. Program through which we help schools develop a strategic plan that's sustainable over time
  - 2. Four year program - puts a leadership team in place
    - a) School deploys the Healthy Minds Survey - data being collected informs the programs being planned
    - b) Several modules included in that (i.e. diversity & inclusion module has been added)
  - 3. Once the team is in place, look at all of the programs in place and map them to the comprehensive plan
    - a) Situation analysis from which a plan is created
    - b) Meet with the school, meet with the team, and go through our findings - figure out priorities to be included within the plan
    - c) JED provides support throughout the plan
  - 4. Healthy Minds Survey distributed at the end of the program (in order to provide pre- and post-program data)
- C. JED's Comprehensive Approach - developed with their partner, SPRCC
  - 1. School should have comprehensive, strategic plan for how a school supports student's emotional well-being and help to prevent suicide and serious substance abuse
- D. Theory of Change
  - 1. School has strategic plan and starts to make changes in the culture
  - 2. Positive changes in student's behavior and attitude towards help-seeking
  - 3. Look at the results in outcomes related to Mental Health, Substance Abuse, and Likelihood of Dying by Suicide (3 Key JED Campus Student Outcomes)
- E. By the end of 2020, we'll have enough data that we can comment in a comprehensive and definitive way when a college/university makes these systematic changes and how do the student's attitudes respond to this
  - 1. Question is: if a school does this work, what is the outcome?
- F. Any questions/comments?
  - 1. Curious how you see the schools using the data along the way? Do you give the data to students, how do they share this baseline assessment?
    - a) Wide range of how they're using the data: videos encouraging help seeking, poster campaigns around campus/on TVs around campus, communication with faculty/staff re: importance of gatekeeper training, using economic case memo towards mental health initiatives on campus, buy-in for higher up administration on campus who need convincing to invest in mental health initiatives, etc. etc.
  - 2. How does JED Campus bring key stakeholders into the conversation?
    - a) Interdisciplinary team at each university is pretty large. Sometimes the first time that all members are in the same room talking about their campus mental health and how their programs are aiding mental health and wellbeing
  - 3. Schools that have very limited resources - working with every type of institution - what do you say to schools with very limited resources?
    - a) Meet schools where they are - make suggestions that don't cost money, for example. Work hard on that. Also think about other ways to help them to get the university to participate in the program
  - 4. Do you see one area that's the greatest need across institutions, or does it depend? Is it categorical?
    - a) Wide range of challenges among colleges. One is strategic communication from top down - mental health is everyone's issue. Challenge for a lot of people. Getting everyone trained to identify student's risks. Resources outside of counseling. There are so many ways to receive help.
    - b) Strategic communication is beyond top down - also about how we share information about resources on campus (i.e. student orgs like Active Minds sharing with students). Many campuses already have support networks on campus, so JED Campus looks at how they can fit into the network and improve upon the networks within the community
- G. Looking to the future: We have data on 260 schools with strategic plans that we will share in the future



## *National Initiatives*

### Active Minds

#### Minutes:

- A. Becky, Associate Director of Programs at Active Minds
- B. Student-powered national nonprofit on more than 500 campuses with chapters
  - 1. Send Silence Packing: Suicide awareness campaign that travels around to campuses across the country
  - 2. Speakers Bureau that includes students and faculty and community members sharing stories about their mental health
- C. 2015 partnered with Rand Corporation, results were released this past July
  - 1. Study came with four major findings:
    - a) As students become more involved with Active Minds, they're more likely to reach out to their friend struggling with mental health issues (due to familiarity with issues)
    - b) Familiarity with Active Minds (regardless of level of involvement) led to reduction of stigma on campus and increase in students utilizing mental health services
    - c) Presence of Active Minds on campus led to knowledge, positive influence on attitude, as well as changes to their behavior (increase in help seeking)
    - d) Active Minds impact is swift. Positive results can happen within one year on campus
- D. How can we support campuses to see this impact themselves?
  - 1. Framework for Staff, Faculty & Administration - Offering Students SEATS at the Table
    - a) Student-informed
    - b) Equitable
    - c) Actionable
    - d) Transparent
    - e) Sustainable
  - 2. Framework for Students - STEP up to Lead the Conversation on Campus
- E. National Initiatives
  - 1. Healthy Campus Award - awarded to campuses doing great work with mental health on their campus
  - 2. Transform Your Campus - A to Z kit for students to work to change policies on their campus
    - a) Leave of Absence policy
    - b) Mental Health Crisis Line added to student ID cards
    - c) Etc. etc.
  - 3. Validate, Appreciate, Refer (VAR) - tool that came from one of our student groups - how to prevent crises before they happen
  - 4. Active Minds for Every Minds Equity Initiative - workbook used by students in cohorts (with student ambassadors) to learn about demographics of their campus, learn about the resources, and respond to underserved populations
- F. Questions/ideas/areas you'd like more information about:
  - 1. Can you say more about how you decided to engage the Rand Corporation?
    - a) Initially engaged with California Mental Health Services Authority (CalMHSA) - prevention and early intervention - they were partners with the Rand Corporation
    - b) Model for statewide approach for mental health - look to California - millions of dollars for mental health promotion and intervention
- G. Level of professional engagement with the chapters we're serving - it was about affirming their work and witnessing them and acknowledging them. By engaging students, we're seeing really profound results and there's a lot of excitement and enthusiasm when we show up on campus or have phone calls with them.

## National Initiatives

### EVERFI

#### Minutes:

- A. Organization that is an online provider of educational technology
  1. Formed about a decade ago - reached 25 million unique learners (college, K-12, and corporations)
  2. In over 1,500 higher-ed institutions
  3. How can we move the conversation as early as kindergarten, second grade, third grade, etc.?
- B. How can we use this data to share with the field to make changes? Use our courses in addition to what schools already have in place
- C. K-12 space: orient students to the concept of mental wellness
  1. How you can benefit from seeking support
  2. How you can help others
- D. We're thinking about how to do a better job of looking at the data we get from these courses. If you have this kind of data, how can you best support the field?
- E. Higher Education offerings:
  1. Sexual Assault Prevention
  2. AlcoholEdu for College
  3. Diversity, Equity, and Inclusion for Students
  4. Mental Well-being for Students
    - a) Launching in June 2019
    - b) Goal is to highlight many of the things we talked about today at the symposium
    - c) Reduce stigma, increase help-seeking for students who need it
      - (1) Some students wait so long to come in, others come in for counseling before they even "need" it
      - (2) We all have mental health
  5. All of our courses have a pre- and post-survey about their behaviors, attitudes, beliefs, and experiences
    - a) Go through the course and then complete the survey
    - b) See how their responses change after going through the survey. How has their perception changed?
- F. Data Inputs in the Course Development Process
  1. Three ways:
    - a) Pre-Development: What are we doing?
    - b) During Development: How do we do it?
    - c) Post-Development: What did we do?
  2. Conduct literature reviews to get a sense of the needs on campus and how online education can help
- G. The Power of Networks
  1. Creating these networks to come together regardless of where they sit at the table
    - a) College wellbeing is important. We have practitioners. Who else can we invite to the table?
- H. Questions/comments/discussion:
  1. Are your educational courses provided in high schools? How do you engage with schools with few resources?
    - a) In higher-ed, courses are provided to students when the university buys the course
    - b) In K-12, we run under a sponsorship model - large corporation are passionate about a concept and sponsor the course in a particular district
  2. What do you mean by digital wellness? What is your definition?
    - a) We care about wellness, and we care about making an impact in the digital space. Goal is going to be:
      - (1) Bringing together people who are experts, passionate about digital wellness, and put them in a room and build a network from there
      - (2) Mental Wellness Network is a place for your voice to be heard. We want to hear your voice in that conversation. We create the space, you bring yourself.
  3. With the new mental wellbeing course in higher ed, how will it be employed? With AlcoholEdu incoming students are required to take the course. Will it be similar with mental wellness?
    - a) EVERFI will definitely recommend the same model, but recognize that students may not be required to take the course
    - b) Designed it with the intention that every student can benefit, regardless of their year in school (senior can benefit as much as a freshman)
  4. Is there a way to preview the new course from EVERFI?
    - a) EVERFI has started filming and hoping to share edits publicly. When the time comes, EVERFI would be happy to provide what it's going to look like before it launches

## Collaborations

### Minutes:

#### A. Mind-body connection for mental health

1. Student wellness – student health and wellness unit, rec services, student counseling, etc. in the infancy of trying to figure out how to do things like “trauma informed yoga”, how do we incorporate movement into mindfulness?
2. Looking at continuum of mental health – UC Berkeley started something
  - a) “Wellness Fee” – fee added on student fee for wellness activities – finding partnerships, finding people to advocate for programs
3. Peggy Swarbeck (researcher) – 8 dimensions of wellness, used by SAMHSA

#### B. Sarah Ketchen Lipson – for people who don’t consider themselves a s researcher- what are the barriers to using data from research? How can researchers help facilitate that connection?

1. Summary of info, Soundbite
2. Quality research takes a long time – timely small doses (more palatable dose)
3. Making direct application in summary “based on this, this is what we determined is best practice”
4. HMS interface – pull out and isolates pieces that non-researchers are interested in

#### C. Here’s the things you can think about in interpreting this research:

1. Joe Behen – collaborate across all the initiatives presented at HMS, so many schools are invested into everything, story matters
  - a) Moving upstream for cultural competency – inclusive and specific lens for populations we’re working with...helps in application of recommendations
  - b) Research shows us who needs most help – looking at equity lens, improve engagement of minorities
2. Sara – gave an overview of *climate for diversity and inclusion* – data collection efforts
3. *Steve Fund* gave overview for mental health initiatives for students of color
4. *Wellness advising project* overview – at Loyola Chicago collaborating with campus partners to improve access to mental health services
  - a) Trying to identify students with mental health risk; improve motivation to seek out mental health services
  - b) Expanding to service low-income, SOC...goal is that 100% of students will have some contact/knowledge of how to seek mental health services
5. *Morneau Shapell overview* – used to be EAP, and now more focused on student support, 24/7 counseling/support to students by chat or phone, in 6 diff languages
  - a) Univ of Toronto in the beginnings of their partnership with Morn Shap – 30% of students at UT are international students
6. *Great Digital Health* – Nathaan, *You at College* – high level, upstream mental health awareness (awareness but also financial literacy, making friends, etc.) partnering with 20 campuses so far, partnership with HOPE lab
7. New initiative to focus on loneliness on college campuses – tied to retention
  - a) 2 insights (1) loneliness is not associated with social isolation, more in the perception (gaps in depth of relationships)- correlated with a number of mental and physical health factors
  - b) (2) 5 key insights that campuses can help to intervene (a) destroy myth of magical friendships (b) leveraging the environment for change (c) addressing setbacks with compassion (d) build the muscle over time – just bc you’re in college doesn’t mean that your social skills are different
  - c) Mission was two-fold – do research and build scalable technologies
  - d) Impact pathway – understanding a problem and all the different challenges that go into that, and their app will interview at each of those levels

#### D. Shrinkspace – What do you think is happening that is preventing students from using off campus treatment?

1. Capturing numbers on how ineffective is the off-campus referral process – how many students are connecting? What are the essential breaking points?
2. There is a lot of resistance to change – both in providers and university counseling centers. Meanwhile, students have certain expectations to engage with everything online
3. They are caught in needs in several of their users – how do we create more flexibility and openness in part of universities to move into the direction with them
4. Some of it is cultural inertia to change, but also the high cadence of work in a counseling centers make it hard to metabolize and adopt changes to workflows
5. Implementation science piece
6. Joe Behen – Making an effective referral is a fairly high-level skill for a clinician

- a) Balancing right level of connection to match student to provider so that students feel connected to school, provider that help them internally, and engaging elsewhere
- 7. UT – because they're paying incidental fees towards practice at University, students feel like they should be seen here.
  - a) Upfront payment is hard for students
  - b) Direct billing would be helpful
  - c) Universities can't really endorse anyone
  - d) Partnership connection
  - e) Tech only goes so far, so if there is a way to connect, but therapy online is not necessarily the place to go
  - f) Selling private practitioners to students- biases...if you don't have means, please use community services
- 8. Active Minds – Recognizing differences in referring out, from campus to campus
  - a) Clinicians flexibility needs to match students schedule limitations
  - b) Making sure diversity of clinicians in campus center and outside matches the diversity of the student body
- 9. Sarah Brock – Using technology to triage rather than provide counseling
- 10. MSU – Looking at the training and school of thought of different clinicians
  - a) Generational differences between counselors

**E. DE – How do you get campuses to do something new? How do you get implementation at a higher level?**

- 1. What's the tipping point that allows something new to happen on campuses (whether it's clinical practice or other types of initiatives)
- 2. Student-led initiatives; GEO (student gov) initiatives,
- 3. Sara A – reflection from a meeting of higher-ed administrators:
  - a) Combination of data (to show what works), a big incident (response) and large donor (personal connection)
  - b) influx of resources from alumni
- 4. Joe – meet their needs for security and money (things that make them look good)
  - a) The more we understand this dynamic at senior admin levels, it'll help us navigate
  - b) A lot of fear that goes along with college mental health
- 5. JED – decision making cycle is long...what is the value proposition?
  - a) Shrinkspace
    - (1) Value proposition—meeting people where they are at; students find help that meets their logistical and therapeutic needs
- 6. What do senior administrators care about?
  - a) Data
    - (1) Mental health's link to persistence and retention
    - (2) Making economic case
  - b) Seeing their campus in the context of national trends
  - c) Implications for academic mission and bottom line
- 7. Daniel – In higher-ed, there's a lot of "looking to what other people are doing"
  - a) Growth pattern starts slow, hit a critical mass of peer institutions with good experience, then you blow up
- 8. Nathaan – Counsel of Independent Colleges
  - a) They want to hear the conversation of mental health from "us" the professionals, rather than their own staff and people, to confirm that there's an issue
  - b) There is a growing need for addressing mental health

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