Mental Health Committee Proposal

Case Western Reserve University

Mission Statement: Our mission is to reduce barriers to mental health access by educating students on mental health resources, ensuring students feel comfortable reaching out for support, addressing mental health misconceptions, and facilitating the connection between students and a diverse counselor population.

Steering Committee:
Emily Van Pyrz, Undergraduate Co-Chair
Morgan Williams, Graduate Co-Chair
Dr. Rich Pazol, Director, University Health and Counseling Services
Kimberly Scott, Assistant Dean of Students & Case Manager Division of Student Affairs

Trigger Warning: Mental Health Crises, Anxiety

***Full Initiative Reports for each category available upon request and in Shared Drive**

Special Thanks to Committee Members:

Allison Bai	Dominic Barandica	Latavya Chintada	Michelle Cruz
Megha Dalal	Rhea D'Silva	Hasan Khan	Hemen Khanna
Alan Kronenberg	Mark Krzysiak	YuYi Lu	Abby Martin
Kevin Nguyen	Omar Roman	Jay Sangani	Hannah Stein-Halilovic
Soniqua Turner	Paul Tuschman	Mary Yund	Xinrui Zhang

Initiatives

Category #1: Mental health & Academics- *Full 9 page report available upon request

1. **‘Mental Health’ section added to the Course Evaluations that are completed at the end of each semester.**
   i. This section would ask students to rate their stress, due to the specific class, on a scale of 1 - 10. The student ratings over multiple semesters will be averaged to accurately gauge the average level of stress for a particular class. The averaged ratings would be categorized as follows:

- 1 - 3: Mild stress
- 4 - 6: Moderate stress
- 7 - 10: Severe stress

These ratings would quantify the average stress level within a specific class, and would serve faculty by providing them with a better understanding of their students, as well as allowing students to be heard.

ii. Could possibly include a free response question in the ‘Mental Health’ section, giving students the opportunity to elaborate on their stress level, and describe what aspects of the class environment are causing their stress. This question would be included with the intent to provide professors with more information about their students’ stress levels, and with useful feedback regarding their class. The purpose being to improve communication between professors and students.

iii. If faculty members find that many of their students rate their course as stressful, faculty are encouraged to reach out to Academic Resources and University Counseling Services for strategies to reduce stress and create a more positive classroom environment. **Modifications to course content will NOT be suggested.** The purpose of this initiative is to improve the classroom environment surrounding mental health, mutual respect, and open communication. This tool is **not** intended to change class content, exams, or homework.

iv. Stress is a subjective experience, therefore it is understandable to question if this tool actually measures stress. It is understood that **some classes are *expected* to be more stressful than others.** That is why this tool focuses on promoting empathy in the classroom environment; stress is acknowledged and methods to reduce the stress level are vocalized more effectively and individualized to the specific type of class.

v. This would be an optional addition to course evaluations. Professors can volunteer to trial the tool in their course evaluations and give feedback for revisions if the tool is considered to be implemented on a larger scale.

———vi. A special statement of explanation for faculty has been written to help trial the tool. If approved, this statement would be sent out to potentially interested faculty to inform them on the purpose of the initiative and how to implement the tool.

2. **Collaborate with Student Learning and Balance Committee**
   i. University Health and Counseling collaborates with this committee to advocate for students which gives faculty a better perspective on students' mental health

3. **Survey faculty on if they would like specific mental health training in helping students in crisis**

Category #2: Community Resources

Problem 1: Mental health services are generally underutilized compared to the reported mental health illness/issues students have. Some students may not have access to (hours/distance), or feel comfortable going to UH&CS (perceived stigma), but we don't really know why students don't go to UH&CS or what they need in order to feel supported.

Goal 1: Short-term: Identify the gap between students with mental health needs and current services offered by UH&CS.

Initiatives:

1. **Survey students who use or have used counseling services to find out what is working and not working.**
   a. Example questions:
      i. What did they find useful/not useful?
      ii. If they stopped attending, why?
2. **Cross reference data that is already collected to help identify gaps**
   a. Work with UCS to gather data on students who utilize UCS and don't utilize UCS?

3. **Creation of student focus groups involving cohorts to get information that would support each group (undergrads, professional students, graduate students etc.)**
   a. Use of SEED Sprint grants from provost's office to help students of color specifically regarding accessing services.
   b. Pilot focus groups comprised of students who have utilized counseling services, vs students who do not use counseling services

Problem 2: Some students may not go to UH&C or community resources because of literacy (don't think counseling/therapy works or their issues are "bad enough"), stigma, or don't know what resources are available on/off campus.

Goal 2.1: Short-term: Develop a comprehensive list of off-campus resources

1. Initial contact Richard Pazol richard.pazol@case.edu, the Director of Counseling
    a. Advertise that there is someone who can help you find a therapist if you don't know where to start or how to select a therapist
    a. Survey students who use off-campus resources for therapists they like and why
2. Have a centralized database of links/resources for meditations, books or other resources that can be used by individuals for "self-help"
    a. Calendar that is easily found of various wellness events around campus that are sourced from the various schools/initiatives that are already happening

Goal 2.2: Long-term: Creation of student mental health liaisons to increase literacy of mental health issues, what resources are available on and off campus, and decrease stigma

1. **Identify student clusters to make sure various groups are covered, and determine organization of those groups**
    a. Broad groups include Undergraduate Students, Graduate Students (SOM and outside SOM), Dental, Law, Nursing, Medical
        i. Within undergraduates for example, liaisons could be spread across years, schools, majors, departments, dorms, off campus etc.
        ii. Professional students, along with nursing, dental, medicine and physicians assistant students can each have their own liaisons.
        iii. Formalized program of student mental health liaisons; have students already working with UCS perform this role as well as incoming volunteer students
    b. Utilize existing student networks
        i. Eg. Medical school has a wellness in medicine track, Graduate Student Council (GSC) has a wellness chair
        ii. Melissa Borowski has started developing peer helper networks at the undergraduate level

Category #3: University Counseling Services

Problem: Students are either not aware of the resources offered or do not feel that UCS is welcoming to students; hours/access at UCS are limited; students report not connecting well with their therapists

Goal: Promote care seeking and resource utilization through University Counseling Services

Initiatives:

1. **Implement a short feedback survey that students fill out after seeing any therapist at UCS**- (UCS confirmed that this is in the works)

a. In this feedback form, students can be asked how they felt the session went, whether any questions remained unanswered, and if they might prefer to see a different therapist in the future. Many times, people are too shy to ask for these in person or admit to their counselor that they want something different, and may therefore cease therapy altogether or remain dissatisfied, but they may give this information in the form of a feedback report such that positive changes can be made for their care.

2. **Assign a counselor specifically to graduate students and medical students.**
   a. Students report not having good experiences with their therapists because the person they were initially assigned to were not familiar with some of the unique struggles and stressors faced by trainees in science and/or medicine, such as the unique power dynamic/imbalance between trainees and faculty advisors/mentors, the pressure to work long hours, and incidences of harassment and discrimination related to race, gender, religion, etc. One can imagine that similar situations exist for students in other graduate programs. Graduate students are older, financially independent and often with significant debt, and some have children that they are supporting while working. A UCS staff member who is at times physically located within the HEC or is otherwise familiar with the program structures of different graduate schools/programs can help ensure that students can connect with a UCS therapist who is understanding of their life situation.
3. **Evening and weekend hours**
   a. Students who have clinical rotations during weekdays and weekends simply cannot make it to individual appointments or group counseling through the UCS, unless they request time off/absence from their rotations.
4. **Create a step-by-step "What to expect at your first counseling session" sheet**
   a. Helps students anxious about going to counseling for the first time help know what to expect at the first session
   b. Include how to make an appointment (what to say on the phone), online survey (different setup due to COVID), what the counselor will ask during the first session, how to approach future sessions

Category #4: Mental Health Education

Problem: Lack of effective comprehensive mental health education for students, faculty, and staff

Goal: Educate students, faculty, and staff regarding mental disorders, and provide students experiencing mental disorder greater recourse when they experience discrimination from faculty and staff.

Initiatives:

1. **Provide students access to in-person mental health education as part of their First Year Experience and/or entire CWRU experience.**
    a. Educate students about mental disorders, proper terminology, and treatment options; end the stigma.
    b. To maintain retention of mental health education and prevent information overload during the first week of orientation, we will briefly introduce core aspects of mental health and plan future sessions throughout the semester.
    c. Types of illnesses to be covered: depression, anxiety, ADHD, eating disorders, substance abuse disorders, mood disorders, personality disorders, psychotic disorders (schizophrenia and related illnesses)
    d. Address common misconceptions regarding mental illnesses.
    e. Teach students how to talk about mental illness in a supportive way such that students feel more comfortable communicating about their struggles to their peers and that students feel more comfortable talking to peers that may share their struggles with them.
    f. Break up this information over several days to present information in manageable portions. Start with general information and move into more sensitive topics towards the end of orientation. This way, students have less information to process. Visiting this topic several times throughout orientation emphasizes the importance of being knowledgeable about mental health and mental illness
        i. *Sample timeline for Discover Week available upon request
        ii. *Full 15 page initiative report available upon request

2. **Additional Initiatives**
    a. Have students fill out a mental health survey to test basic competencies about mental health and to ask what they would like to learn in terms of mental health education; set up future sessions based off of this survey.
    b. Host sessions throughout the semester (e.g. once per month) teaching more aspects of mental health, possibly around stressful times like before exam week, midterm week, before holidays, etc. These sessions can be more creative rather than just being informational such as creating safe spaces for mental health discussion, "rage" rooms, sitting in a meditation room to reflect on one's life, etc. Retaining information requires a lot more than just reading words on a screen, and fostering mental imagery can be the enticing catalyst to achieve this goal.

Category #5: Mental Health Support

Problem: Difficult to navigate CWRU support system to get help

Goal: Simplify the process of getting help to make students aware of what is available

Initiatives:

1. **Promote and enhance existing Peer Support Groups that focus on preventative measures that alleviate moderate levels of stress that can result in mental health crises**
    a. Peer support group for the average student who has daily stress from classes and/or COVID-19 isolation
        i. NAMI (National Alliance on Mental Illness) offers training
    b. Group leader provides activities to meet new people as well as discuss daily stresses and coping strategies
        i. Provides information about mental health and counseling services that CWRU provides
            1. Ex: Practice mindfulness and acceptance
    c. This could be run by upperclassmen or graduate students who would report to a faculty member or licensed counselor
    d. The peer groups will most likely need to be notified about confidentiality but medical record will not be utilized in these groups
2. **Creation of a Mindfulness space for undergraduate students to utilize**
    *Collaboration with Disabilities Committee
    a. The room would contain calming activities (coloring books, guided meditation, etc.), couches, and bean bag chairs so that students can stop by and relax between classes/commitments
        i. Can be modelled after a similar space in the Mandel School of Applied Social Sciences
        ii. Ex: Center for Mindfulness & Wellbeing- https://www.uwsuper.edu/mindfulness/index.cfm
3. **Creation of an on-campus student support telephone line**
    a. Purpose- to support those on CWRU campus struggling with their mental health regardless of what the cause may be (mental illness, stress, etc.) and ensure that CWRU students feel as though they have a caring, non-judgemental,accepting community that understands their struggles.
        i. Responders
            1. Would be extensively trained student volunteers
                a. The hours spent working at the helpline would count toward any volunteer/service hours they may need
                b. Training would be similar to that of CWRU EMS
                    i. A semester long commitment to learning the material outlined in training and regular checks to

ensure understanding/application of the material <u>before</u> being able to take an actual call

2. Training would include:
    a. Staying calm during a crisis
    b. Active listening & Empathy training
    c. Recognition of symptoms of common mental illnesses
        i. Ex: feeling unworthy (depression), rumination (anxiety)
    d. Basic practices that can help alleviate stressors/symptoms
        i. Ex: Mindfulness strategies, self-coping statements
    e. Screening questions (if the situation requires it)
        i. Suicide/homicide/self harm
        ii. Domestic Violence
        iii. *This includes making sure responders are aware of how to know when to connect someone with another higher level of care vs.being a listening ear
    f. Connection with resources available in the area
        i. CRCC 24/7 Hotline
        ii. CWRU 24/7 On Call Counselors
    g. Recognition of burnout or feeling traumatized from other people's experiences as well as strategies to avoid and/or healthily cope if necessary
3. Responders would report to a supervisor
    a. Trained faculty member/advisor experienced with telephone helplines how to deal with potential crisis situations/de-escalation tactics or a graduate student
        i. With a graduate student as an advisor, the work with the helpline could count toward their field experience/practicum requirements
            1. Psychology or social work program
4. Each shift for volunteers would be no more than 6 hours and the helpline hours would be during time where most mental crises occur (in the evenings/on the weekends).
5. After each call, a mandatory debrief with at least one other responder and a supervisor would be called. That would also serve as a quick check-in with the responder and their own mental health.

ii. Call

1. Would include a 30-60 second description of the telephone line
    a. Outline that the telephone line is a HelpLine (not a Crisis line) and that it provides support rather than clinical expertise
        i. Include a sentence on verbal informed consent and confidentiality
        ii. Also inform caller that responders will inform emergency services if harm to themselves or others is expressed/implied
2. After the standardized message, the caller would be connected to the responder, verbal informed consent would be ascertained clearly and the caller would be able to talk freely
    a. Responders would have brief notes for each call including
        i. If informed consent was given, who the caller was (can just be the phone number), how long the call was, the location (if the caller's situation requires it), the responder that talked with the caller, 2-3 sentences about what was discussed during the call and if a follow-up is necessary/if information about resources on campus was requested & given
            1. This information would be stored in a secure database
                a. Ex: RedCap, Filemaker Pro, Evolve, five9
3. The call would ideally be taken on official and dedicated University telephone however due to the pandemic, Google Voice may prove to be a more viable alternative as it can be routed to each responders phone without sharing their personal information

iii. Funding
1. If funding is acquired, responder volunteers would be paid as being part of the HelpLine is a difficult undertaking and an incentive would be nice
    a. Funding could be acquired through grants offered by local Ohio organizations or national organizations
        i. ADAMHSCC Board (Alcohol, Drug Addiction and Mental health Services Board)
        ii. SAMHSA (Substance Abuse and Mental Health Services Association)

iii. ODMAS (Ohio Department of Mental Health and Addiction Services)

iv. Models for HelpLines that have been successful at other Universities:
1. Texas A&M: https://caps.tamu.edu/helpline/
2. Cornell University: https://www.earscornell.org/
3. The Ohio State University: https://swc.osu.edu/services/buckeye-peer-access-line/
4. University of Albany: https://www.albany.edu/middleearthcafe/hotlinepeerassistance.shtml#:~:text=518%2D442%2D5777,session%20during%20the%20academic%20year.

Category #6: Resources and Marketing

Problem: Due to the impact that COVID-19 has had on many people around the world, mental health can sometimes be neglected due to the growing amount of stress many college students face this time of year. Studies nationwide have shown low rates of help-seeking for mental health problems among college students. Between one-third and one-half of college students with a mental health problem seek help. A possible barrier to help-seeking is limited communication between students and University Health Counseling and Services (UHCS). Students at CWRU have mentioned that the UHCS website is intimidating or confusing (based on our conversations with a few students), potentially interfering with their service use.

Goal:
Our first initiative has two steps: First, we will survey students to identify their perceptions of the UHCS website, including its strengths and limitations. We have not yet determined a survey method. Second, based on student feedback, we propose creating a new website linked with information regarding mental health that is user friendly and can help students seek supportive resources.

The overarching goal of this initiative is to help students at CWRU feel comfortable with a user friendly website that provides a variety of resources (e.g., testimonials, flyers, helpful contact numbers) in order to answer students' questions regarding mental health.

Initiatives:

1. **Survey student population on current UCS website accessibility**

Questions to include on student survey:

1. *"What information would you like to see on this page?"*
2. *"How would you rate your overall experience on our site today?"*
3. *"Is there anything on this site that doesn't work the way you expected it to?"*

4. *"Does this page meet your expectations?"*
5. *"Is the site difficult to navigate?"*
6. *"What would you like to see changed?"*
7. *"Would you be open to seeing a new website being implemented?"*
8. *"What did you like about the site?"*
9. *"What aspects did you feel were easy to use?"*
10. *"Do you feel that his page is informative?"*

The purpose of the survey is to gain feedback from the student body and mitigate any difficulty in navigating the new website. The new established website would also be student led. After the implementation of the website above, audience outreach will be a priority.

Reaching out to organizations such as the Undergraduate Student Government and the Graduate Student Government, in an effort to gain attention of the newly established website. Following the established website, it would be a priority of the Mental Health Subcommittee Group 1 to update Emily Van Pyrz and Morgan Williams with our work on future initiatives and include them onto the website if applicable.

If feedback from the student body survey demonstrates that the University Health Counseling Service website is not difficult to navigate or understand, then the new website will not be implemented. On the other hand, information from the "Contents To Include On the Website" and information on joining the Mental Health Task Force should be implemented on to the UPB/USG/UDC weekly emails because students read these a lot more.

2. **Add link to UCS website to the Daily COVID Attestation**

   a. Would not be another multiple choice question, only a link to UCS website so students have easy access to the website on an app (Guardian app) or website they look at frequently
   b. https://case.edu/studentlife/healthcounseling/counseling-services

Closing Thoughts

Special thank you to all Mental Health Committee Members for all of their hard work in piloting ideas, as well as Dr. Richard Pazol and Kimberly Scott for their guidance and support. None of this could have been possible without you all! While we were not able to include all of your initiatives, we are incredibly proud of the work you all have done. For those wanting more details about each proposal, full group reports are available upon request. Change is expected to take time, while we recognize that this is a bold report, it provides a comprehensive framework

to improve the mental health environment on the Case Western Reserve University Campus. We hope that these initiatives can lead to lasting change on the CWRU campus.