

Note To Exec: Revisions are in red, with exception of category #7 which contains brand new initiatives, goals were labeled as long or short term, contacts added.

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

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-

Problem: Students have high levels of stress related to academics, resulting in a possible decline in their mental and physical health.

Goal: Students will report a measurable decrease in average stress level due to academics within a four-semester time frame and courses with average student stress levels in the ‘severe’ range will eventually have their professors mandated to attend talks with UCS staff on the effects of academic stress depending upon the phase

Overview of Initiatives:

- 1. Long Term Task:** Add a Mental Health section to the end of semester course evaluations that asks students to rate their stress on a scale of 1-10. If the **average** stress level for a class is classified as ‘severe’ there will be a report sent to the professor of the course, informing them of this. If a professor has an average stress level for their class in the ‘severe’ range, they will be mandated to attend a UCS talk on the effects of academic stress (See Initiative 3). This initiative will be implemented in three, gradual phases to reduce faculty resistance.
- 2. Short Term Task:** Professors will add a link to UCS website on their syllabus and on their canvas page with a short description of the resources available.
- 3. Long Term Task:** UCS staff will hold mandatory talks for professors which explain the effects of academic stress on students’ mental and physical wellbeing.

Expanded Initiatives:

Initiative #1: Add a Mental Health section to the end of semester course evaluations that asks students to rate their stress on a scale of 1-10. If the **average** stress level for a class is classified as ‘severe’ there will be a report sent to the professor of the course, informing them of this. If a professor has an average stress level for their class in the ‘severe’ range, they will be mandated to attend a UCS talk on the effects of academic stress (See Initiative 3). This initiative will be implemented in three, gradual phases to reduce faculty resistance.

Goal: The average stress level for students in a given class will not enter the ‘severe’ range for stress the semester after the initiative has been in place. Professors will be aware of the effects of academic stress and they will be held accountable if the average stress level for their class is ‘severe.’

Notes:

This initiative will be broken down into three, distinct phases. They are as follows:

Phase 1:

During course evaluations, a section will be added which has students rate their academic stress due to the given class on a scale of 1-10. The meanings of the ratings are as follows:

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

Additionally, **two free response questions will be included, which would ask students to:**

- I. Elaborate on what aspects of the course have resulted in high stress levels for the student
- II. Elaborate on any negative effects they have experienced this semester due to stress from the specified course

The rating of students’ academic stress on the 1 - 10 scale should be a mandatory question to increase the information available to professors. The free response questions should be left optional for students to answer, allowing the student to elaborate on their experience as far as they are comfortable doing so. Students should not be forced to divulge information they are not comfortable sharing.

In order for professors to obtain an accurate view of their class, a high response rate for course evaluations is necessary. Students generally receive a standardized email from the university, alerting them that course evaluations are open. Additionally, individual professors may make announcements requesting that students complete course evaluations. These current practices should stay in place and are beneficial. However, higher response rates are beneficial to professors. Therefore, we encourage professors to consider the following suggestions:

- I. The inclusion of a link to course evaluations on Canvas will improve ease of access to the evaluations. Students may be unable to find a link to course evaluations, and therefore be

unable to complete their evaluations. The addition of a link on Canvas by the professor would increase ease of access, possibly improving the response rate.

- II. Allotted class time to complete course evaluations may be beneficial. Students may forget to complete course evaluations if instructed to complete them, but not given a specific time to do so. Designated time to complete the evaluation should reduce the number of students who may forget to complete course evaluations, improving the response rate.
- III. Incentives may increase student motivation to complete course evaluations, however, this cannot be implemented on an individual level, as course evaluations are anonymous. The incentive may be rewarded to a class on the condition that a certain percentage of the class completes the course evaluation, or the entire class completes the course evaluation. The percentage approach may be more appropriate for large classes, while the entire class approach may be more effective in small to medium sized classes.
 - A. The following is an example of a possible incentive: students may earn “X” points of extra credit, given that “X”% of the class completes the course evaluation.

Increases in response rate to course evaluations would result in benefits to faculty and students. Faculty would have a greater amount of feedback for their course. Students’ opinions and experiences would be amplified, and directly communicated to the professor.

The purpose of Phase 1 is to improve communication between professors and students, when students may otherwise be unable or uncomfortable voicing their stress level, and professors may otherwise be unaware of their students’ stress levels.

The purpose of this initiative is not to alter course material. Modifications to content will not be suggested. The purpose of this is to improve the classroom environment by increasing communication, mutual respect, and understanding. This is not intended to, nor should it be manipulated to, alter class content, exams, or homework.

In order to increase possible support for this phase of the initiative, heads of major departments on campus will be contacted, a list of which is included below:

- Beverly Capper (bjc40@case.edu): Interim Director of BSN
- Biology: Mark Willis (mark.willis@case.edu)
- Chemistry: Gregory Tochtrop (gregory.tochtrop@case.edu)
- Biomedical Engineering: Robert Kirsch (robert.kirsch@case.edu)
- Chemical and Biomolecular Engineering: Daniel Lacks (daniel.lacks@case.edu)
- Mechanical and Aerospace Engineering: Robert Gao (robert.gao@case.edu)
- Civil Engineering: Xiong (Bill) Yu (xiong.yu@case.edu)
- Computer Science: Jing Li (Jing.li1@case.edu)
- Biochemistry: J. Alan Diehl (jad283@case.edu)

- Electrical Engineering: Pedram Mohensi (pedram.mohensi@case.edu)
- Economics: Mark Votruba (mark.votruba@case.edu)
- Finance: CNV Krishnan (cnk2@cwru.edu)
- Psychology: Heath Demaree (heath.demaree@case.edu)
- Cognitive Science: Todd Oakley (todd.oakley@case.edu)

They will be sent an email to assess their support of Phase 1 of the initiative, using the following template:

Dear [INSERT FACULTY NAME],

My name is [BLANK], and I am the undergraduate Co-Chair of the Mental Health Subcommittee, under the Undergraduate Student Government (USG). I am currently writing to you on behalf of the Mental Health Subcommittee. We would like to implement a proposal to monitor students' mental health and academic stress and we would appreciate your input on our proposed initiative, as well as any feedback you may have. As head of the [XXXX] Department at Case Western Reserve University, your support would be critical to the success of the proposed initiative, and we would like to know if you would be willing to participate in, and advocate for, our initiative.

This initiative would monitor students' academic stress, and ideally benefit faculty and students by giving faculty more information about their students' mental wellbeing, which may impact their academic performance. The initiative is as follows:

A 'Mental Health' section would be added to the Course Evaluations that are completed at the end of each semester. This section would ask students to rate their stress, due to the specific class, on a scale of 1 - 10. The ratings would be categorized as follows:

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

These ratings would allow the average stress level due to specific classes to be quantized, and would serve faculty by providing them with a better understanding of their students, as well as allowing students to be heard. We would also like to include **two** free response questions in the 'Mental Health' section, giving students the opportunity to elaborate on their stress level, and describe what aspects of the course 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.

We would appreciate you taking the time to inform us of your feelings towards this initiative. Would you be willing to participate in, and possibly advocate for this initiative?

Thank you for your time and consideration.

Sincerely,

[NAME]

The faculty department heads who express interest and support will be asked, if they are willing, to support the initiative when it is brought before the Faculty Senate. It is advisable that members of the Faculty Senate are also sent the above email template, with the following revision:

“...As a member of the Faculty Senate at Case Western Reserve University, your support would be critical...”

The support of the Faculty Senate and Department Heads will be critical to the success of Phase 1, as they will be the ones who pass the measure and encourage faculty members to implement it. We are hopeful that the Department Heads will be vocal in their support of the initiative to the Faculty Senate, which will hopefully urge the Faculty Senate to pass the initiative. Additionally, the support of the Department Heads will hopefully encourage professors to include the ‘Mental Health’ section in their course evaluations.

The support of Provost Ben Vinson would be beneficial, and should be acquired. Given his position at the university, his active support of this initiative would help garner faculty support and participation. The following email template may be used to contact Provost Ben Vinson and assess his support of Phase 1:

Dear Provost Vinson,

My name is [BLANK], and I am the undergraduate Co-Chair of the Mental Health Subcommittee, under the Undergraduate Student Government (USG). I am currently writing to you on behalf of the Mental Health Subcommittee. We would like to implement a proposal to monitor students’ mental health and academic stress and we would appreciate your input on our proposed initiative, as well as any feedback you may have. As Provost at Case Western Reserve

University, your support would be critical to the success of the proposed initiative, and we would like to know if you would be willing to participate in, and advocate for, our initiative.

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

These ratings would allow the average stress level due to specific classes to be quantized, and would serve faculty by providing them with a better understanding of their students, as well as allowing students to be heard. We would also like to include two free response questions in the 'Mental Health' section, giving students the opportunity to elaborate on their stress level, and describe what aspects of the course 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.

We would appreciate you taking the time to inform us of your feelings towards this initiative. Would you be willing to participate in, and possibly advocate for, this initiative?

Thank you for your time and consideration.

Sincerely,

[NAME]

From implementation of **Phase 1**, professors will have a maximum refractory period of two semesters before they are required to include the addition to their course evaluations. **Prior to the end of the two semester refractory period, inclusion of the mental health section in course evaluations is optional, but encouraged.**

Phase 2:

The purpose of Phase 1 was to track student stress levels, and increase the information that professors have about their students' wellbeing and academic stress. The purpose of Phase 2 is to increase the understanding professors have of the effects of academic stress, and to better understand the mental and emotional state of their students. Phase 2 should be implemented after Phase 1 has been accepted by the Faculty Senate, and it is widely implemented and accepted by faculty members. **We suggest that the refractory period after the implementation of Phase 1 and before the implementation of Phase 2 should be two semesters in length. This time frame is intended to allow for faculty to adjust to new practices, and for any problems with Phase 1 to be resolved. Additionally, this time is intended to allow for adequate preparation and planning for Phase 2.**

Phase 2 consists of University Counseling Services offering multiple scheduled talks for faculty members each semester. These talks should address the effects of stress on students and impress upon professors the role they have in the academic stress that students experience, as well as the negative side effects of this stress. **It is hoped that through these talks, faculty members will not only be able to gain a greater awareness of the effects of stress in their classrooms, but may also be able to better identify the signs that a student is dealing with mental health issues.**

The support of Provost Ben Vinson would be beneficial, and should be acquired. Given his position at the university, his active support of this initiative would help garner faculty support and participation. He may be able to encourage Department Heads to actively participate in Phase 2, improving the chances that the Department Heads encourage their faculty to attend the talks UCS offers. The following email template may be used to contact Provost Ben Vinson and assess his support of Phase 2:

Dear Provost Vinson,

My name is [BLANK], and I am the undergraduate head of the Mental Health Subcommittee, under the Undergraduate Student Government (USG). I am currently writing to you on behalf of the Mental Health Subcommittee. We would like to implement a proposal to benefit professors by giving them the information necessary to better understand their students, and to better contextualize the information they receive from the 'Mental Health' section of their course evaluations. We would appreciate your input on our proposed initiative, as well as any feedback you may have. As Provost at Case Western Reserve University, your support would be critical to the success of the proposed initiative, and we would like to know if you would be willing to participate in, and advocate for, the implementation of our initiative. You are uniquely qualified

to voice your support for our initiative, and we would appreciate your help in improving the learning environment in Case Western Reserve University's classrooms.

This initiative would be run by University Counseling Services (UCS), and they would provide multiple, scheduled, educational talks per semester on the effects of stress, and the causes of academic stress. Professors may sign up for these talks of their own volition, allowing them to ensure that they can attend during convenient times. This will ideally benefit faculty and students by giving faculty more information about their students, and better tools to understand the information they receive from the "Mental Health" section of their course evaluations. The increase in understanding from faculty would improve communication and understanding between students and faculty, benefitting both of them.

We would appreciate you taking the time to inform us of your feelings towards this initiative. Would you be willing to participate in, and possibly advocate for, this initiative?

Thank you for your time and consideration.

Sincerely,

[NAME]

The support of the Department Heads should be acquired again for Phase 2, so that they can encourage the faculty in their department to attend these talks. The following email template may be used to request the support of Phase 2 from Department Heads:

Dear [INSERT FACULTY NAME],

My name is [BLANK], and I am the undergraduate head of the Mental Health Subcommittee, under the Undergraduate Student Government (USG). I am currently writing to you on behalf of the Mental Health Subcommittee. We would like to implement a proposal to benefit professors by giving them the information necessary to better understand their students, and to better contextualize the information they receive from the 'Mental Health' section of their course evaluations. We would appreciate your input on our proposed initiative, as well as any feedback you may have. As head of the [XXXX] Department at Case Western Reserve University, your support would be critical to the success of the proposed initiative, and we would like to know if you would be willing to participate in, and advocate for, our initiative.

This initiative would be run by University Counseling Services (UCS), and they would provide multiple, scheduled, educational talks per semester on the effects of stress, and the causes of academic stress. Professors may sign up for these talks of their own volition, allowing them to ensure that they can attend during convenient times. This will ideally benefit faculty and students

by giving faculty more information about their students, and better tools to understand the information they receive from the “Mental Health” section of their course evaluations. The increase in understanding from faculty would improve communication and understanding between students and faculty, benefitting both of them.

We would appreciate you taking the time to inform us of your feelings towards this initiative. Would you be willing to participate in, and possibly advocate for, this initiative?

Thank you for your time and consideration.

Sincerely,

[NAME]

The faculty department heads who express interest and support will be asked, if they are willing, to support the initiative when it is brought before the Faculty Senate. It is advisable that members of the Faculty Senate are also sent the above email template, with the following revision:

“...As a member of the Faculty Senate at Case Western Reserve University, your support would be critical...”

The list of Department Heads can be found in Phase 1. The support of the Faculty Senate and Department Heads will be critical to the success of Phase 2, as they will be the ones to encourage faculty members to implement it. We are hopeful that the Department Heads will be vocal in their support of the initiative to the Faculty Senate, which will hopefully urge the Faculty Senate to pass the initiative. Additionally, the support of the Department Heads will hopefully encourage professors to attend the education talks conducted by UCS, and gain a better understanding of their students’ mental health and well-being, to their benefit and to the benefit of students.

UCS would need to be contacted regarding their availability and willingness to provide talks to professors explaining the negative effects of academic stress.

Additionally, introduction of this phase must be gradual in order to give faculty the necessary amount of time to adjust and become used to Phase 1, and to give them time to accommodate a UCS talk in their schedules.

Phase 3:

The purpose of Phase 3 is to provide resources to initiate change in classes for professors who have consistently high levels of stress related to their classes. In Phase 3, professors with average stress levels in their classes in the ‘Moderate’ and ‘Severe’ ranges will

be mandated to attend at least one UCS educational talk on the effects of academic stress (see Phase 2) per semester. This will ideally increase their understanding and sympathy for the stress which students experience.

Additionally, **for professors who have an average stress rating in a class in the ‘Severe’ range, these professors will be mandated to have a meeting with Academic Resources.** Academic Resources may review the Course Evaluations for the class and suggest modifications to the course structure to professors, in order to ease the stress level students experience. **Modifications in course content would not be suggested.**

We recognize that there is an expected level of academic stress that accompanies attending university. The purpose of this initiative is to improve understanding and communication between students and professors. An increase in understanding and support between faculty and students is necessary for a successful learning environment.

Professors who have a ‘Moderate’ average stress rating in a class will be urged to meet with Academic Resources, however, this meeting would not be mandated. Academic Resources could be contacted regarding their willingness to participate in providing suggestions in class reforms to professors with ‘severe’ average stress ratings.

Phase 3 may operate based upon the previously collected information on the stress levels for individual courses that would have been collected since the implementation of Phase 1. Phase 3, like Phase 2, will need to be implemented with a refractory period between itself and phase prior to it in order to provide professors with adequate time to integrate the information Phases 1 and 2 provide to them. **We recommend that this refractory period is two semesters long, allowing faculty to adjust to Phase 2 prior to the implementation of Phase 3. This should also allow for adequate time to resolve any issues that may arise from the implementation of Phase 2, while simultaneously allowing time to adequately plan Phase 3.**

Required Contacts and Collaborations: Academic Resources, University Counseling Services

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. **These students would be the link between UHCS and the various student bodies, and/or they would be known by their student cohorts as the "people to go to if you are struggling"**

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
- 2. Creation of a curriculum for use by mental health liaisons
 - a. Presentations for each school should be offered fall and spring semesters not just during orientation one time
 - b. NIH already has one on youtube for biomedical researchers that we may be able to use whole sale including talk about cognitive distortions, and maladaptive behaviors
 - i. <https://www.youtube.com/c/NIHOITE>

Category #3: University Counseling Services

Problem 1: Seeking professional counseling is

intimidating/unfamiliar/confusing/stressful/time-consuming; students do not feel that UCS is welcoming to students, **or do not connect well with their therapists because they feel the provider is not familiar with the unique struggles or stressors that they face.**

Goal 1.1: Create and distribute a step-by-step “What to expect at your first counseling session” sheet (short term)

- Helps students anxious about going to counseling for the first time help know what to expect at the first session
- 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
- Work with UDC and USG newsletters to disperse this sheet to the greater student body via email. Work with RHA (RAs) to see if they can email this sheet out to their residents (more likely to read).

Goal 1.2: Collaborate with First Year Experience and Graduate orientation programs to ensure UCS information given to OLs in handbook or graduate orientation guides are comprehensive (short term)

- Students should be made aware that UCS has staff member(s) specialized in working with marginalized groups such as BIPOC, immigrant, first-gen, etc.

- If there is room in the Orientation Schedule, add UCS rotation to schedule (similar to D360, Academic Integrity, etc.)

Goal 1.3: Implement a short feedback survey that students fill out after seeing any therapist at UCS- (UCS confirmed that this is in process) (**Short term**)

- In this optional open-ended feedback form, students can give feedback on 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.

Goal 1.4: Assign a counselor specifically to graduate students and professional students (long term)

- A UCS staff member who is at times physically located within the HEC or is otherwise familiar with the program structures of different graduate and professional schools/programs can help ensure that students can connect with a UCS therapist who is understanding of their life situation.

Problem 2: Hours/access at UCS are limited

Goal 2.1: Free virtual counseling option- CWRU Care (short term) [currently active]

- Implement a program with night and weekend hours that allows students to see a therapist virtually online

Goal 2.2: Evening and weekend in person counseling hours at UCS (long term) [currently in process]

- Students who have clinical rotations or other mandatory obligations during weekdays cannot make it to individual appointments or group counseling through the UCS, unless they request time off/absence
- Expand UCS hours to nights or weekends

Problem 3: Students and faculty are not aware of resources already offered

Goal 3.1: Periodically distribute resources outlining new and existing resources at UCS to students and faculty (short term)

- The “Reach Out CWRU” newsletter should be sent among CWRU undergraduate, graduate, and professional program mailing lists. See if this can be mass-emailed similar to UDC, UPB, and USG newsletters.
- Collaborate with USG Newsletter to ensure UCS events are featured weekly.
- Ensure that the UCS multicultural specialist is more widely visible, because many students are not aware that UCS has any staff specialized in working with students with marginalized identities (BIPOC, immigrant, first-gen, etc).

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. **Discover Week Mental Health Education (Long term).**
 - i. What to do if a peer tells you they're considering suicide/harming themselves/other concerning topic. Who to call and how to respond in the moment before professional help arrives.
 - ii. Contact First Year Experience: Kathy Petras, kathy.petras@case.edu, Associate Director and Director of Orientation, Office of First-Year Experience and Family Programs
 - iii. Social media campaign to educate students about mental health related stigmas. This could be done through social media accounts in an information campaign to expose the student body to information. Have a few days or a week dedicated to providing information and addressing misconceptions about illnesses (**Short term**).
 - c. Include Mental Health education in the proposed "First Year Experience" course (brought up during executive meetings due to the issue that the Discover Week schedule is already so packed)
 - d. Invite speakers to address various topics regarding mental health, wellness, and mental health education (**Long term**)
 - i. Speakers can talk about their own experiences with mental illness, address stigmas, etc
 - 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 (**Long term**).
 - 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

2. Additional Initiatives

- a. Institute Healthy Minds survey (IN PROGRESS)
- 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.

Initiatives:

1. Discover Week Training for peer-to-peer acute mental health management (what to do until help arrives)
2. Educating faculty and staff about mental illnesses; end the stigma
 - Credible sources (primary, research papers, etc.)
 - Incorporate into faculty meetings
3. Initiate/expand disability services accommodations for students experiencing mental disorder.
4. Include Mental Health Training in the wider proposed “First Year Experience Course”

Expanded Initiatives:

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.

1. Provide mandatory mental health education to faculty and staff.
 - a. Create a mental health module that will be presented in faculty meetings and make this **mandatory**.
 - b. Mental health education will consist of the various groups of mental disorders, proper terminology, proper/destigmatizing ways to work with students experiencing mental illness, and crisis intervention techniques.
 - c. Cite research articles regarding mental health; include concise facts to clear any stigma.
2. 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. Make this **mandatory**.
- 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.
 - i. Brief overview of types of mental illnesses students may encounter either personally or with peers. **Note: in a study performed to analyze prevalence of mental illness in college students it was found that approximately 50% of students sampled met the DSM-IV diagnostic criteria for at least one psychiatric disorder. Conditions with high prevalence were limited to but do not include substance addition, anxiety disorders, mood disorders, and personality disorders (Blanco et. al). We believe that it is important that students are exposed to and aware of these conditions as some conditions such as schizophrenia, bipolar disorder, and many personality disorders may not emerge until one is of the college age.**

Blanco, Carlos et al. "Mental health of college students and their non-college-attending peers: results from the National Epidemiologic Study on Alcohol and Related Conditions." Archives of general psychiatry vol. 65,12 (2008): 1429-37. doi:10.1001/archpsyc.65.12.1429

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2734947/>

- ii. Types of illnesses to be covered: depression, anxiety, ADHD, eating disorders, substance abuse disorders, mood disorders, personality disorders, psychotic disorders (schizophrenia and related illnesses)
 1. Students should be informed about how to identify these conditions in themselves and in others through an understanding of symptoms.
 2. Make sure to inform students of the age at which conditions may start to present. This is especially important because many students may develop psychiatric disorders during their time in college. Students should understand this risk and how to identify declines in their mental health in different ways.
 3. Students should be aware of resources available to them both from CWRU and the community.
 4. Be careful about PTSD and potentially triggering topics. Discussing PTSD may be triggering for students, discussion about PTSD should be carefully constructed ahead of time to focus on how to get help through on and off campus resources. **It is**

incredibly important that students know resources for PTSD exist and know where to find them. PTSD is a debilitating condition which requires professional treatment to manage and cannot be treated alone or with the aid of friends; it is of the utmost importance students know how to get help.

- iii. Address common misconceptions regarding mental illnesses.
 1. Discussions should tackle the common misconceptions regarding mental health including perceived notions that one is lazy or unmotivated.
 2. Emphasize that mental illnesses are not the fault of the student or any patient.
 3. Emphasize that erratic and hurtful behavior that stem from mental illness are symptoms of an illness. These behaviors do not reflect that someone is an innately bad human being. Rather these behaviors reflect that someone is suffering from an untreated condition and needs help.
 4. Emphasize that mental illnesses are real and not in one's head. Just because one does not see the illness doesn't mean that it isn't present. Students should be discouraged from making assumptions or judgements about a person's diagnosis.
 5. Make sure to especially address schizophrenia and related conditions. Psychotic conditions are some of the most stigmatized mental illnesses and students should be educated as to why commonly perceived notions about those illnesses are incorrect.
- iv. 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.
 1. Teach students ways to respond when a friend approaches them about their mental health (i.e. teaching students how to reaffirm their friendship and offer support)
 2. Teach students how to recognize when a friend may be going through a difficult time and how to approach a friend to see if they are doing okay
 3. Teach students what to do if there are signs that a friend or peer needs professional help or immediate help in the case there are signs someone may harm themselves
 4. Inform students what NOT to say and how to avoid making comments that can be unintentionally misconstrued as hurtful (i.e.

students should know that telling someone “it’s all in your head” can be very hurtful).

- v. **This information can be delivered in a variety of ways including informative social media campaigns, engaging discussions with orientation leaders during discover week, and through guest speakers**
- vi. **Sample timeline for proposed “Discover Week Course” for First Year Students:**
 1. Day 1: Information about mental health, wellness (20 minutes). Teach students how to take care of their physical and mental health and campus resources that are available to students. Encourage students to share what they do to take care of their mental/physical health and have orientation leaders share their own strategies. **Goal: inform students what resources are available to them and how to access them.**
 2. Day 2: Information about anxiety and stress management (20 minutes). First talk about stress including common stressors in a college environment. Transition to talking about anxiety referring to the aforementioned layout on how the topic should be presented. Students should know what anxiety is and how to identify it. Inform students about ways they can manage their stress and anxiety.
 3. Day 3: Information about burnout and depression (30 minutes, **priority**). Teach students what burnout is and how to identify it. Students should be able to identify what burnout can feel like and how to cope. Personal examples from OLs about how they have coped with burnout may supplement discussion. Transition to discussion on depression including what depression feels like and what it looks like in others. Use this to break stigmas about depression. Example: when talking about how depression can make one feel fatigued and want to stay in bed, make it a point of emphasis to state that this is due to physical and mental exhaustion, not because of laziness or lack of effort.
 4. Day 4: How to reach out about mental health and how to support your friends (30-45 minutes, **priority**). Orientation leaders (who will have been trained for this) will teach students how to approach a trusted friend or trusted staff member about their mental health. The idea is to help students feel comfortable as to how to approach their friends to talk about their mental state of being which can be a daunting task. Also talk about how to react when someone shares information with you about their mental health or a possible

diagnosis. Emphasize that students should try to be as affirming and supportive as possible without making any assumptions about their friend. Further emphasize that it is not the student's job to tell a friend what they have or don't have. In more serious situations, teach students how to encourage someone to get help or how to act in the situation that someone is intending to harm themselves.

5. Day 5: What to do if a peer tells you they're considering suicide/harming themselves/other concerning topic. Who to call and how to respond in the moment before professional help arrives.

Study:

1. Study that supports mental health education for first year college students
<https://www.google.com/url?q=https://files.eric.ed.gov/fulltext/EJ1146574.pdf&sa=D&source=editors&ust=1616179625894000&usg=AOvVaw3w3ZNdcQwBf4XWYwRwrX8I>
- c. 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 on this survey.
 - i. This will be done through the healthy minds survey which is currently in progress.
- d. Social media information campaigns: To increase awareness about less talked about more stigmatized mental illnesses the university or university associated student organizations (USG, HWC, etc.) could potentially use social media as an education tool. The goal is to address and disprove stigma surrounding mental illnesses that are less talked about due to discomfort or lack of knowledge. This would be a long term project. Information in posts would be short and easy to read and could contain graphics and videos.
 - i. The university could use social media accounts to do awareness weeks where a mental illness or class of mental illnesses is discussed throughout the week in the context of misconceptions and stigmas
 - ii. During each awareness week, the could be presented as a biological condition using simple science and easy to understand terminology (this is meant to emphasize that this is a real condition with, not something made up by the patient)
 - iii. Throughout the week, the accounts can address misconceptions specific to the condition/group of conditions and why those misconceptions are false

- iv. Emphasize that students with mental illnesses are just like any other students and deserve to be treated the same. Show how those affected by the condition can still live a normal life. **YOU ARE NOT YOUR MENTAL ILLNESS.**
 - v. Accounts can also provide resources that the university offers to help students who are battling those conditions. It is essential that those students know that CWRU wants to support them in whatever capacity they can.
 - vi. Also provide information regarding communities or support groups that can help students outside of UHCS along with credible resources where students can learn more.
 - vii. Use social media platforms to address the following: Eating disorders, substance abuse disorders (quite common on college campuses), mood disorders (bipolar disorder type 1, bipolar disorder type 2), personality disorders, schizophrenia and other psychotic disorders
 - 1. Encourage students to request specific conditions they want to see talked about, can be done using an anonymous google form advertised by the account sharing the information.
 - viii. Also provide students with information on how to get support regarding PTSD and trauma both from CWRU and the community.
- e. 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, lying down in a coffin 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.
- i. Potentially partner with student organizations including the greek life office, USG, COC, RHA, Health and Wellness Council (HWC), and others.
 - ii. Incorporate regular speaker events and mental health forums addressing various topics regarding mental health
 - 1. Bring in speakers who can talk about their own experiences with mental illness or others who specialize in talking about mental health with college students
 - 2. Host interactive workshops (can be mediated by speakers) to actively involve students in discussions

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. Working with Navigators, 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. Social work students as a part of their clinicals; field placement. Contact is Angela Whidden
- e. The peer groups will most likely need to be notified about confidentiality but medical record will not be utilized in these groups
- f. Posters dedicated to increasing awareness of mental health could mirror the Sexual Misconduct posters in each CWRU campus bathroom (**emphasis on commonly misunderstood disorders like OCD**)

2. Promotion and awareness about local, affordable services that cater to students with chronic mental health concerns

- a. Advertise the link with resources:
<https://case.edu/studentlife/healthcounseling/counseling-services/mental-health-resources-students-outside-ohio>
- b. Make the University Health & Counseling Services Website more user-friendly
 - i. More easily understandable graphics and less paragraphs of text

3. 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 modeled 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>

4. 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 before 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.ears Cornell.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

***Part of Healthy Minds National Survey that is in process and currently meeting, led by Dr. Richard Pazol (Director of University Counseling Services)**

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 students and mitigate difficulty in navigating the new website. 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. This 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. Some students just click the link in the reminder email and do not go through the app, this would help students who “bypass” the counseling link on the main Guardian App page to still see the UCS link
- c. <https://case.edu/studentlife/healthcounseling/counseling-services>

Category #7: Miscellaneous

Miscellaneous initiatives are based on general feedback from the Google Form that was sent to the student body in the “other comments” section and general student experiences.

1. Reach out to CWRU Police (Campus Security) to gauge education they have in recognizing mental health crises from student callers and/or education on directing students who call the emergency number for mental health crises

- a. *Note:* UDC (Undergraduate Diversity Collaboration) Campus Initiatives Committee reached out to Chairs with below information:
 - i. They communicated with Campus Police in August of 2020 about current Crisis Intervention Training
 - ii. Found out that Campus Police has at least one mental health crisis trained officer per team (every time they sent out a team to assist with a mental health crisis, they have at least one trained officer)
- b. Questions to discuss with Campus Police:
 - i. *How many officers are trained for mental health crises in total?*
 - ii. *How are the officers being trained?*
 - iii. *Statistics on frequency of mental health crisis incidents involving police on campus?*
 - iv. *Frequency of negative incidents with police and mental health crises?*
 - v. *Measure effectiveness of training, evaluate current mental health crisis training program*

- vi. *Making sure all officers are crisis trained progression, this may be in process?*
- vii. *Verify: is there a UCS on-call counselor or a Police Officer trained in mental health crises or both that respond when this phone call comes in?*

2. Distribute JED-backed Healthy Minds Survey (HMS) to the student body. JED is a national organization that conducts and assists with mental health research for teens and young adults. The organization's focus is mental health and suicidality. The Healthy Minds Survey

3. Formally define “No Class Days” (March 16th and 24th 2021) or other “days off” (Martin Luther King Day, Labor Day) throughout the semester and revise to preserve the choice of students taking time for their own mental health.

Problem: CWRU Students never get a “true” day off, and do not even have the choice of taking a day to themselves.

- a. Students have reported having exams the following day after breaks (No Class Days, Labor Day, MLK Day), therefore forced to study on their days off.
- b. Students have reported professors posting recorded lectures on these days off for them to watch and assigning homework based on those recordings to ensure they watch them on that day. Therefore, the workload remains the same, it is just now asynchronous.
- c. While professors have postponed due dates for homework, they tend to be due the day directly *after* the day off, thereby students must work on their days off.
- d. Students are under the impression that days off are for a break, labeling No Class Days as “Mental Health Days” (see undergraduate newsletters that labelled No Class Days as time for self-care). However, it seems these days are treated as extra time to do more work, study for exams, or have asynchronous class. This has been an issue before the pandemic as well.
- e. Discuss implications for faculty
 - i. Ex. Are faculty required to submit midterm grades the day after No Class Days?
- f. This is an issue on campuses across the country:
<https://www.nbcnews.com/news/us-news/spring-break-cancellations-spark-mental-health-concerns-college-students-n1250064>

Student Interview: "It's not a break," Guanin said. "It's not really a rest and recovery day. It's just going to be nonstop school. We're still going to have homework and deadlines that are going to be due the day after what they call 'rest and recovery' days."

Discussion

- a. It is understandable that there will always be students who *choose* to study and do homework on their days off. The issue arises when a student decides to take a "true" mental health day to themselves and it sets back their academic progress (ex. If a student has an exam the day after the No Class Day, not studying the day before could impact grades, GPA, and scholarship eligibility). In this light, students are positioned to choose between good mental health (self-care) versus good grades. Students should have an *option* to study or do homework on their days off, not feel like they have to or are required to because of strict deadlines.
- b. Some professors may have too much content in their classes to "skip" a lecture day, which is why they post recorded lectures. Their argument is that the content has to be covered at some point, whether it's a recorded lecture or holding a class overtime. The issue suggests that CWRU has course curriculums that make it impossible for a break. If professors have so much content to cover that students cannot have one day off, then maybe the curriculum needs to change. Inadequate break times are a problem that can contribute to burnout and poor mental health outcomes. Poor mental health can contribute to lack of motivation and poor school performance. If student breaks are merely asynchronous class days, with the same amount of work scheduled, then it's not a day off. It's a reading day: a day meant to study, not to rest.
- c. Student Success of CWRU mentioned the No Class Days as follows in an email on 3/18/21: "You put in the work. You deserve the time off. We'd like to acknowledge and appreciate your hard work. We have much to be proud of at CWRU and that includes you! Take a moment to think about how to make your no class day as relaxing and care-free as possible."
 - i. If this is the accepted definition of "No Class Days", then there are professors not treating it as such.

Proposed Action:

1. Formally define the purpose of “No class days” (Labor Day, MLK Day, Fall Break, future No Class Days such as provided during the pandemic)
 - a. Are they a day off from work or a day to do work on your own time (asynchronous)?
2. Determine if this definition needs to be revised
3. Revise the definition if needed
 - a. Ex. Mental Health Day instead of No Class Day
4. “Advertise” these days under the new definition
 - a. Ex. If days off are redefined as mental health days, announce this to the University with this label to help faculty and students understand that the purpose of the break is to maintain and promote mental health. This may help with workload issues.
5. Add parameters to the “No class days”
 - a. Example: no exams are allowed to be scheduled the day after a “No class day,” or schedule No Class Days *after* midterms, not in the middle.

Studies:

1. https://www.google.com/url?q=https://journals.sagepub.com/doi/pdf/10.1177/0734282914557727?casa_token%3DiMYCzAGtwU8AAAAA%253ASBeK2GjhzRJrN_1rmaQp-4Qe1VcmJkR0q9KQyUnSKW7Tv0rIXfibu6iSPwla2ytLGUzo5wbOShZw%26&sa=D&source=editors&ust=1616179625903000&usg=AOvVaw3iYGqbzTVFb5dDAc6dLF-4
 - a. Article supports that positive mental well-being is linked to better scholastic and social outcomes.

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.