

**Mental Health Work Group
Summary Report and Proposal
September, 2005**

The following is a summary report of the work completed by the Mental Health Work Group (MHWG) between September 2003 and September 2005. This report is followed by future recommendations for addressing the mental health needs of students at the University of Michigan and includes a proposal for transitioning the MHWG group into an advisory committee for continued monitoring of the University of Michigan's mental health care system for students.

1. Background

Original Charge-The MHWG was charged by VP Royster Harper to review the current status of mental health preventive and treatment services for students at The University of Michigan, Ann Arbor Campus, and to identify qualities of an optimal system of care, major barriers to such a system, options to correct or reduce these barriers, and finally to recommend ways to ensure on-going oversight of such services. The workgroup was convened in September, 2001 with Bob Winfield as chair and was composed of senior representatives from all units supplying mental health care to students on the central and medical campuses. The workgroup interviewed students from the undergraduate and graduate programs, and senior staff that work closely with students, from various areas within the University, including Academic Advising, University Housing, the International Center, and Services for Students with Disabilities. The MHWG report was published in May 2003, presented to the Executive Officers and endorsed in its entirety. [Please see [~mhealth@umich.edu](mailto:mhealth@umich.edu) for the MHWG executive summary and full report.]

New Charge-In September 2003, the Mental Health Work Group was reconvened around a new charge from the Vice President of Student Affairs. The group was charged with implementing the recommendations as outlined in the MHWG report (May, 2003) and endorsed by the Executive Officers in June 2003. The group was charged with maintaining institutional oversight as the report recommendations were carried out and with continuing to monitor the efficacy of the University's mental health care system for students. The group was asked to serve as "guardians and ambassadors" for the various recommendations and to provide support and direction to the various work groups that would form to advance the recommendations. During the next two years, the MHWG continued to consult students and professionals with expertise (e.g., Insurance Specialists, IT Director, UM Coordinator for Alcohol and Other Drugs, academic units, members of students groups with a mental health focus) needed to complete the work.

All members agreed to continue to work during the implementation phase of work. Bob Hatcher assumed responsibility for both Psych Clinic and the University Center for the Child & the Family (replacing Jerry Miller) and the UM Coordinator for Alcohol and Other Drugs, Patrice Flax, joined the group. The Associate Dean of Students, Stephanie Pinder-Amaker became the group's new chair. It was noteworthy that the members were not only willing to continue its work but were grateful for the University's support and the opportunity to oversee implementation of the recommendations.

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3. Year One: Disseminating the Report & Implementing the

Recommendations-Two parallel tracks were established for this phase of the MHWG's work: (1) Disseminating the report and (2) Implementing the recommendations. Below, is a sampling of campus-wide presentations that were given between September 2003 and August 2005 regarding the MHWG findings and/or report recommendations. The most significant outcome of these presentations was that a campus-wide dialogue ensued regarding student mental health concerns, resources and needs. These discussions continued to keep the issues in focus, generate support for student mental health initiatives and clarify the need for additional faculty and staff consultation and training on how to assist students in psychological distress. During the process of presenting the report findings, four unifying themes emerged from the report and were restated to the University community as needing to (1) Simplify (2) Systematize (3) Standardize and (4) De-Stigmatize the mental health system for students. In addition to presentations to the University community, the full MHWG report was made available on the web.

3.1. Disseminating the Report-Campus-wide Presentations:

- DSA Leadership Assembly
- Academic Services Board (ASB)
- Academic Program Group (APG)
- Rackham Chairs and Directors
- Engineering Advisors
- Depression on College Campuses Conference
- Associate Provosts and Associate Deans Group (APADG)
- Mass Meeting with Student Groups (TIPS, Finding Voice & SHARE)
- LSA Dean's group
- LSA Honors students, faculty & advisors
- DSA Professional Development Series
- Comprehensive Studies Program Faculty & Advisors
- Comprehensive Studies Program Students
- Multiple inquiries have been fielded from other universities interested in learning more about the report and/or the mental health policy
- LSA Mental Health Network
- Office of the Registrar Administrators

Other communications efforts included a press briefing held on March 9, 2004 that coincided with the Second Annual Depression on College Campuses Conference (DoCC) and announced the launch of the web and paper map mental health resources. These resources (including laptops for navigating the new web site) were displayed in the DoCC conference resource room in 2004 and 2005. In fall 2005, the Insider's Guide to Colleges and Universities will highlight UM's mental health resources and the importance of sharing this information with incoming students. The DSA Magazine will feature an article with a similar focus in fall, 2005 as well.

3.2 Implementing the Recommendations:

In an effort to generate campus-wide support and investment in the recommendations, the MHWG established a lead individual from the group for

each initiative. That individual was responsible for identifying the key University resources/individuals for each recommendation and for creating subgroups as needed. The MHWG “lead” was also responsible for acting as a liaison between the subgroup and the MHWG while ensuring that the specific recommendation was being advanced. This particular model worked especially well for implementation of the mental health policy and the mental health web resource. The following chart summarizes the status of each recommendation as of September 1, 2005:

3.3 MHWG Recommendation/Lead/Status:

The Emergency Mental Health Withdrawal and Readmission Policy (11.2)	Pinder-Amaker, Sevig	Implemented	Jan '04
Dual Release of Information Forms (10.2)	Kettley	Implemented	Feb '04
Insurance (8.3.4.2)	Kettley, Winfield, Sharporn	In Process	
Standardization of Data (8.3.3.2)	Sevig, Kettley	Implemented (see PES charts)	Aug '04
Mental Health Web Resource (8.3.1.2)	Larsen	Implemented	Mar '04
Mental Health Resource Paper Map (8.31.2)	Pinder-Amaker	Implemented	Mar '04
Mental Health Resource Guide (8.4.2)	Sevig, Pinder-Amaker, Winfield	Implemented	Oct '05
Community Providers (9.2)	DiFranco	In Process	
Faculty and Staff Training (8.4.2)	Sevig, Pinder-Amaker	In Process	
Follow up with Prof. Weng (April '04)	Rogers		
Student Hospitalization Guide	Pinder-Amaker, Finding Voice	Implemented	Oct '05
De-stigmatization Efforts	All	Implemented	May '05

4. Year Two: Connecting with Students, De-Stigmatization Efforts and Strengthening Consultation to Academic Units-The second year of the implementation phase included a (1) renewed and deliberate effort to connect with students regarding their experiences, needs, group projects, etc., (2) an increased focus on de-stigmatization efforts, (3) a formal budget request for increase in psychiatric services on Central Campus (UHS and CAPS) and (4) increased consultation with academic units that were seeking support for navigating policy issues (e.g., withdrawal and readmission) for students with mental health concerns and for providing appropriate support to students in psychological distress.

4.1 Communication/Collaboration with Students and Student Groups:

In recent years we continue to witness an increase in the number of students arriving to colleges and universities with increasing numbers and severity of mental illness [Kadison, 2004]. In 2004-2005 we observed a healthy by-product or possible outgrowth of this trend on the UM, Ann Arbor campus—the emergence of new student advocacy groups. It is noteworthy that the

composition of these groups has increased in size, male representation, degree of organization and level of commitment.

The MHWG chair convened a mass meeting of all student mental health-related group members in September, 2004. Approximately 30 students attended to learn about the work of the MHWG and the status of the recommendations and to provide feedback regarding new resources. Opportunities for mutual collaboration were discussed as well. In October, 2004 a smaller group of representatives from these same organizations was invited to speak directly to the MHWG members. The most significant outcomes from both exchanges were that (1) collaborations were established and duplicitous efforts were avoided, (2) the student group members had a chance to learn about our work and the existence and work of other student groups, and (3) the members were extremely appreciative of the opportunity to "be heard" by administrators and expressed genuine surprise and gratitude by the University's commitment to these issues. In addition, (4) the student feedback regarding the newly-launched resources was very positive. However, they echoed our concern that these materials were not yet widely-disseminated. The student input regarding strategies as to how best to get the resources into the hands of the students who need them was invaluable.

These efforts, to increase communication with student groups, have yielded multiple joint projects, all of which are stronger because of the collaboration that ensued. These projects include, but are not limited to:

- Student Hospitalization Guide (Finding Voice)-(Launch date September, 2005)
- Finding Voice display featured at the 3rd annual DoCC
- SHARE (Student Health Advocates and Resource Exchange) summary of mental health resources featured and included among DoCC registrant and resource materials
- SHARE mental health emergency magnet (launch date August, 2005)
- Joint promotion of student mental health speakers bureau
- "Student organization of the month" featured on mental health web site (and cross-listed with the student group web sites)
- Student input to Mental Health Resource Guide (launch date-September, 2005)
- FV and SHARE participation in Real Men, Real Depression campaign

To learn more about the current active student groups with whom we've worked and to see samples of the projects listed above, please see attached.

Unique Challenges-It is worth noting that there are some specific challenges unique to working with these student groups. First, there is a strong need for more formal guidance and support to be given to student group members regarding the skills needed for student advocacy. In particular, students need to learn how to maintain boundaries when engaged in this work and how to manage their own lives and illnesses while working as advocates. These students are at high risk for relapsing themselves or triggering a personal crisis because of disruptions to their own lives when advocating on behalf of other students. Second, many of the students who are passionate and wonderful to work with in this area are navigating mental health crises of their own throughout the year. Crisis management skills and significant time are needed in order to work most effectively with these student groups. Third, current student groups have divided along the dimension of "the haves" (those who have experienced mental illness)

and “the have nots” (those who have not experienced mental illness). This distinction is not always a productive one in that it limits the ability of the groups to support each other’s efforts. One faculty member’s efforts to bridge this gap for students met with significant resistance. Perhaps the most effective solution will come from students themselves; as some students have chosen to join both groups.

4.2 De-stigmatization Efforts: The idea of establishing a UM theme semester was explored extensively in Fall, 2004. Although this was viewed as one possible strategy for generating a University-wide dialogue regarding mental health and reducing stigma, it could not be pursued at that time. Substantial resources would have to be committed in order to undertake such an effort.

The primary MHWG efforts for reducing stigma have been channeled through two efforts. Several MHWG members have served on the advisory committee for the DoCC, facilitated workshops, presented topics and served on panels. This national conference, co-sponsored by the Depression Center and Rackham with advisory support from DSA, the School of Social Work and the Dept. of Psychiatry, addressed “Challenging Stigma with Knowledge and Understanding” during its 3rd annual conference in March, 2005.

Similarly, four MHWG units were substantial and key collaborators for the “Real Men, Real Depression” (RMRD) educational campaign that formally launched on UM’s Ann Arbor campus from February-May 2005. The RMRD campaign is a National Institute of Mental Health (NIMH) national, public service campaign that was tailored for a student population and implemented for the first time on a college campus at the University of Michigan. The Division of Student Affairs and the Depression Center collaborated with NIMH for the purpose of educating the campus community about depression in men and to reduce the stigma of seeking help for depression and other mental illnesses. The UM campaign included an evaluative component in order to assess the impact of the campaign and these findings have been submitted to NIMH and are currently being written for journal submission.

4.3 Increase in Psychiatric Services at UHS and CAPS: Recent national and local data at universities reflect an increasing demand for medication management of a variety of mental health problems. There is a substantial yearly increase in the number of students arriving on campus as first year students, who have been on maintenance psychotherapeutic medications. In some instances these students would not have been able to enter the University without the positive effects of these medications, and they require continued monitoring and prescribing while away from home.

The report of the Mental Health Work Group committed the group to monitoring the adequacy of mental health resources for students. This was done with the intention of pro-actively addressing the changing needs of students. In the last two years, there are indications that demand is overtaxing the psychiatric resources at CAPS and UHS. This is evidenced by increasing wait times to see the CAPS psychiatrist, overflow to UHS of complicated psychiatric patients requiring drug therapy beyond the skill level of primary care clinicians, and difficulty for the CAPS staff accessing the psychiatric staff for brief consultation. This presents a

safety issue, a risk management issue, and a shortcoming of the expectations of our students and their parents sending their students to the University.

A review in January, 2005 of ten of the Big 10 universities, looking at combined CAPS and Health Service staffing was conducted. The numbers of counseling staff in CAPS at U of M are slightly above most other Big 10 universities, and appear quite adequate at this time. Conversely, the numbers of psychiatrists and psychiatric nurse practitioners at U of M per 10,000 students is amongst the lowest in the Big 10.

An increase in psychiatric services was proposed and partially approved through an increase in the UHS student fee for 05-06. As a result, the new staffing configuration will include a total of 1.5 FTE psychiatric coverage and 1.0 FTE psychiatric nurse practitioner coverage at CAPS and 1.0 psychiatric coverage at UHS. We plan to propose the balance of psychiatric staffing increases during the next budget cycle and, if approved, the new staffing configuration would be commensurate with the Big 10 standards discussed previously.

4.4. Consultation with Academic Units: The increased demand for support of students with mental health concerns has manifested through a significant need for support and consultation to university schools and colleges. It is clear that many academic units and programs are experiencing new and complicated challenges related to these issues. This body of work promises to be a significant priority as the entire university seeks to become better-equipped for navigating these situations.

Academic Unit Concerns-Overall, issues for which academic units have requested support may be summarized as follows: (1) providing appropriate support to students in psychological distress, (2) providing appropriate support regarding the withdrawal, suspension and readmission of students with mental health issues, (3) providing consultation and guidance to academic standards boards who must render decisions regarding withdrawal, suspension and readmission, (4) protecting the students' right to privacy regarding their psychiatric history while providing this support and making these decisions, (5) distinguishing the student with genuine concerns from those who might manipulate the system, (6) determining whether academic policies unintentionally penalize students with mental health concerns and, (7) maintaining the "power" to make these decisions. Some academic units require help understanding the student's fear of being stigmatized and how this one factor can affect all of the above.

Expressed Student Concerns-The number of students requesting support from the Dean of Students office and the Ombuds office for assistance navigating these same issues with their academic units has increased as well. Students seeking support are expressing (1) a strong desire to have their mental health records kept separately from their academic records, (2) fear of being mistreated if their illness is known to their academic unit, (3) reluctance to supply requested mental health treatment status information to their academic standards boards, (4) concern that when this information is supplied, it is not being evaluated fairly by a mental health professional, (5) displeasure that they are placed on "academic probation" when they withdraw and return in excellent academic standing in spite of their mental health challenges and (6) disappointment when faculty (especially in the Department of Psychology whom students, perhaps mistakenly, expect to have

superior clinical skills) don't have the skills or knowledge base to support their emotional needs or make helpful referrals.

Collaborative Strategic Efforts:

Proactive Interventions-Many schools and colleges have adopted the proactive practice of disseminating mental health resource information through workshops, student panels, mini institutes and orientation early and often in the student's career. Rackham graduate school, LSA Honors, the School of Engineering and the Comprehensive Studies Program are some of the schools and programs that systematically address these issues during the summer *before* the student becomes fully-immersed in the demands of coursework. **Rackham**-For several years, Rackham has included a mental health issues and resource component in its orientation program. The attendance has increased for this particular session and issues such as "the imposter syndrome", depression, anxiety and how to determine when one might need professional support are addressed. Under the direction of John Godfrey, Rackham has held intimate luncheons for international students in the late fall of every year. These luncheons are presented as opportunities to discuss adjustment issues and challenges specific to international graduate students. The MHWG chair is invited along with a few graduate school staff to join the students for lunch and "hear" their concerns in a confidential, supportive environment. **Comprehensive Studies Program (CSP)**-In order to proactively address the increasing number of students attending summer courses with significant mental health challenges and life stressors, the CSP program implemented an innovative effort in July 2005. As part of their summer coursework and lecture series on the social sciences, they invited the MHWG chair to lecture on "Psychology as a Social Science". The title of this year's lecture was "Contemporary Clinical Psychology and Student Mental Health". Imbedded in the lecture were clinical examples that would resonate with college students, national student mental health trends, UM-specific student mental health trends and UM mental health resource information. Exam questions were included from the lecture and students were invited to follow up with the lecturer through the Dean of Students office for "additional discussion of any lecture topic". This approach represents a significant departure from previous resource dissemination models and was well-received by the CSP faculty, advisors and students. By integrating the material into the actual coursework, we've seized a unique opportunity to share information in a non-threatening and de-stigmatizing manner.

Withdrawal, Rematriculation & Student Support-A New Model-In consultation with the MHWG chair and General Counsel's office, one academic unit (Honors) agreed to implement a new practice for making withdrawal and re-matriculation decisions. Effective in January, 2005, this unit agreed to identify a mental health professional to serve as a consultant to their academic standards board when mental health issues must be considered. The unit no longer requires that the student disclose mental health information to the board, but allows the student to release the information to the consultant as an alternative. The board poses their questions to the consultant (Can the student assume a full or part-time load? What type of on-campus support will be provided if necessary? Is it appropriate for us to follow our typical practice of checking on quiz and exam grades on a weekly basis?, etc.) Once the appropriate releases have been signed, the consultant may communicate directly with the mental health provider, the student and the board as necessary. The consultant makes a recommendation to the board based on this process. The board retains the right to make the final decision regarding the student's academic status. Thus far, the identified

advantages of this particular model have been (1) the mental health provider is likely to reveal more meaningful and helpful information when talking with a professional who is a mental health provider and identified as someone outside of the student's academic unit, (2) the student is more comfortable sharing the relevant information through this process and knowing that their mental health history will not be a part of their academic file, (3) informed measures can be taken to provide the additional support for the student, if needed, (4) the unit, by getting outside input and consultation, is taken out of an often difficult situation and supported in obtaining the more detailed information and recommendations that it needs and (5) the relationship between the academic staff and the student is preserved.

Mental Health Networkers-The LSA academic advisors have taken the initiative to convene a passionate group of students, advisors, faculty and administrators in order to learn how they can be more effective in working with students while balancing the student's need for privacy and autonomy. This group, chaired by Toni Morales, began meeting during the summer of 2005. The MHWG chair was invited to update the group regarding MHWG progress with recommendations on August 4, 2005. As a result of this exchange, The Networkers group requested an opportunity to continue this dialogue at their September '05 meeting. Among other concerns, several group members expressed frustration and anxiety with navigating the limits of confidentiality when making student referrals. In response to these concerns, the handout titled "Making Effective Student Mental Health Referrals" (attached) was developed and reviewed at the September meeting. Several positive and exciting outcomes resulted from these initial exchanges including (1) new resource materials were shared, (2) the School of Engineering requested assistance for exploring and possibly implementing the model piloted with Honors and DSA for managing withdrawal, re-matriculation and student support issues, (3) liaisons between the two groups were established (4) collaborations on future initiatives were explored and (5) the focus on the specific concerns of international students was renewed (and will be addressed in future meetings).

The Office of the Registrar-The DSA Ombuds, Director of Services for Students with Disabilities and MHWG chair have met with Registrar administrators in an effort to generate a more effective process for tuition reimbursement decision-making for students with medical and mental health issues. The Registrar's office also has expressed a strong interest in exploring the consultation model adopted by Honors and DSA for establishing a more equitable appeals process for tuition reimbursement. These discussions are still in process but progressing with significant support and speed.

- 5. Year Three: Future considerations-**Now that the majority of the original MHWG report recommendations have been implemented, it would be of great benefit to maintain the MHWG structure as a revised, advisory committee to the VP of Student Affairs. The group will (1) continue to monitor national and campus trends and maintain bi-semester contact for addressing emerging issues that require institution-wide coordination, (2) continue to advance the ongoing recommendations including adequate student mental health coverage through insurance, developing a database of community providers, proposing a systematic training module for faculty and staff and addressing the remaining need

for increased psychiatric services on Central Campus and (3) support emerging University groups and efforts at an institutional level.