

Joint Task Force on Student Mental Health Recommendations

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Summary and Introduction

Student mental health struggles are a reality that impedes the academic mission of the University of Minnesota. Instructors (faculty, instructional staff, adjuncts, and teaching assistants) are at the front lines of these struggles. They observe students try to meet academic demands while managing mental health challenges, many of which impact learning and pose broader concern for their welfare. The problem is significant. One in three University of Minnesota (UMNTC) students has been diagnosed with a mental illness prior to or during college (Lust and Golden, 2015) and an estimated one-fourth of enrolled students would likely meet the criteria for a mental illness, with depression and anxiety the most prevalent mental health problems (Eisenberg and Ketchen Lipson, 2012). Furthermore, the stress of college life itself often exacerbates mental health problems. Nearly 35 percent of students report they are unable to manage their stress (Lust and Golden, 2015). And, while mental health concerns are present in all student cohorts and disciplines, students from underrepresented populations and international students may face additional stress as well as barriers to access assistance (London *et al.*, 2005; Smedley *et al.*, 1993; The Steve Fund and JED Foundation, 2017).

Student mental health exists on a continuum that ranges from wellness through mild stress to diagnosable mental illness. Mental illness also varies in degree from milder states to life-threatening conditions. While all would recognize that clinically diagnosed conditions can become debilitating, some instructors may not realize that less severe mental health challenges also negatively affect student success. Likewise, instructor interactions with students can either support student mental health or cause of unnecessary student stress. As a result, addressing student mental health involves not just responding to crises but making sure instructor practices do not contribute to the problem.

Regardless of the reasons for high level of student mental health concerns, one result is clear: student learning suffers from it. Both the inability to manage stress and impaired student mental health have been shown to correlate with lower grade point averages on the UMNTC campus (Lust and Golden, 2016). Mental health issues are also a leading reason for dropping out, accounting for 38.5 percent of requests for tuition reimbursement on the UMNTC campus. (Provost's Committee on Student Mental Health White Paper, 2016).

At the request of the Senate Faculty Consultative Committee (FCC) and the Provost, the Joint Task Force on Student Mental Health was established. The Task Force was asked to provide the FCC chair and the Provost with insights and observations relevant to the role of faculty and

instructors in addressing student mental health, and to develop strategies for engaging University faculty and instructional staff to recognize their role in student mental health, become knowledgeable about student mental health resources on the UMNTC campus, recognize and respond to behaviors that signal student mental health concerns, contribute to positive student-mental-health environments, and reduce the stigma associated with mental health problems. In addition, the Task Force was asked to provide recommendations for future charge, operation, and composition of the Provost's Committee on Student Mental Health.

Addressing Mental Health in Academic Settings

The Task Force has developed recommendations to help instructors, units, and University leaders address student mental health needs as they arise in academic settings. The Task Force believes these strategies will ease confusion about instructor roles and ultimately promote student learning and long-term success. The recommendations involve active instructor engagement at all levels (e.g. instructor, unit, department, college, governance, administration) within UMNTC. Although the Task Force charge was focused on the UMNTC campus, the recommendations are applicable to all campuses system wide.

To achieve an optimal approach to student mental health and its impact on learning, the Task Force sees the following as essential:

1. Instructors **understand the key role** they play in student mental health.
2. Instructors **adopt instructional strategies** to prevent unnecessary stress without compromising academic rigor, and provide reasonable accommodations for students with mental health disabilities.
3. Instructors **strengthen proficiency to respond** to students in distress and refer them to appropriate resources.
4. Units **foster an environment** that promotes positive mental health and supports professional development of instructors in student mental health.
5. University leaders **continue to show a strong commitment** to student mental health by strengthening relevant policies, planning strategically, and allocating sufficient resources.

Recommendation 1 - Role of Instructors

Recommendation: Instructors **understand the key role** they play in student mental health.

Despite significant increases of college students who identify with mental health problems, instructors are often ambivalent about the role they play as it relates to student mental health (Backels and Wheeler, 2001). In considering this role it is necessary to appreciate that the historical concept of teaching as defined only by being a dispenser of disciplinary content and skills is inconsistent with current educational theory and practice (Ambrose *et al.*, 2010; Barr and Tagg, 1995; Jankowski, 2017). Viewing teaching as the process of facilitating learning means that instructors also need to recognize the academic and personal backgrounds students bring to an educational setting.

While instructors feel prepared to present their discipline to students, they may have received less guidance on creating an environment that supports learning, and may be unprepared to deal with distressed or disruptive students (Becker *et al.*, 2002; Brockelman *et al.*, 2006). Given the rising concern about student mental health on our campus, the Task Force believes it is

important to clarify instructor roles as well as empower instructors with the knowledge and skills to address mental health issues. In addition, instructors should recognize the opportunities they have to help prevent unnecessary stress and poor mental health in students through instructional planning and self-care promotion. These opportunities and skills apply not only to interactions between instructors and students in classrooms, but also to the one-on-one interactions between instructors and graduate, professional, postdoctoral, and undergraduate students doing individual projects. Particularly in those situations in which the instructor is also a mentor and/or the employer, the potential for the instructor to affect student mental health is high (Student Conflict Resolution Center, University of Minnesota, 2014, 2016).

Instructors are not mental health providers. However, because instructors interact with students most directly and frequently, they are in an opportune position to recognize, respond to, and refer students to mental health professionals in a preventative and proactive manner. By applying these skills, instructors also promote positive action and reduce stigma. Instructors who understand their role -- both the opportunities and the boundaries of it -- are in a better position to not only help students but also foster learning. As the American College Personnel Association has noted, students are more likely to succeed academically if they are also socially and emotionally healthy (American College Personnel Association, 1994).

To fulfill the role as defined here, instructors need specific skills and resources that may not have been included in their professional training. Recommendation 2 outlines strategies for establishing a learning environment that supports student mental wellness, and Recommendation 3 addresses best practices for instructors in response to student mental health challenges.

Recommendation 2 - Instructional Strategies

Recommendation 2: Instructors **adopt instructional strategies** to prevent unnecessary stress without compromising academic rigor, and provide reasonable accommodations for students with mental health disabilities.

Instructors must maintain appropriately high standards. Our shared commitment to excellence requires all students to work hard and push themselves to learn and contribute. We hold honors students and those in elite programs to particularly high standards. While University policy includes provisions for mental health disability or absences due to mental health issues, students remain accountable for meeting requirements in order to progress through an academic program. Professional standards may also demand performance around deadlines, fast-paced work, and long hours, which may be unavoidable yet challenging for student mental health. That said, instructors *can* play a significant role in reducing unnecessary stress around academic requirements. Instructors have the power to create learning environments on a continuum between excessive demands or flexibility, depending how they choose to pace and present their instructional material and provide feedback to students (Savani, 2016). Educational policies can encourage or fail to support such actions.

Reasonable efforts to reduce stress by instructors need not sacrifice high expectations and academic rigor or forgo student accountability; rather, they can create the conditions for more focused and mindful student learning and performance. Seemingly small steps to create a better learning environment have the potential for large impact. This proactive approach not

only benefits students but can also help instructors by reducing time needed to attend to academic mental health crises.

A proactive approach to a better learning environment includes establishing clear course policy with respect to deadlines, allowing reasonable flexibility in assignments and exams, incorporating varied teaching and learning formats, and willingness to work with students deemed appropriate to receive disability accommodations and/or who are eligible for exam rescheduling in accordance with University policy. It is well documented that instructors who use sound evidence-based principles of teaching and learning in their course design and delivery not only ease student stress but also maximize student mastery (Ambrose *et al.*, 2010; Boucher, 2016; Bush *et al.*, 1977; Chesebro *et al.*, 2001; Clark *et al.*, 2006; Hines *et al.*, 1985; Jankowski, 2017; MacDonald, 2010; Metcalf and Cruickshank, 1991; Mowbray *et al.*, 1999; O'Neill, 1988; Wahlberg, 1988; Wang *et al.*, 1984; Woolfolk, 2016).

The Task Force recommends instructors adopt the following key practices:

Clarify expectations for the course and for all learning activities.

At the most basic level, instructors must make their course guidelines clear from the start. Students benefit from syllabi and course guidelines that include measureable course objectives, a weekly course calendar, expectations for time spent and course workload, and clarity in course goals, assignments, activities, and assessments. Students also benefit from syllabi and guidelines that specify any routinely granted exceptions to deadlines or graded assignments and relevant policy statements, and recommendations for dealing with stress, mental health problems, and disabilities.

Build flexibility into the course structure.

In some disciplines and specific courses it is common for instructors to base grades on two or three high-stakes and high-stress exams. Instead of this model, best educational practice supports, when possible, using multiple smaller assessments instead (American Association of Community Colleges *et al.*, 2013; Astin *et al.*, 1996; Banta, et al., 2009; Kinzie, et al., 2014; New Leadership Alliance for Student Learning and Accountability, 2012). With this approach instructors can also allow students to drop one or more of their lowest quiz or assignment scores. This decreases stress for students, allows more flexibility, and does not detract from determining a student's level of mastery.

Use a variety of evidence-based strategies and techniques to teach.

Employing a diverse range of teaching strategies and techniques reinforces students' understanding of material and offers students engagement with course material in the learning style best suited to them, which increases learning ease and decreases stress. This is particularly relevant for instructing recent migrants, others for whom English is not their first language, and underrepresented groups. Several strategies show clear success in evidence-based studies (Ambrose *et al.*, 2010; Atkinson *et al.*, 2003; Bothwell, 2016; Burgstahler & Cory, 2008; Carroll, 1989; Chandler, & Sweller, 1996; Clark et al., 2006; Conway et al., 2013; Freeman *et al.*, 2014; Gerjets et al., 2004; Hall *et al.*, 2012; Hmelo-Silver, 2004; Jankowski, 2017; Kalyuga, *et al.* 1998; Rose & Meyer, 2002), and instructors should aim to use the fullest possible range of these:

- scaffolding, which presents students with pertinent problems that are only partially complete. Such partially worked examples help students learn efficiently without overload, directing the focus to manageable aspects of the problem.
- visual prompts, such as diagrams or charts, and mental rehearsals, which also serve as forms of scaffolding

- verbal descriptions of visuals or handouts to reinforce those with strength in auditory processing
- student-centered learning formats such as team-based learning, Process-Oriented Guided Inquiry Learning (POGIL) or other cooperative learning approaches that may be combined with flipped classrooms
- links to tutorials and other helpful resources that reinforce learning
- outlines, not complete PowerPoint presentations, for students to annotate
- engaging, interactive strategies, such as “think-pair-share,” case studies, or clicker questions that involve higher level cognition and discussion with classmates
- breakdown of large projects into smaller, more manageable subunits, each with clear instructions and rubrics

Provide reasonable deadline expectations.

Deadlines are necessary, but inflexibility and excessive numbers of deadlines within a semester and across courses can cause overwhelming student stress and anxiety (Patton, 2000). Instructors sometimes forget that students take multiple courses each term, each with its own set of exams, assignments, and deadlines. Students often report that several of their courses have major assignments due the same week as midterms, other projects, or finals. In most professions there are strict deadlines (such as for grant proposals) but also other deadlines that are more negotiable (such as a request to review a manuscript or proposal), so many instructors will be familiar with navigating complicated arrays of deadlines. Reasonable instructors will hold students accountable while at the same time showing compassion for those who might have an accumulation of simultaneous deadlines, and also teach students how best to determine which deadlines are negotiable and how to make a case for a short extension.

- To allow students to plan ahead, list all assignments and their deadlines in the syllabus at the beginning of the term.
- If the instructor anticipates any additional assignments or any deadlines yet to be determined at the start of the term, these must be mentioned in the syllabus and students must receive due notice once deadlines are determined.
- For long-term assignments, provide students with clear deadlines spaced throughout the term, setting milestones for achievement on various parts of the assignment.
- Consider allowing students to negotiate an alternative deadline if they have multiple major deadlines at the same time or have another reasonable reason.
- Avoid deadlines that promote poor sleep patterns (e.g., midnight deadlines, especially for courses that meet early in the morning).
- Consider deadlines in the context of scheduled breaks so that students experience breaks as they were intended to be used.

Provide reasonable accommodations for students with mental health disabilities.

Mental health disabilities account for the highest percentage of accommodation requests coordinated through the Disability Resource Center (DRC) (The Provost’s Committee on Student Mental Health White Paper, 2016). Navigating the implications for reasonable accommodations can pose significant challenges to instructors. Since mental illness is a non-apparent disability and the reason for the accommodations is protected personal health information, instructors are asked to accommodate, often with significant time and effort, in the context of limited or no justification for their additional efforts.

Instructors need to acknowledge that an accommodation request for any disability, whether physical or mental, represents an actual problem; it does not mean that a student is trying to

hide behind excuses. Nor does providing accommodation constitute hand-holding. Students seek accommodations -- such as extensions for deadlines, extra time for taking exams or flexibility in attendance -- to counteract symptoms that represent challenges to their success in the classroom. Other common accommodations include developing additional educational materials and/or formats or make up examinations. Instructors need basic knowledge of how the DRC determines these accommodations and how to best work with disability specialists. This can be achieved by accessing existing professional development opportunities at <https://diversity.umn.edu/disability/educationandtraining>.

To support reasonable accommodations instructors need to do the following:

- **Inform** all students about practices around disability accommodation letters by including the relevant policies in syllabi and by discussing with students the importance of presenting any requests early in the term, or as early as possible if problems arise once the term has begun. For instruction outside of a classroom, such as with graduate students and postdocs, instructors should have a proactive conversation with students early in the period of interaction.
- **Acknowledge** a student's accommodation letter with an email or conversation that sets up a time to discuss the matter in depth and privately.
- **Convey confidence** in a student's ability to identify strategies for coping with the disability, being resilient, and succeeding.
- **Agree** with the student on a reasonable plan for the semester, for if and when the need for specific accommodations arises.
- **Communicate** with the student and/or the DRC if requested accommodations exceed what is reasonable for that discipline, course, or program.
- **Follow up** with the student on any unforeseen or concerning issues, such as unexplained absences or missed assignments; if the student does not respond, consider contacting the DRC counselor to express concern.

Demonstrate what it means to “reduce stigma” around mental illness.

Mental health problems can carry a significant stigma, which itself can become a source of distress. There are many ways that instructors can demonstrate sensitivity to the issue of stigma in their regular interactions with students (<http://www.mentalhealth.umn.edu/get-involved/whatyoucando.html>).

- Watch for and avoid words like crazy, insane, nuts, wacko, schizo— all promote stigma or can be offensive to individuals who have a mental illness.
- Use people first language. For example, refer to a person with a mental illness instead of a mentally ill person.
- Become educated on mental illnesses. Look up mental illness and specific conditions and find out more about the people who have these illnesses.
- Become knowledgeable of individuals who have dealt with mental illness and made significant contributions to your area of study (e.g. Nicola Tesla, Isaac Newton, Ludwig Boltzmann, Vincent Van Gogh, John Nash etc.)
- Confront jokes about mental illness. Refuse to listen.
- Ensure that all educational materials are free of negative stereotypes.
- Do tell someone if they express a stigmatizing attitude or a view that is contradictory to fact. People are often unaware of the facts about mental illness and it is important to let others know when they are presenting a stigmatizing attitude.
- Be sensitive to students from other cultures; they may not be accustomed to talking about mental health and may need extra help to understand why we are trying to reduce stigma around the topic and why it is important to seek assistance if in distress.

- Emphasize abilities, not limitations. A mental illness is like other chronic health conditions. It is a part of an individual; it does not define the person.
- When explaining syllabus statements or talking to students about mental health, use encouraging language and nonverbal signals that convey a sense of inclusion and approachability (Ambrose *et al.* 2010).
- If comfortable doing so, allow yourself to demonstrate some level of vulnerability to enhance your sense of approachability and your ability to empathize with student struggles.
- Recognize the common signs of mental distress or illness in yourself and in your friends so you can find help if you need to.

Promote a positive environment for students to practice good mental health.

Creating a campus responsive to mental health needs is not simply a matter of responding to distress or of accommodating documented disabilities. It also involves reducing the likelihood of unproductive stress (i.e. prevention) by:

- preparing for, expecting, and welcoming discourse of sensitive issues
- taking time periodically in interactions with students to underscore the importance of good mental health and simple stress management.
- urging students to practice self-care and seek assistance when needed.
- helping students develop resilience through techniques like post-exam analysis and reflection on other academic activities

Use reasonable midterm and final examination procedures.

Exams are often high-stress activities for students that, depending on how written and administered, may produce so much stress that students aren't able to show what they have learned. Instructors need to remember that it will usually take students considerably more time than the instructor to complete an exam and thus need to allow ample time in the examination period. Especially in exams in which the questions involve extensive prose, students for whom English is a second language and those with dyslexia or other learning challenges need extra time just to read the questions. Students benefit when instructors follow the following guidelines for exams.

- Focus the exam on what students have mastered, rather than on how fast they can read the exam and write their answers. These considerations are especially important for students with English as a second language.
- Allow students a choice among a number of questions on an exam.
- Provide pretests, self-assessments with constructive feedback, and other relevant preparatory materials to give students adequate opportunities to prepare. Provide review formats in which students can review content individually, in pairs or groups. Several online formats (Moodle/Canvas) are available to develop helpful review formats.

Alternative evaluation formats may be more or less stressful depending upon how they are administered. These include take-home and group exams, projects, demonstrations, presentations, and simulations.

Comply with University policies concerning exams.

In addition to provision of reasonable midterm and final exams it is the responsibility of all instructors to comply with University policies concerning exams. Current policy includes the right of students to reschedule one exam when they have three final exams scheduled in one

calendar day. The Task Force recommends that this policy be changed to allow for rescheduling one exam when three are scheduled within 24 hours and be extended to include midterm exams. Instructors must also adhere to the University's official final exam schedule and the policies about changing the date of a final exam (<https://policy.umn.edu/education/exam>).

Provide clear expectations, training, support and evaluation for students doing research

Research mentors also need to use best practices with students conducting research with them. The Dignity Project has produced guidelines for responsible conduct in graduate and professional education (see Tips for TAs and RAs at http://www.sos.umn.edu/Staff-Fac/Grad-prof_advising.html) that are applicable whether the students are at the undergraduate, graduate, professional, or postdoctoral level.

Resolve conflicts through appropriate channels.

Students and instructors may not be in agreement with interpretation of policy and/or provision of reasonable accommodations. The Student Conflict Resolution Center http://www.sos.umn.edu/Staff-Fac/Staff-Fac_home.html is a recommended resource when there is a dispute or conflict between an instructor and student for these or any other problems.

Use and share resources for promoting positive mental health

While instructors often see their role in student mental health as just responding to distress, promoting positive mental health is also a critical skill. Instructors play an important role in mitigating or contributing to excessive stress through structuring courses and other academic experiences. The Task Force recommends that professional development for all instructors include knowledge and application of best instructional practices conducive to good mental health. The UMN Center for Educational Innovation (cei.umn.edu) provides free workshops, consultations and services for universal instructional design, which benefits all students, including gleaned student feedback on teaching. The Office of Equity & Diversity (diversity.umn.edu) offers a number of workshops that provide knowledge and skills that can contribute to decreasing student stress. These are included in the resources section at the end of this report.

Instructors can also promote positive mental health through role modeling and encouraging self-care and healthy coping strategies. Students can support their own well-being by participating in courses or workshops such as *Success Over Stress* offered by the Rothenberger Institute (www.ri.umn.edu), and *Mindfulness-Based Stress Reduction* offered by the Center for Spirituality & Healing (<https://www.csh.umn.edu/education/credit-courses/all-csph-courses>). Participation in such courses has been demonstrated to positively correlate with academic success, retention, and graduation (Soria & Kjolhaug, 2017). The Effective U program (<http://effectiveu.umn.edu/>) developed by the SMART Learning Commons includes online stress management and time management modules that students can explore according to their own schedules. Instructors could consider including self-care resources in course syllabi paired with short oral reminders about them. Instructors can also provide periodic tips for healthy lifestyle, especially in the weeks before exams, and announcements about wellness programs on campus or in the wider community. Comments on self-care and coping strategies need not be lengthy or encroach on instructional time; even a one-minute comment delivered in an encouraging tone can be effective. Boynton Health's Health Promotion department has also developed a strategy to promote student ability and intention for self-care that could be incorporated in any department's preventive strategies (reference here).

Instructional best practices guidelines for stress reduction and mental wellness

Instructors could benefit from the development of a set of campus wide mental health instructional best practices guidelines that incorporate the above and additional approaches. Existing University resources that provide source material for such guidelines include:

- guidance on appropriate accommodations for students with disabilities offered by the Disability Resource Center (<https://diversity.umn.edu/disability/educationandtraining>)
- workshops and trainings through the Office for Equity and Diversity (<https://diversity.umn.edu/workshopsandtrainings>; <https://diversity.umn.edu/idea/workshopsevents>).
- recommended statements for course syllabi <https://policy.umn.edu/education/syllabusrequirements-appa>.
- Student Academic Success Services material (<http://www.sass.umn.edu/> and <http://www.uccs.umn.edu/academic.htm>).
- programs promoting best practices in inclusive course design and other teaching and learning concerns through the Center for Educational Innovation (<https://cei.umn.edu/>)
- programs promoting how to handle sensitive course content <https://cei.umn.edu/resources/best-practices-teaching-sensitive-course-content>
- resources on tolerance <https://cei.umn.edu/resources/beyond-tolerance-resources>

Recommendation 3 - Strengthening Instructor Proficiency to Respond

Recommendation 3: **Strengthen instructor proficiency to respond** to students in distress and refer them to appropriate resources.

Instructors are often in a position to first recognize signs that a student is struggling with a mental health issue and to influence students to seek appropriate resources. But well-meaning instructors may need to be better-equipped to approach and interact with students in effective ways. Instructors may feel particularly ill equipped to respond to underrepresented or marginalized students, such as members of the LGBTQ community, or to international students whose home countries may not acknowledge mental illness or may stigmatize it. The Joint Task Force on Student Mental Health recommends that instructors acquire the knowledge and skills to strengthen their role in student mental health and to promote a culture of compassion, respect, and support.

This can be achieved by participating in professional development opportunities that clarify how instructors optimally respond to distressed students. We recommend that instructors participate in at least one professional development workshop related to student mental health topics early in their career at the University, and that response to mental health concerns be a part of all TA training. We further recommend that all current instructors, no matter how long they have been at the University, likewise participate in professional development addressing best practices in response student mental health difficulties and take advantage of opportunities to refresh their skills and obtain current knowledge of available resources on a regular basis throughout their career.

Instructors who effectively respond to student mental health concerns are able to:

Respond to a crisis situation.

Instructors are subject to student mental health crises arising in classrooms, laboratories, offices, meetings, or communicated by email or social media. In preparation for such events, instructors need to be knowledgeable of when to call 911 or the 24/7 UMN Crisis Line 612-301-4673 (1-HOPE), a service contracted through Crisis Connection. The Task Force recommends that all instructors enter the Crisis Line number into their mobile phone directory for quick and easy future reference in case the need should ever arise. Crisis Connection is also accessible by texting UMN to 61222.

Apply the Four R's for dealing with student mental health problems.

The Provost's Committee on Student Mental Health (PCSMH) developed *Responding to Students in Distress: the 4 Rs (aka Four R's or 4R Model)*, a group training presentation scheduled through the Office of Student Affairs care manager at ehara@umn.edu. This presentation is free of charge and has been delivered in multiple venues including conferences, seminars, and staff meetings. Yet instructors have thus far been underrepresented in requests for presentations compared to staff and student audiences. The Task Force recommends that all instructors participate in this presentation to learn these skills, summarized below. Alternatively, instructors can access an online interactive training that provides a useful introduction to these same principles (<http://mentalhealth.umn.edu/training/index.html>).

- **Recognition.** Seeing signs of a mental health problem is the first step toward addressing it, and instructors are often the first and most clear witnesses to such signals. These can include frequent absences, decline in work quality, decreased personal hygiene, excessive fatigue, decreased participation, smelling of alcohol, or displays of erratic behavior. Other signs can be indicative of a worsening condition, including classroom disruptions or disturbing writings about despair, hopelessness or violence. In the most severe situations, behavior can be quite alarming and represent threats to the safety of others including stalking, harassment, carrying a weapon, specific verbal or physical threats or suicidal threats or gestures. In such cases, recognition must be accompanied by awareness of how to mobilize an intervention to prevent harm.
- **Role assessment.** The instructor's primary job is not to ensure all students have mental or even physical health. Their job is to create conditions best suited to learning in whatever environment that might be -- from the classroom to the lab to the field. However, since mental health challenges can negatively impact learning and are prevalent throughout the student body, attending to mental health issues in a defined and limited manner is consistent with the instructor's academic role. This role does not extend to the provision of advice and support more appropriately provided by mental health professionals. Understanding roles and boundaries leads to more successful interactions with a range of students.
- **Response.** It is appropriate for instructors to respond to potential mental health concerns that they identify in students. A general expression of concern in a private setting is often enough to start a conversation about factors that are getting in the way of learning. Instructors should focus on listening and connecting to the student's words, empathizing with the student as much as possible. Open-ended listening will usually reveal the source of the problem that can then be addressed appropriately. In general, the instructor should not criticize behaviors and should be respectful of student privacy, value systems and cultures. Although instructors may contact the student's counselor at the Disability Resource Center (DRC) for support and direction in responding to a

student, oftentimes a student has not been identified by or is not part of the DRC system. In such instances, instructors have several options when they experience concerns about a student's behavior such as missing or disrupting class. These options include reaching out to discuss your concerns with the student's advisor, the department's head of student affairs, the DRC (even without a designated counselor), a counselor at Student Counseling Services or Boynton Mental Health, and in some cases, the Center for Educational Innovation, the Behavioral Consultation Team, the Office for Student Conduct and Academic Integrity (OSCAI), or the Aurora Center.

- **Referral.** Instructors should encourage students to seek help at one of the several available professional resources (University Counseling Services, Boynton Mental Health, Disability Resource Center, Aurora Center, Behavioral Consultation Team, Center for Educational Innovation, etc.) and be prepared to take steps to share addresses or directions for these resources. In alarming cases where the student is threatening to harm self or others, it may be necessary to accompany or arrange escorts to the appropriate professional resource.

Share referral resources for mental health clinical services and counseling.

Professional development also includes learning about available resources for responding to mental health issues, including where to appropriately refer students depending on the situation.

Student mental health clinical care and counseling is provided by two units on the UMTC campus, Student Counseling Services (SCS) located in Appleby Hall and the Mental Health Clinics at Boynton Health, both at the East Bank facility and at the St. Paul Clinic in Coffey Hall. Boynton primary care providers (physicians, physician assistants, and nurse practitioners) also prescribe medication for many cases of less severe depression, anxiety and other mental illness.

Students, staff, and instructors often are unsure about whether to refer to SCS or Boynton. A clear understanding of the major differences and similarities between the two facilities is beneficial to anyone who might encounter a student mental health problem requiring referral. The main differences between the two resources can be summarized as:

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| <p>Boynton Mental Health</p> <ul style="list-style-type: none"> •Medical Model •Psychotherapy •Psychiatry (medications prescribed) •Minimal trainees delivering care •Student fees & insurance funded | <p>Student Counseling Services</p> <ul style="list-style-type: none"> •Developmental Model •Academic, career, & psychological counseling •No Psychiatry •50% services delivered by supervised trainees •General funding/no billing of insurance |
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As both Boynton and SCS use a similar brief consultation model to quickly assess what services best fit a student's needs, instructors can take comfort in knowing that students will be directed to the best fit for their needs even if this is not initially clear to student or instructor.

Access UMN mental health website resources when indicated.

The PCSMH developed a mental health website, <http://mentalhealth.umn.edu> as a central resource for mental health resources. Instructors will benefit if they become familiar with this website. It includes a section specifically devoted to the needs of faculty and staff (mentalhealth.umn.edu/facstaff/), with general guidelines on assisting students in distress as

well as guidelines for addressing more specific scenarios such as academic difficulty, academic integrity, suicidal behavior, disruptive behavior, stalking, disability issues, international students' concerns, distress communicated within assignments, and student/advisor difficulties. The site also hosts an anonymous self-assessment of common mental health conditions to which it is useful to refer students when they are unclear whether their symptoms might benefit from professional evaluation.

Inform the Behavioral Consultation Team of students of concern.

Instructors play an important role in identifying student behavior that could represent a risk to them, fellow instructors, students, or the student of concern. By being aware of and reporting concerns to the Behavioral Consultation Team (BCT) (612-626-3030), instructors can gain consultation and guidance on how to address concerns and assist in identifying patterns of student behavior that may require more urgent intervention.

When needed, use/share additional mental health resources on campus.

Case/care managers are available in the Office of Student Affairs (612-625-2517), Boynton Health (612-624-1444), and Student Counseling Services (612-624-3323) to help students connect with services on campus and in the community or assist student transition back to campus if hospitalized.

The Community Response Team is available for quick mobilization of mental health support to groups of students dealing with the immediate aftermath of a traumatic experience such as the death of a student or instructor. To contact the CRT email osaum@umn.edu.

Disability Resource Center (612- 624-4037) is available to assess for and recommend reasonable accommodations (see recommendation # 2).

Student Conflict Resolution Center (612-624-7272) is a good resource for assisting with unsolved conflicts between students and instructors (see recommendation # 2).

Recommendation 4 - Department/Unit Support

Recommendation 4: Department **leaders foster an environment** that promotes positive student mental health and supports instructors' professional development in student mental health.

Instructors cannot act alone. They need proactive and continuous support from their academic unit, which can facilitate training and practices to address student mental health needs. It is important to note that there is no one template for departments and other academic units to follow when deciding how best to support student mental health. Populations and characteristics of students vary, as do demands of disciplines.

Units should take time to reflect on their particular student mental health needs regularly through anonymous surveys of students or other available data, as well as through discussions with advisers, students and instructors. Students taking courses outside their major field, as well as majors, must be considered, as it is in large service courses that students often report concerns with how they are treated. It would be useful for departments to collect information yearly or biannually that benchmarks variables relevant to stress and mental health issues. This will assist in identifying critical needs and in developing strategies for address them.

Departments need to be willing to openly explore both complementary and uncomfortable revelations about interdepartmental processes and dynamics and carry out healthy conversations as to how their programs could improve. The Task Force sees opportunities for department leaders to take action in several ways:

Become informed and establish clear, reasonable and flexible practices.

Department Chairs/Heads, Directors of Undergraduate Studies (DUGS) and Graduate Studies (DGS), as well as other departmental leaders, are accountable to be knowledgeable and maintain departmental compliance with policies relevant to mental health. They need to understand best practices around mental health disability accommodations. They should also establish and communicate clear expectations for responding to disability accommodation letters and need to be willing to entertain reasonable petitions related to mental health issues. Departmental leaders should make sure instructors address mental health in syllabi.

Consider mental health implications of course schedules.

Student mental health should be taken into account when scheduling classes whenever possible. When possible departments should offer courses that are required for a major during both fall and spring terms (not just once per year), and students who are within that major should be able to join such classes if needed. This decreases stress, decreases substituting unnecessary courses for the sole purpose of maintaining a threshold number of credits until a degree relevant course is available again, and provides better opportunities for educational continuity when progress has been temporarily disrupted due to mental illness.

Create a supportive environment that explicitly acknowledges the reality of mental health problems students face.

This can include introducing conversations about student mental health in departmental meetings as well as openly expressing support for stress and mental health initiatives in the department and across campus. Such conversations are appropriate in a range of settings, including Undergraduate Committees, Graduate Committees, Diversity Committees, departmental seminars, and in front offices dealing with student services. Leaders can also build departmental community awareness about mental health with social events and departmental newsletters.

Promote professional development opportunities in best instructional practices.

Heads and chairs can enhance the ability of their units to mitigate student stress by promoting workshops and programs such as those offered by the Center for Educational Innovation (CEI), where instructors learn and adopt best instructional practices. CEI offerings include TA training, New Faculty Orientation, Fall and Spring Teaching Enrichment Series, Early Career Teaching Program, Faculty Learning Communities, Mid-Career Faculty Women's Community, Mid-Career Teaching Community, Senior Teaching Fellows, and the Faculty, Instructors, Internationals of Color Teaching Community.

Understand and communicate to instructors best practices for dealing with student mental health issues.

Warning signs for mental health distress are reviewed in Recommendation #3. These signs may differ substantially based on the environment and personal experiences of those affected. Factors may include gender, ethnic and cultural background, disabilities, economic stress as well as long distance separation from family. Departments should take stock of these factors and include education about them in orientations for instructors at all levels.

Include and support mental health strategies in professional development opportunities and requirements.

Department heads/chairs should promote instructor awareness of the central mental health website www.mentalhealth.umn.edu and support time for instructors who participate in professional development and training programs that are focused on mental health topics. Department heads/chairs should also support their faculty and instructors taking credit-bearing self-care courses to improve coping skills and awareness of resources. Department heads should assure that Advisers in all colleges have training in student mental health issues, particularly as it relates to instructor concerns.

Develop processes for early identification of potential mental health issues and appropriate intervention.

Departments can consider opportunities to track student behaviors and performance in real time across all their courses and create ways of appropriately intervening with students who show patterns potentially representative of compromised mental health. Integration of course management systems with the A-plus student tracking and record-keeping tool (http://undergrad.umn.edu/advising_support.html) provides one potential mechanism for monitoring such patterns, and allows units to spot students who have failed to login to course sites over a specified period of time or who have unsatisfactory grades in multiple assignments or courses (<https://cbs.umn.edu/hhmi-grants/pathways/performance-metrics>). In courses that are small enough for instructors to note student attendance, direct sharing of information among instructors can identify students who have stopped attending class.

Clarify expectations for graduate students.

In graduate programs particularly, uncertainty around expectations can be a significant contributor to student stress. Graduate student handbooks must provide clear definitions of milestones, expectations, and procedures. Students should receive career planning as well as formalized feedback by semi-annual progress evaluations that require student self evaluation and discussion with an adviser to mitigate the excessively self-critical tendencies of some graduate students.

Develop and support mental health wellness strategies for students, staff and instructors.

Knowing about all pathways to support mental health is important. Departments can communicate wellness offerings at the university, such as sports, meditation, yoga, socialization, on-line stress reduction courses (referred to in recommendation # 3), and other programs. In some cases, departments have sponsored their own program-specific stress-reduction events, fostering the local sense of community. At the undergraduate level, Directors of Undergraduate Studies can also encourage community building through events such as brown bag lunches with faculty, social events, and workshops focusing on career planning. Graduate programs can offer workshops on stress-reducing ways to prepare for exams or job hunting. Graduate students can gain leadership experience and get a sense of ownership of their own education if they are encouraged to contribute in leading roles to professional development events such as seminar and workshop organization, and activities that improve safety in research and other daily activities. Departmental leaders, including the directors of undergraduate and graduate studies, can also encourage graduate students, post docs, and TAs to form peer groups to strengthen community building and provide support to each other. Departments are encouraged to consult Boynton Health Promotion staff when developing wellness strategies.

Participate in the new PCSMH Mental Health Advocate program.

Mental Health Advocates serve as a mental health resource embedded within a unit/department. They are staff or faculty departmental liaisons who provide consultation and referral assistance if an instructor has reason to be concerned about a student. Mental Health Advocates receive additional professional development training on dealing with students in distress and on assisting with referrals. They also receive updates on changes in mental health programming on campus and have access to the *red folder*, a guide to mental health resources developed specifically for them. The Task Force recommends that the *red folder* be considered for greater distribution to instructors.

Recommendation 5 – University Leadership Support

Recommendation 5: University leaders continue to show a strong commitment to student mental health by strengthening relevant policies, planning strategically and allocating sufficient resources.

University leadership has responded to student mental health through formal discussion and increased resources to address the problem. The Task Force applauds these efforts and wants to be certain University leaders continue to review them, as well as recommend additional efforts. Specifically, the Task Force recommends that University leadership focus on policies, plans and resources that support strong instructor practices around student mental health.

Review and strengthen policies related to student mental health and learning.

University policy has made changes that recognize the reality of student mental health needs on campus. Within the past year, for example, mental health was added explicitly to the lists of reasons instructors should offer makeup work for legitimate absences. The Task Force sees other opportunities for amending or clarifying existing policy and practices, or for creating new policies and practices to minimize the effect of mental health challenges on student learning and academic achievement. These opportunities include the following actions.

- Periodically survey compliance with the requirement that the disability and mental health syllabus statements be included in all course syllabi.
- Establish an explicit university-wide policy allowing students with documented disabilities to request priority registration as an accommodation, ensuring that process is private.
- Reconsider policies that promote excessive credit load and/or enrollment in “filler” classes.
- Consider procedures to allow students to petition for exemptions to scholarship requirements to take at least 15 credits per semester.
- Eliminate late-night exam schedules.
- Strongly encourage instructors of all courses (not just 1000-level courses) to submit in-progress notifications on academic performance.
- Recommend that all instructors complete the FERPA tutorial (available under University resources and services at <http://onestop.umn.edu/facultystaff-resources>) to ensure appropriate handling of privacy related to student mental health matters.
- Include references to supporting student mental health on all teaching-related job postings and descriptions.
- Require all instructors to complete the existing ADA/disability accommodations training offered through the Disability Resource Center (DRC). Allocate resources for DRC staff to make that training available via ULearn or future training tracking programs.

- Review practices related to disability accommodation letters. Specifically, DRC should consider modifying letters to provide instructors with more specific guidance on handling extensions and other accommodations (e.g. how long is reasonable, etc.) and to consider whether it may be more useful for the instructor to receive the letter directly from DRC rather than from the student.
- Establish a process for working with instructors who need more awareness around student mental health, especially those for whom there are data suggesting they produce consistently excessive environments of tension and stress for students.

Review how to strengthen and expand university education opportunities supporting mental health.

University leadership is required to ensure a range of educational supports around mental health. The Task Force recommends that mental health strategies be included in training for instructors at all levels, from TAs and adjuncts through to full professors, as outlined in recommendations #2, 3, & 4.

Allocate sufficient resources for these efforts with a strategic focus of building capacity across campus.

The Task Force applauds increased capacity for assisting students with mental health needs -- and strongly recommends future increases -- for Boynton Health Service, Student Counseling Services and the Disability Resource Center. Such resources are essential if instructor referrals are to be meaningful and for the University to respond to the close to half (48%) of incoming freshman with expectations to utilize counseling during their higher educational experience. (Eagan *et al.*, 2016). The Task Force also believes resources should be strategically applied to those entities, as well as others, to increase their capacity to support professional development programming for instructors related to student mental health as well as treatment and support services. Additionally, the University should review the physical space in which these services are located and consider future plans for newer facilities that might better align these resources and related resources in one central hub perhaps with additional smaller sites strategically placed across campus.

Continued discussion about resources for student mental health should extend through all levels of university activity, from student and faculty governance through the administration and ultimately to the Board of Regents. However, these discussions should be better coordinated to avoid redundancy and to foster more rapid enactment of positive programmatic changes.

Future Composition and Direction of the Provost's Committee on Student Mental Health

The Provost's Committee on Student Mental Health (PCSMH) was established in 2005 in response to findings from *The Needs Assessment Project: Exploring Barriers and Opportunities for College Students with Psychiatric Disabilities*, a national grant funded project completed by the University of Minnesota's Disability Resource Center. Grant leaders and consultants from University stakeholders concluded that a continued conversation on student mental health was needed and approached the Provost with a request to formally establish a committee on student mental health. Provost E. Thomas Sullivan established the PCSHM with the charge to:

- Raise awareness about issues related to student mental health
- Effect policy change

- Improve conditions on campus for students with mental health conditions
- Serve as a model of collaboration for the campus and other universities

The PCSMH has been continuously co-chaired by Barbara Blacklock, MA, LISW, from the Disability Resource Center, who was one of the recipients of, and lead for, the original Needs Assessment Project national grant. Betty Benson, PhD, also from Disability Resource Center, served as the other co-chair until her retirement in January 2012. At that time, Michelle Trotter-Mathison PhD, LP, a psychologist and Assistant Director of Boynton Mental Health assumed the co-chair role. When Dr. Trotter-Mathison left the University in September 2016, Matthew Hanson, PhD, LP, a psychologist and the Assistant Director of Boynton Mental Health, assumed the co-chair role. Committee membership includes representatives from offices and groups considered to be major stakeholders in student mental health including the Academy of Distinguished Teachers, Advising Network, Athletics, Boynton Health Promotions, Boynton Mental Health Clinic, Center for Educational Innovation, Disability Resource Center, Department of Psychiatry, Office for Equity and Diversity, Graduate and Professional Student Assemblies, Housing and Residential Life, International Student and Scholar Services, Office for Student Affairs, Police and Emergency Management, Student Counseling Services, and student representatives from Active Minds, the Minnesota Student Association, Council of Graduate Students, and Professional Student Government.

The PCSMH was unique at the time of its establishment and continues to be so. Although many campuses have committees to address mental health, most focus on a more narrow scope such as that encompassed by behavioral consultation teams (the UMNTC has a separate BCT). The PCSMH provides a network of UMNTC stakeholders in mental health to update each other on departmental initiatives and challenges, align approaches to address mental health, and accomplish its charges described above. The PCSMH's broad scope and composition of multiple campus stakeholders was specifically cited as a major reason that UMNTC received one of five inaugural *Healthy Campus Awards* by the national organization, Active Minds.

The PCSMH has received little direction from or connection to University leadership or faculty governance (despite the Committee's name), has been provided with limited annual funding, and has no office support. Lacking this support or oversight, the committee has been largely self-sustaining, relying on the service of committed chairs, active members, the units they represent, and unit dependent in-kind contributions (e.g. IT support, marketing development, promotional efforts, office support). As a result, the committee's agenda and focus have been set and advanced without significant academic leaders' involvement or associated resources. Despite these limitations, the Committee has achieved significant accomplishments that include:

- development, maintenance, and promotion of the Student Mental Health Website: www.mentalhealth.umn.edu
- development of the Mental Health and Stress Management Syllabus Statement, recommended by the Senate Committee on Educational Policy in 2009
- development and provision of Faculty/Staff and Student trainings to over 4,600 students, staff and faculty
- inclusion of bereavement in the University policy on Reasons for Legitimate Absences
- development and administration of a student mental health training survey (2007)
- development of the online training *Students Assisting Students: Interactive Mental Health Training and Faculty Interactive Training Module*, which is hosted on the mental health website

- extension of the mental health web site and online training to the System campuses
- development and implementation of the UCCS Weekly Wellness Tip for undergraduate and graduate student portals
- co-sponsorship of *Cirque De-Stress* (April 2013, October 2013, October 2014, October 2015) and Mental Health Awareness Day (2011-2015)
- participation in Welcome Week *Respect U* events and new faculty orientation
- production, in collaboration with University Relations, of videos of Presidents Bruininks and Kaler highlighting the importance of student mental health
- dissemination of mental health resources and information among committee members, their programs, and departments
- hosting of campus-wide Mental Health forums in 2014 (*Stressing Academic Success: When Life Gets in the Way*) and 2015 (*Continuing the Conversation*)
- application for and achievement of the Jed /Clinton Foundation *Campus Program Membership Seal* (<http://www.thecampusprogram.org/members>), and continued work with the Campus Program to survey mental health resources and improve upon identified opportunities for improvement (JED and Clinton Health Matters Campus Program, 2015).
- launch of the Mental Health Advocate Initiative
- authoring of a Mental Health White paper in 2016 that compiled data related to current student mental health conditions on campus and across the nation and offered specific recommendations for continued improvements.

In addition to the above accomplishments and in recognition of the PCSMH's networking function, interdepartmental support of departmental members, and resultant engagement, collaboration, and momentum building, it is also reasonable to consider mental health advances and capacity building throughout campus as attributable in part to the existence of the PCSMH. These would include the expansion of clinical resources at Boynton and Student Counseling, the addition of a case manager in the Office of Student Affairs, mental health related events, and the development of unique public health approaches to mental health.

In considering recommendations for the PCSMH, the Task Force considered other extant and potential University venues and structures in which student mental health might be optimally addressed. The Task Force concludes that the foundation established by the PCSMH continues to provide the best format for continued conversations regarding student mental health but should do so with more formal alignment with the Executive Vice President and Provost. The Task Force additionally recommends that the Committee be granted greater empowerment to explicitly lead the campus-wide conversation as well as provide advice, recommend actions, and develop a campus-wide strategy concerning student mental health. More specifically, the Joint Task Force on Student Mental Health recommends the following:

1. Reconnect the Committee to the Executive Vice President and Provost.

The relationship between the Provost's Office and the Provost's Committee on Student Mental Health has been relatively limited since Provost Sullivan's initial charge to the committee in 2005 and is primarily characterized by the provision of meeting notes and updates to the Executive Vice President and Provost. The Task Force recommends a more active and mutually beneficial relationship that will include the following actions by the Executive Vice President and Provost:

- Formally charge or sign off on each year's PCSMH agenda, priorities, and focus areas.

- Schedule regular (such as once each semester) meetings with the committee chair or co-chairs to set work plans, communicate issues, and discuss progress.
- Attend select committee meetings. This could include, for example, one visit at the beginning of the year to charge the committee and one visit at the end of the year to hear the committee report concerns, progress, and ideas for future developments.
- Include a staff member from the Executive Vice President and Provost's Office to attend all meetings and serve as a liaison.
- Establish ex-officio positions for key roles such as the OSA case manager, Director of Boynton Mental Health Clinic, Director of Student Counseling Services, and the principal staff member overseeing mental health services in the Disability Resource Center.
- Establish rotating, fixed-year appointments for members who do not represent ex-officio positions. This would bring new perspectives and promote continuous exploration of new ideas.
- Appoint the committee chair or chairs to a set term. In the case of co-chairs, the Task Force recommends that one co-chair be drawn from a unit providing mental health services (e.g. disability services, clinical services, counseling, case management, etc.) and that the other hold a faculty or instructional staff position with the expectation to update significant faculty groups such as the FCC and Academy of Distinguished teachers.
- Include on the PCSMH faculty and academic staff who have been nominated by SCEP and FCC and approved by the Executive Vice President and Provost.

2. Elevate the Role of the Committee.

The PCSMH should be the campus platform where the University community (inclusive of concerned faculty, staff, students and professional and clinical experts) congregates to discuss and provide leadership for a community-wide strategy to student mental health. One objective of the Committee should be for the entire campus community to assume ownership of student mental health, rather than assume it to be the work of particular offices or units. The Task Force recommends that the work of this committee include the following:

- Establish an overarching long-term proactive student mental health strategy for the University system that takes into account current and anticipated student mental health needs, incorporates both supportive and preventive approaches, and has specific measurable goals.
- Establish an annual work plan co-owned by the Executive Vice President and Provost.
- Advance work of specific concern to the Executive Vice President and Provost and other academic leaders.
- Serve as the University voice providing information, perspective, and consultation to the Executive Vice President and Provost and other academic leaders.
- Craft messages or position statements with a cohesive voice.
- Employ strategies for engaging the whole community in supporting student mental health.
- Monitor campus mental health resources for adequacy and quality and provide recommendations regarding clinical and supportive service needs.

3. Adjust Membership to Include Academic and University Leadership.

The PCSMH currently includes representatives, including multiple administrators, from units and groups with expertise and/or commitment to student mental health. Its composition is primarily staff with several student organization representatives, but limited numbers of

faculty or instructional staff. This lends itself more towards discussion of intervention services and public health programming and less toward factors relevant to the teaching environment. Efforts to engage instructors would allow the PCSMH to expand its approach to mental health on campus to be more comprehensive.

The Task Force supports the continued representation of current units along with the addition of more academic leaders, and recommends the addition of the Vice Provost and Director of Student Affairs to the Committee. Including more faculty members elevates the committee's credibility across campus and its ability to effect improvements in mental health across campus. The addition of the Vice Provost for Student Affairs and Dean of Students provides additional direction from an office with oversight and coordination of many student services relevant to student mental health. Also, our university trains and educates doctoral and masters level students in mental health related programs such as counseling and clinical psychology, family therapy, social work, and psychiatry. Some of these graduate students may consider college student development as a focus of their study or practice and may be invited to consider involvement in the work of the Provost's Committee on Student Mental Health.

The PCSMH has recently proposed a restructuring of the committee. The organizational design would consist of an oversight committee and five subcommittees devoted to specific aspects of student mental health: Communication; Research/Surveillance; Direct Service Provision; Prevention/Wellness; and Policy. The Oversight Committee would include the five chairs of the subcommittees and additional members that have yet to be determined. A chair and vice chair would serve two year terms. The Oversight Committee would meet regularly with both the Provost and Vice Provost of Student Affairs. The proposed restructure includes increased opportunities for additional participation by UMNTC community members including students and instructors and increased oversight by students, faculty, and instructional staff. It also provides opportunities for additional units currently without representation on the Committee to become active with Committee work. The Task Force supports this effort and recommends that the Committee's proposals be strongly considered in any realignment and/or restructuring of the Committee.

4. Develop the Relationship between the Committee and Faculty Governance.

The Faculty Consultative Committee (FCC), the Senate Committee on Educational Policy (SCEP), and other groups have a vested interest in student mental health. The Task Force recommends that the PCSMH does the following:

- Provide SCEP and FCC with an annual update and participate in discussions with these groups about concerns, progress, and ideas for future developments relevant to student mental health.
- Request FCC and SCEP endorsements of PCSMH strategies that require faculty and instructional staff participation.

5. Address additional recommendations identified by the Task Force.

The Task Force identified a number of additional specific actions that would be appropriate for the PCSMH to consider and address, including:

- Conduct a thorough assessment of all existing mental health educational opportunities and resources for instructors to identify strengths and gaps and develop strategies to address gaps.

- Collaborate with the Center for Educational Innovation and other relevant campus units to incorporate critical mental health related information and resources (e.g., how to reduce stress in instructor-student interactions, signs of distress, how to help, where to refer) into existing workshops such as New Faculty Orientation, Early Career Teaching Program, Mid-Career Teaching Program, Teaching Enrichment Series, Office of Equity and Diversity workshops, Preparing Future Faculty, teaching assistants programs, and Communities of Practice groups.
- Consider training collaborations with the National Alliance on Mental Illness, Suicide Awareness Voices of Education, and other groups including suicide prevention and anti-stigma strategies.
- Explore coordinating reporting options to aid in identifying students of concern and facilitate involvement by the UMNTC Care manager or BCT.
- Consider the development of additional self-care programming that includes regular peer mentor support (“buddy systems”).
- Advocate for future development and approval of additional well-being and self-care courses for students in general as well as for students representing specific demographics such as graduate and professional students, students with disabilities, and marginalized student populations.
- Collaborate with the Vice Provost for Graduate Education and Dean of the Graduate School and with the Special Assistant to the Provost for Professional Education to address the mental health of graduate, postdoctoral, and professional students.
- Increase the promotion of educational opportunities via already existing communication channels (such as the Brief) and new communication channels specific to this topic (e.g. memos, postcards, posters, etc.).
- Pursue the adoption of University policy that would require the inclusion of a statement about instructors' key role regarding student mental health on all teaching-related job postings and descriptions.
- Redesign the mental health website to further simplify resource identification and clarify which resources are best for specific circumstances. A single, easily located, highly visible web page would better serve instructors, staff, and students. A 2016 COGS report included a review of other Big 10 school websites and provides useful input from the student perspective on appearance and design of a mental health website (Mondi *et al.*, 2016).

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