# Student Mental Health Initiative Executive Summary
## August 2022

Mental health concerns, especially for people ages 18-24, are on the rise. Everyone has unique familiar, societal, and environmental stressors that can cause mental health challenges. For young adults, the college experience can add layers of anxiety and pressure.

For many, leaving home for the first time means new independence and responsibility. These changes may lead to the onset or exacerbation of mental health issues. Graduate and professional students also face increasing mental health challenges as they balance coursework, teaching, family responsibilities, and the stress of entering a competitive job market. The prolonged isolation and uncertainty of the COVID-19 pandemic have created additional problems for navigating the world of higher education.

Issues around mental health, especially stigma, lack of access to services, and opaque policies, erect barriers to students' academic success and wellbeing. Indiana University is committed to providing a rich academic experience for our students while preparing them for success in a rapidly changing world. It is critical that the university take a nuanced and multi-pronged approach to address the diverse and complex mental health needs of our students.

The IU Student Mental Health Initiative is just such an approach. Driving this initiative is the strategic plan for student mental health, which approaches student mental health from all angles, and calls for concrete actions to improve all IU's climates, services, and policies. The plan seeks to build on IU's culture of care and ensure equitable access to resources across all campuses so students can proactively manage their own health and know how, when, and where to get help.

Upon adoption of the strategic plan in February 2022, three taskforces were created to make recommendations for student mental health improvement and to develop long-term plans for monitoring students' health and wellbeing. The three taskforces are Culture and Climate, Services and Support, and Policies and Protocols.

## Culture and Climate

Culture and Climate is designed to incorporate through all aspects of the college experience an environment of care, understanding, and reduced shame surrounding student mental health. Following the Mental Health Initiative Strategic Plan recommendations, the Culture and Climate Task Force proposes the following set of actions.

**RECOMMENDATION 1: Integrate Mental Health issues and actions across student organizations by creating two new committees and increasing access and resources for internal and cross-organizational events and efforts.**

The goal is to integrate and magnify the impact of student-initiated mental health and anti-stigma efforts by co-developing events, and including mental health in existing activities (e.g., IU Dance Marathon), and providing an increase in targeted funds to do so.

**Action 1:** Create a Provost/Chancellor's Mental Health Council of representatives from the major student organizations on each campus. Increasingly, we see student groups interested in and wanting to do something targeting mental health. These councils, adopted on each campus for the major student groups including government, Greek system, major event committees, etc., can 1) enhance the impact of their events by doing unique multi-group events and 2) allow individual groups to draw from the expertise of other groups, including those that have a background on the issue targeted in their plans. While the councils or administrative leadership would be best to determine schedules, a monthly meeting may be appropriate. Because it is located in the chief academic officer's purview, being on this Council would be a prestigious, and as a result, attractive asset for students and allow the Provost/Chancellor to be aware of and provide information about any larger mental health events.

**Action 2:** Create an IU President's Mental Health Council that draws from the Provost/Chancellor's Mental Health Council members to bring together student representatives from each campuses Mental Health council. Because each campus has unique resources, talents, and opportunities, this magnifies what can happen at IU, writ large. For example, if a campus brings in a major speaker or events related directly to the Mental Health agenda, this Council can facilitate spreading information and organizing transportation for students who may want to attend. It also allows for there to be cross-campus, peer-to-peer efforts and events that translates into the idea of "One IU."

**Action 3:** Ensure that student groups, of any size, have access to targeted funds for Mental Health efforts; and where funds already exist, to add targeted funds to include Mental Health in expanded co-developed activities. There are funds that students can apply for at many campuses. However, the current amounts should be reevaluated, and special funds provided to expand events across groups and campuses. This is also where funds for transportation to events at different campuses could be provided.

**Action 4:** Add key mental health initiatives and dates into the daily campus calendar as well as annual campus calendar. This information is readily available, see, for example: https://www.straighttalkcounseling.org/mental-health-awareness-calendar

**RECOMMENDATION 2: Neutralize stigmatizing messages around existing organizations and units that provide services around MH or other stigmatized issues.**

The goal is to examine existing services, activities, and language surrounding mental health to eliminate stigmatizing messages embedded in names and activities.

**Action 5:** Create an identifiable, consistent name across all IU campus organizations that target services and other resources for students with MH and other special needs (e.g., "Disability" offices). This is already in discussion with the heads of these offices, which the task force strongly supports this effort.

**Action 6:** Rename "Dead Week" to "Prep Week," supported by a campaign from IU Communications, to notify students and staff, remind faculty of the limits of work during this period, and enforce the restrictions on what can be asked of students during this period. There are

already excellent efforts in this direction. The IUB College of Arts and Sciences has renamed this week "Care Week" and the Business School has renamed it "Balance Week" after their MH program. The task force recommends a unified name that is more targeted to the purpose of that week, such as "Prep Week."

## RECOMMNEDATION 3: Create toolkits and suites of materials for faculty, staff, and students.

The goal is to create materials that allow for individual preference matching and choice in approaches that support interaction and pathways to solutions for those experiencing a MH issue.

**Action 7:** Create a Mental Health Toolkit for faculty, staff, and students. Develop a multi-tiered training plan that can be adapted to the needs and resources of each campus. This would include campus-specific quick resources for faculty, similar to Stanford's Red Folder or other efforts that include QR codes, links and/or FAQ pages to quickly identify steps they should take when they are concerned about a student. In addition, a more detailed set of materials would detail equitable and supportive policies, inclusive language for syllabi, classroom management, instructor to student communication, and support for student mental health. The goal of this component is to create a suite of evidence-based materials which range from the limited events to comprehensive curriculum materials from which teachers can draw. Faculty are more likely than students to retain printed information as well as go to a site for information.

**Action 8:** Create workshops and training-in-a-box resource for instructors on a variety of subjects that can be used in Faculty and AI Orientation, integrated in existing resources (e.g., required Classroom Climate Workshop online modules), tailored to each campus. These should include: 1) Identifying signs that a student is struggling, and getting them help, 2) Developing policies that support student mental health; 3) Classroom practices that support student mental health; and 4) Trauma-informed teaching.

**Action 9:** Create an IU monthly version of "Stall "Stall Talk" or "Potty Mouth" that incorporates organizations and IU resources but that always includes emergency numbers/instructions. IU has used this approach on different campuses in different ways (e.g., IUB, IUK on Sexual Assault which is permanently affixed to the inside door of bathroom stalls). As a broader MH effort, this has been successful at several places including James Madison University (Potty Mouth) and Shippensburg University (Stall Talk). The approach proposed here will lessen the potential for triggering effects and will increase the availability of emergency information. We recommend an adaptation that 1) is developed monthly by student organizations that participate in or are recruited by the Councils in Recommendation 1; 2) is changed monthly to highlight events which have a Mental Health emphasis or component; and 3) adds relevant emergency information provided every month, possibly through QR Codes. Hanging on hooks, rather than permanently affixed means that, at any time, students will have easy access to emergency numbers.

## RECOMMENDATION 4: Leverage existing organizations, resources, and events to include special MH emphasis to increase access to integrate and magnify the impact of mental health and anti-stigma efforts.

The goal is to take advantage of existing resources to provide an efficient and cost-effective approach to weave MH support and information into the daily life and activities of IU. This

would also provide a clear message of the importance and centrality of MH to a successful, balanced life.

**Action 10:** Create "green mental health spaces" that build on the beauty of IU campuses based on research on their salubrious effects. IU campuses are known for their beauty. Yet, there is a notable lack of benches and other places to sit outside. While there is little scientific evidence to support "quiet rooms," as popular as they seem to be, there is evidence that green space enhances mental health. Further, the possibility of having staffed "quiet rooms" in multiple buildings is cost prohibitive and, as we have noted, dark rooms that are unstaffed and where students do not have access to their cell phones, raise the specter of sexual and other forms of assault. What we propose instead is a program that provides individuals, departments, organizations (inside and outside of IU) the opportunity to dedicate a green space to a person, a memory, an ideal, etc. Optimally, the benches would have a design that references mental health somehow and allow small, positive messages.

**Action 11:** Expand the annual spring Preparing Future Faculty Conference to include graduate students from all campuses, providing additional funds to support their inclusion and add special MH sessions. This is a successful annual conference that was initiated under a Presidential initiative (Strategic Directions) in the 1990s. It was proposed by Sociology at IUB as a peer-to-peer, student-organized and designed program led by a graduate student from Sociology which has a sustainably implemented PFF Program. Given its success, it was "adopted" and co-funded by the Graduate School. The one-day conference routinely draws 150-200 graduate students. This could be easily expanded to graduate students at other campuses, and perhaps, to the IUSM. The Graduate School and Sociology has indicated interest in this recommendation with both continuing their fiscal and logistical support.

**Action 12:** Expand, routinize, and fund the successfully renamed "Dead Week" organizational resource space that has been used across campuses (e.g., Walter Center) so that all students can access this resource. According to reports, the College effort served over 400 students last semester during this event. It was extremely popular and could be increased in terms of hours and support from central administration. For IUB, this could be expanded to at least another location, perhaps on 10th Street, with additional funding for both efforts. On other campuses, the number of sites developed should be determined by campus officials in concert with student leaders, and funding provided to each one.

**Action 13:** Provide targeted funds for IU organizations to routinely include MH initiatives in their programming (e.g., MH Week events, IU Cinema, expansion of Eskenazi/Herron Arts-based wellness programs, see https://healthy.iu.edu/campus-programs-services/university/creative-self-care/art-viewing.html.) Functions where providing dedicated support for mental health is important (given the science on "starting young") include First Year Experience, Orientation or wherever on-boarding is done at other campuses. On the Bloomington campus, FYE has been heavily involved in and very supportive of integrating mental health awareness into their programming, working with existing programs to do so. Having the resources to develop their own, routinized array of events would be preferable to the current approach. Other examples:

- IU's "A Conversation With" series could be expanded to include student voices and stories as well as well-known mental health advocates and include a new emphasis on the other IU campuses. This effort by IU Communications is high quality and interesting but not attracting

the attention that it should. In general, IU appears to under-disseminate its efforts, this being only one.

- Continue to include Mental Health related movies in the IU Cinema rotation, vetting the movies for content appropriate to the diverse student population.

- Other groups could be developed in this way to take advantage of existing events and established mental health efforts (e.g., Mental Health Awareness Month). At IUB, for example, one of the First Thursdays events can be dedicated to mental health and awareness each year OR each First Thursdays could have a mental health related activity (again, leveraging the groups supported or developed under this task forces' recommendations). Overall, this effort might go forward as an application, perhaps competitive by year or semi-permanent dependent on demonstrated efficacy and evaluated by a multi-stakeholder committee with expertise in mental health (e.g., as a Committee in the Irsay Family Research Institute).

**Action 14:** Establish a set of Mental Health Engagement Scholarships. The Cox Scholarship Program at Indiana University has proven to be a hallmark of excellence. From student, faculty and staff perspectives, the engagement component of this scholarship has been rewarding, unique and successful. As a set of competitive scholarships for advanced students, both undergraduate and graduate, these student scholars could serve in key organizational positions in activities proposed here (e.g., as leaders in the councils, the expanded and PFF Spring Conference, etc.). By doing so, students have pathways to leadership in areas of mental health and the proposed activities in which they engage have a strong, guaranteed, and simple leadership model.

**RECOMMENDATION 5: Utilize and institutionalize an evidence-based peer-to-peer anti-stigma program that integrates student extracurricular activities, coursework, research experience, and workforce development.**

Here the goal is to develop a signature, IU-wide peer-to-peer program that combines the strengths of existing programs but resolves the sustainability problems. This would provide students with a targeted mental health, anti-stigma program that is "high touch," stable, scalable, and cost-effective.

**Action 15:** Provide a stable, institutional foundation for U Bring Change to Mind at IUB to coordinate the launch of UBC2M on all IU campuses and potentially adapt the model for graduate and professional schools, including IUSM. At the request of Glenn Close's advocacy organization (and with BC2M-provided funding for the science), and great local, institutional support, IU became the national pilot site for a new kind of peer-to-peer anti-stigma organization based on scientific principles. Carried out over a 5-year period with donated faculty time, UBC2M followed the 2015 entering cohort through 3.5 years, surveying their attitudes, beliefs and behaviors toward mental health and illness. The goal targeted making IUB a "safe and stigma free zone." Findings documenting positive changes across the board were reported in the Journal of the American Academy of Child and Adolescent Psychiatry, the area's leading scientific publication. The program is scalable and of modest cost. Institutional buy-in is required for the "high touch" approach and to overcome sustainability problems experienced on many campuses by other student-oriented mental health advocacy groups (e.g., Active Minds). UBC2M has the added advantage of integrating research and workforce development into the

goal set. With the time to update the materials and hire suitable staff, UBC2M could be up and running on all eight campuses at IU by fall. IU has the potential to scale this program up state-wide, regionally, etc., with minimal effort (i.e., each institution is required to provide the half-time, appropriately trained staffer). Finally, with over 100 BC2M high school clubs being established in Indiana, funded by IN DOE, as well as the DOE request for BC2M to pilot a middle school program (slated for a fall 2022 start), this will create continuity, a natural pipeline for IU, and a greater integration of IU into the State's well-being efforts.

**Action 16:** Support peer-to-peer education and medically focused programs such as Crimson CORPS, JagNation, and Culture of Care to provide students with the skills and tools as well as normalize peer-to-peer intervention and support for mental health. Provide student leaders in these organizations with more in-depth training to intervene and educate on mental health services and support, as well as bystander intervention.

**RECOMMENDATION 6: Deploy novel approaches to awareness of MH and stigma issues, as well as services.** The goal is to draw students into events and activities and resources critical for mental health, including those outside of IU's formally provided services to lessen the organizational burden and increase student access to care. According to the research literature, one of the main challenges of anti-stigma work is to get "outside the choir." That is, traditional anti-stigma activities (e.g., lectures by mental health researchers; MH "days") tend to draw individuals who are already interested in the topic and have prior experience. Research has documented that those individuals already have lower levels of stigma. As a result, a critical challenge is to find a way to get the messaging outside that group whether that is to call their attention to, and/or engage their interest, in venues and activities that "bring them in" or expose them for a different reason. To that end, several large advocacy organizations have developed approaches that have been or could be used more broadly.

**Action 17:** Develop and fund interesting and broadly viewed approaches to messaging (e.g., bus wraps). This has been used at the IUB campus. It served multiple goals including providing an eye-catching "moving bulletin board" with an embedded inside joke and which served as a recruiting device and enhancement for their activities.

**Action 18:** Develop and fund a mobile "event tent" as a monthly "happening" to attract students "outside the choir" to MH-informed issues that can be moved to any campus at any time. The idea behind this is to institutionalize an event that students look forward to because it has a surprise slant to it. Each month, students would be signaled (Twitter, IU app, Instagram) to the day and location of "the tent" (hopefully, a bright lime green tent). Each month, the tent's event would be planned and carried out by a student/faculty/staff group under the aegis of a campus organizations (e.g., at IUB, Ed Comentale's group) that has expertise, experience, and proven success in doing so. For example, a Mental Health or Anti-Stigma student performance troupe could "travel" with the tent on each campus and engage students in different kinds of creative activities. This could be played up the visual identity of the troupe with a cool name (the Stigmatics) and matching jumpsuits (lime green), and they would gain a reputation for fun and engaging events in campus public spaces.

**Action 19:** Pilot a novel, developing effort to engage male students, especially male students of color (i.e., the sociodemographic less like to do so), in the mental health agenda. The science is clear – men are less willing to recognize or acknowledge mental health issues, and less likely to

seek our care. The research does not support that they are more stigmatizing, at least in the US; however, experience from many advocacy groups suggests that they are less willing to participate in stigma reduction efforts. As a result, targeted and tailored efforts are needed for male college students. Few efforts have been tried and none have been vetted in the scientific literature. IU has been approached by Matthew Stefanko, developer of MANUAL and former employee at Shatterproof (an advocacy group with which IU already partners) to be one of 2 or 3 sites to launch and assess MANUAL. This is a digital wellness platform and virtual clinic built for young adult men. IU has been asked to be a pilot site along with University of Mississippi (serves a more diverse population) and Morgan State (an HBCU) with basic funding provided for the trial.

**RECOMMENDATION 7: Educate and Empower faculty, staff, and students to respond to individual and campus-wide MH crises and incidents.** The goal is to enable all members of the IU campus access to the level of training surrounding MH issues that they determine as relevant to them. Students and other IU members who are struggling may not recognize it, may want to talk, and may ask for help or accommodations. Individuals need to have some level of familiarity with how to handle these situations according to their job and its responsibilities and their individual capacity or willingness to do so. At minimum, individuals should be aware of pathways that students and others can take. A "suite" of programs, and those with "train the trainer" options, should become a regular part of the IU campuses. However, all of this is based on developing a Community of Practice where IU students, faculty and staff keep up with best practices, are in touch with novel developments and ensure the maintenance of a safe and stigma free zone at IU.

**Action 20:** Increase resources for Mental Health First Aid to meet a reasonable amount of training per year. These trainings have been available at IU to a very limited extent. More resources to get to a minimal level of expertise on the campuses is necessary so that anyone wanting this training would be able to do so in an academic year. MH First Aid should be available for those who volunteer (increasing resources to CAPS/Crimson Corps for this training among Undergraduate Students is the purview of the Task Force on Services and Support). If this is a recommendation of the Services and Support Task Force, we defer to their recommendation.

**Action 21:** Investigate and make available other, "lighter" assistance programs (e.g., PMT, eCPR, QPR). Mental Health First Aid is neither necessary nor appropriate for all members of the IU community. Without a clear need, an 8-hour training may have a backlash effect. eCPR training for faculty/staff for faculty or others involved in direct student contact can be based on the JED Foundation's "You Can Help a Student" training packages, with IU/campus-specific tailoring. Other trainings are available and should be assessed for their utility. Consider purchasing or utilizing CAPS experts to create a program that can be utilized and adapted for both a "train-the-trainer" workshop and for students to utilize when providing peer to peer trainings or workshops.

**Action 22:** Develop a MH Community of Practice. Across Indiana University campuses there is a great deal of expertise around mental well-being, mental health, behavioral health, social emotional learning and other related topics. The Indiana School Mental Health Initiative (ISMHI) located at the Indiana Institute on Disability and Community at IU has used a Community of Practice model to connect social emotional learning (SEL) and mental health coordinators from every school district in Indiana with the purpose of sharing expertise and

identifying best practices and standards. A community of practice (CoP) is a group of people who "share a concern or a passion for something they do and learn how to do it better as they interact regularly." The concept was first proposed by cognitive anthropologist Jean Lave and educational theorist Etienne Wenger in their 1991 book Situated Learning. Wenger then significantly expanded on the concept in his 1998 book Communities of Practice. Communities of Practice continue to evolve and grow. The Centers for Disease Control uses a Communities of Practice model to strengthen public health as members learn, share expertise, and work together on solving common problems in their communities' focus areas. See [Communities of Practice (CoPs) (cdc.gov)](cdc.gov). The proposed COP at IU would be open to every staff and faculty member interested in the topic, including those housed at IUSM and the regional campuses. The Community of Practice model allows members a place to discuss sensitive issues, to share concerns, to highlight research and to share lessons learned. It could also serve as a vehicle for members across campus to receive information and training. ISMHI uses a listserv format that provides an easy way to join and participate.

**OTHER: Immediate Contract Considerations—Rethinking, Revising and Retooling IU's Initial Approach to Improve Student Mental Health**

**Potential Action 23:** Consider contracting with the JED Foundation for an IU tailored collaboration. The JED Foundation is one of the premier advocacy groups targeted to college mental health. Started originally as a more narrowly targeted anti-suicide program, the JED Foundation has expanded its reach. Their approach to college mental health is basically long-term and administrative. They work with the administration and relevant university leaders to develop a plan to improve the campus services, policies and climate. While the IU Student MH Initiative will have already developed that kind of plan, the experience of JED in doing this would be a helpful check in both assessing the possibilities, the overall plan, and the approach to roll-out. Because of IU faculty ties to the JEDFoundation, they have agreed to provide that holistic assessment and advice after the Task Force Reports are done. We have negotiated a two-phase possibility. Engagement in Phase 1 does not imply any requirement to contract for Phase 2.

**Potential Action 24:** Consider contracting with Project Healthy Minds to develop an IU tailored version of their Millennial-oriented, web-based resource that not only has proven its utility but ties IU students to a national effort for the long haul. Project Healthy Minds (the advocacy group, not the research project) is a New York-based group, heavily populated with University of Michigan grads and an impressive range of scientific advisors and corporate sponsorship (including Blackrock Music, Bonobos) whose sole purpose is to develop a digital resource for mental health issues among younger populations in the US. Their platform has been active since Fall of 2021and response has been much higher than originally set goals. Because of IU's ties to and support of PHM's effort, we have had discus. sion with founder and CEO, Phil Schermer, to explore creating a "white-labeled version" for IU

### Services and Support

The Services and Support taskforce is designed to enhance support options available to students, improve access to resources on all campuses, as well as to continuously collect data to better serve the student population.

IU CAPS and counseling services directors speak highly of the mental health services provided to students. They offer a wide range of options—individual to group counseling, workshops, referrals, screenings and support for various mental health conditions, and opportunities specific to different categories of students. Given the major differences between campuses—i.e., student demographics, CAPS structure, campus climate, opportunities available in cities—this task force identified opportunities for maximizing existing capacity and expanding where possible.

While the transition to the university experience is meant to challenge students, the stress can often lead to worse mental health outcomes. Common sources of student stress and anxiety relate to time management and feeling as though they have no time for self-care. IU CAPS and counseling services staff feel strongly that, given proper resources for wellness, the number of students feeling in control of their mental health will increase and those overwhelmed by school-related stress will decrease. IU provides wellness resources on CAPS and counseling services sites and offers wellness activities throughout the year; however, these opportunities require student opt-in. Students may only seek out relevant resources when the stress has become too burdensome.

**RECOMMENDATION 1: Under the auspices of the new Vice President for Student Success (VPSS), organize a group across campuses to ensure that baseline services are met, while recognizing the individual needs of campuses.**

The goal is to ensure accountability for the Mental Health Initiative from implementation of actions to measuring the success metrics.

**Action 1:** Create a program manager position, reporting to the VPSS, who will be responsible for the granular aspects of implementation of the Services and Support Task Force's recommendations. The program manager will also ensure accountability for established benchmarks resulting from the mental health initiatives.

**Action 2:** Initiate periodic system-wide survey of students that assesses perceptions of accessibility and quality of mental health services. To gage the success of the initiative, a baseline of students' perceptions will be needed as well as establishing comparable benchmarks that correlate with similar campus structure, mission, demographics (i.e., commuter, residential, undergraduate, graduate, etc.).

**Action 3:** Appoint an IU system-wide mental health council made up of representatives from the three strategic plan task force committees. The Council should consist of key stakeholders from each campus including but are not limited to directors of mental health services, fiscal officers, graduate/professional and undergraduate students, and faculty (counseling/social work; psychiatry). The Council should meet quarterly, initiated by the program manager, with the purpose of these meetings of reviewing implementation of recommendations and monitor benchmarks from the strategic initiatives.

**RECOMMENDATION 2: Increase the number and diversity of providers where appropriate to deliver culturally competent care to our increasingly diverse student body. Increase the offering of group counseling where appropriate to serve more students.**

**Improve the schedule of when services are offered and ensure that they meet the various needs of students.**

The goal here is to enhance mental health services filling gaps and meeting the needs of students.

**Action 4**: Hire mental health care providers as needed. IU counseling centers have experienced significant growth in the number of students served over the past several years, as well as increases in the severity of needs presented by those we serve. The results of this growth vary from campus to campus. For example, some campuses have increased the number of students referred out to the community. Other campuses have decreased the number of sessions available to students, while others have increased the number of practicum students utilized for services. Worst case, some campuses simply do not meet the needs of their students. Through significant task force discussions and research into standards put forth by the Association of University and College Counseling Center Directors (AUCCCD) and International Accreditation of Counseling Centers (IACS), the committee established a standard of care understanding for all IU counseling centers. From that point, it was decided to utilize the Clinical Load Index (CLI), an algorithm developed by Penn State University based on the standards of AUCCCD and IACS, to determine the level of staffing needed for each campus.

**Action 5:** Ensure market competitive salaries to retain mental health staff. Here, the goal is to:
- Implement use of the "Clinical Load Index" to inform and monitor staffing needs for campus mental health services
- Implement "cluster hiring" practices to strengthen retention of newly hired staff and increase recruitment and retention of diverse staff (coordination of hiring, mentoring, training, and creation of cohort)
- Identify costs for creating equity across the system for market adjustment of salaries for current staff

**RECOMMENDATION 3: Contract with telehealth providers to fill gaps where necessary or to meet the needs of specific populations. Ensure that after-hours, non-emergent support is available to students in mental distress. Create a triage service to help with referrals and overflow, directing students to services and support across the mental health continuum, from help with stress to long term care to acute and critical situations.**

The goal is to extend relationships with outside providers, where necessary, to provide care or services beyond the scope of CAPS or counseling services or centers.

**Action 6:** Utilize telehealth providers for the services. Options include, but are not limited to:
- Extend ProtoCall services to all IU students, on all campuses, including online students providing on-demand 24/7 emotional support and crisis management, triage for assessment and referral services.
- Provide psychiatry and counseling services through third party vendors to extend services to regional campuses and online students.
- Contract with clinicians of color to better serve the needs of the University's diverse population.

- Psychiatry and counseling services provided by third-party vendor for regional campuses and online students.

**RECOMMENDATION 4: Determine how mental health services might be offered to online students, many of whom live in Indiana near a campus, though are not served by CAPS or counseling services or centers.**

**Action 7:** Provide mental health resources for online students. Recommendations in Action 6 incorporate resources for online students. It is also possible, alternatively, to address the needs of online students through separate resources. Three potential recommendations are provided below, with a progressive increase in the breadth of services provided to IU-Online students and potentially as adjunctive services for IU students statewide. At a minimum, Level 1 and Level 2 are recommended for short-term implementation. If Level 1, Level 2, and Level 3 recommendations are not incorporated into other telehealth resources and taskforce recommendations (such as an IU-wide website), then additional options are listed below.

**Level 1:**
- Develop a website with mental health self-help resources for IU-Online students that are free of charge.
    - IU-Online specific ULifeline link
    - Online workshops that are already developed and available from various IU campuses
    - Shareable PDFs that have already been developed and are available from various IU campuses
    - Potential access to IUPUI elearning modules that are in development – Canvas based
    - Reference to Psychology Today provider list

**Level 2:**
- Purchase third party vendor self-help resources
    - WellTrack – already at IUB
    - TalkCampus – online peer support being explored by IUE
- Purchase access to therapist referral platformneed to consider geographic limitations of these resources – local, national, international
    - ShrinkSpace – already at IUB
    - ThrivingCampus – already at IUPUI

**Level 3:**
- Purchase specific number of individual counseling sessions per student through third party vendor. For most all, students with more severe or chronic concerns are referred to insurance-based providers.

**RECOMMENDATION 5: Expand case management services to follow-up with students with concerning issues.**

**Action 8:** Implement on all campuses a mental health services electronic medical records (EMR) for recordkeeping and remote telehealth services**.** Identify financial resources for licenses, maintenance and hardware for the EMR.

Provision of telehealth services for virtual mental health and psychiatric services will include use of an EMR that will be determined by the contractor and/or the campus.  All campuses will need resources to continue to support the existing EMR or will need fiscal support to implement an EMR.

Titanium Schedule is the EMR that is used on all campuses except for IUB and IUE. IUB uses their health center EMR (eClinicalWorks) as they are merged. For IUE, cost has been a barrier to implementation of an EMR. The campuses that use Titanium report that it is cost effective and able to meet the needs of their campus. The components of this EMR are comprehensive and allow for a "smorgasbord" of services that each campus is currently utilizing to meet their needs. This is both cost effective and practical in addressing the documentation of providing adequate mental health services on each campus. The recommendation would be to allow the campus who does not use Titanium for reasons of merged offices, to make the determination to switch or not, in collaboration with health services on their campus. The recommendation for the campus that does not use Titanium for fiscal reasons would be to provide the fiscal support for its implementation at this campus.

**Action 9:** Identify and document resources, referrals, and services for addictions.
- Short Term: Creation of web-based and other electronic resources for addictions (alcohol and other drugs, gambling, online, etc.).
- Long Term: If academic programming exists for clinical counseling with the specialization in any of the issues below (substance use disorder, addictions), perhaps that program could offer and provide the related counseling services to the students at that campus. This could benefit both the students in the program and those on campus.
- See https://healthy.iu.edu/worklife/mind-body/substance-alcohol-treatment.html

**Action 10:** Institute case management services by hiring a full-time resource coordinator for those campuses without this resource. The position would be supervised by the campus' mental health services and responsible for providing case management and resource management for students with non-clinical support as well as maintain a data base of referrals for on and off campus resources.

Consideration needs to be given to the use and reference of "case management" as outdated language. The recommendation is to use 'Resource Coordinator' in line with the same position currently in the IUPUI Office of Student Advocacy and Support in the Division of Student Affairs.   Resource coordinator on the IUPUI campus is a position that currently exists and is a better definition and description for the role needed for adequate case management and resource management for students in need of non-clinical support and assistance. The Resource Coordinator would provide more comprehensive services to address basic needs of housing, food, finances, etc. This position will assist in linking students to on-campus and off-campus resources and in the coordination of physical health services. Due to HIPAA information management of coordination and continuity of care with community providers where there are no psychiatric services within the counseling centers, this position would need to have direct supervision by the counseling office on regional campuses.

**RECOMMENDATION 6: Enhance services and programs that focus on particular stressors and groups at increased risk.**

**Action 11:** Maintain or establish student of concern committee (often called Behavioral Intervention Team (BIT), Care Teams, Threat Assessment Teams, etc. These teams provide opportunities for campus members (faculty, staff, students, families) to identify students facing challenges and provide concerned individuals with a point of contact to seek assistance from student affairs/student services. Recommendation for team composition includes: a member of the campus' mental health service, residence life, student conduct, disability services, campus safety. Membership should be broad enough to contribute to recommendations for support of students but small enough to maintain privacy of students' situations.

**Action 12:** Specifically address sexual assault and harassment. Title IX representatives (and support persons for survivors of sexual misconduct) have been identified at each campus. The University Title IX Coordinator would ensure that surveys are being conducted at each campus and would track baseline numbers of reports, complaints, and assaults, track prospectively following the addition or expansion of services and support.

**Action 13:** Institutionalize financial planning and management resources on all campuses. A system wide resource (Money Smarts) exists but there may be limited awareness and utilization of this resource. This resource should be listed on statewide IU mental health website. While staff is located in Bloomington, they provide service to all campuses. IU created MoneySmarts in 2012 to accomplish a single goal: to help students make informed financial decisions before, during, and after college. The goal was also to reduce student debt as much as possible. https://moneysmarts.iu.edu/ The FT resource coordinator should be aware of the need to promote this resource.
- Money Smarts U - online platform - https://expand.iu.edu/browse/moneyu/courses/moneysmart
- Specific to college financial planning - https://studentcentral.indiana.edu/pay-for-college/your-success/index.html
- Employee benefits include financial services and consultation, etc.: https://hr.iu.edu/benefits/

**Action 14:** Extend resources for international students. Most support for international students is provided by respective campuses. Due to the vast majority of the students being at IUB and IUPUI, there are clearly the most resources available there (see https://atlas.iu.edu/istart/controllers/dashboard/DashboardEngine.cfm?serviceid=StudentEnrollmentChartServiceProvider).

All international students typically take advantage of the primary resources provided by CAPS/campuses (and are encouraged to do so), though there are not many specific mental health resources provided for international students. For IU students who are on official IU-authorized study abroad programs, they are now able to utilize wellness services provided by GeoBlue (the insurance that most study abroad students have). The students have access to these services at no additional charge, services are available 24/7/365, available worldwide by phone, email, or web/video consultations and in multiple languages.

All campuses should consider the following types of programming:
- staff trainings

- parent orientations
- student orientations
- mental health awareness programming/check-ins
- collaboration with global student organizations
- IU HR Benefits team to include culturally responsive and sufficient coverage
- Delivery of culturally competent care in counseling centers
- Counselor in residence programs (such as at IUB/IUPUI)

**Action 15:** Conduct focus groups and/or surveys to identify needs of student populations who are at risk (due to marginalization, underrepresentation, and experience discrimination) to determine additional needs after the implementation of the recommendations above.

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**Policies and Protocols**

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Policies and Protocols are designed to create equity for all students across all campuses including a concise medical leave of absence policy, streamlined care resources, training in mental health first aid, and addressing graduate student needs. This category includes actions that IU should implement to improve mental health on campus requiring sustainable efforts supported by policies, funding, and procedures. Specific examples of policy changes include adjusting restrictive registration and academic deadlines, improving work-life balance, and creating or improving mental health medical leave policies.

**RECOMMENDATION 1: Create or improve policies to accommodate mental health leaves and how students will continue to be supported in all ways, including academically, when such leaves are necessary.**

Due to faculty governance, campus specific needs, and financial aid impacts, it has been determined that creating a long-term medical leave of absence policy (or any additional policy) is not the best course of action at this time. Instead, it is recommended that campuses review existing policies, remove barriers, improve ease of access, and focus on creating a clear path for students to reenroll after withdrawing.

Reviewing withdraw policies on each campus, readmission policies, and instructions for students who wish to drop all courses, it was determined that campus websites are not designed for students in general, and more specifically the current/next generation of students. Policies and processes are difficult to find for each campus and not cohesive with other pertinent information, search results routinely do not pull the desired information, and there is no mention of how to return on the pages that give information about how to withdraw. The goal here is to improve the ease of access for this important information.

**Action 1:** Streamline the student withdraw and reenrollment process on university websites.

Any student who is considering withdrawing from a course(s) or attempting to reenroll in classes needs a university website that clearly explains:

- Reasons for needing to withdraw/ FAQs
- Resources for support
- The process required to withdraw – step by step (including housing and other implications)

- How to reenroll when you are ready
- A link to official university policies (perhaps a link to knowledge base)
- Campus pages should have links on the IU mental health site and all keyword searches should return this result

**Action 2:** Update the Indiana University Support for Mental Health website.

A keyword google search of "Indiana University Mental Health Services" and various other "counseling" or other mental health words do not return the https://www.iu.edu/mental-health/index.html as an option. It is recommended that search engine optimization be increased to locate this website more easily. In addition, clear linkages need to be made between this website and related student service websites to improve flow of information between the various services students needing care may use. The navigation within this website should be updated as well to find information more easily about counseling services on campus.

Finally, a student task force should be created with representatives from all campus, perhaps a representative from each campus student government, to review and provide website recommendations.

In addition, the task force also recommends changing the name of the mental health website to "well-being."

**Action 3:** Create an "infrastructure of care" on each campus.

Each campus should implement the following:

- Expand or offer Mental Health First-Aid and QPR training for advisors, front-line staff, and faculty; this should especially include training for first responders.
- Include a recommended section in all syllabi (or on Canvas) that provides information about campus-specific mental health services
- Ensure that each campus has at least one specialized staff member (i.e. case manager) whose main priority is to help students in crisis or needing a leave to navigate processes and facilitate interaction with other experts in the system.
- Consider replicating the structure and function of the Student Advocates Office at IU Bloomington to other IU campuses.
- Develop best practices guidance for faculty (such as attendance policies, how to respond when students initially express concerns or desire to drop a course, how to make referrals on each campus).
- Design a resource awareness campaign to educate various campus groups (students, faculty, staff, front line student services staff) about what resources and options already exist on each campus to support students who need to take time away from classes.
- Consider the creation of a decision tree to convey complex financial aid implications that can be used by advisors and financial aid staff.
- Create a budget line for each campus to relieve/write off outstanding debt that results from early withdrawal.
- Develop a plan for re-recruiting students who have taken a leave, tracking long-term retention and success statistics.

- Naming of offices across IU campuses is an important component to consistency and understanding for students across campuses. We recommend that a consistent name be used for counseling offices on IU campuses and for units that support students with disabilities.

**Action 4:** Address issues specific to Graduate Student Academic Appointees (SAAs) needing to take a medical leave. Working with IUHR, a formalized process is needed for SAAs to continue their health insurance coverage for the remainder of the academic semester if they need to take a medical leave. In addition, working with the Graduate Faculty Council, the UFC and campus Academic Affairs Offices to create a proposal to provide a university-wide paid medical leave option for Student Academic Appointees.

**RECOMMENDATION 2: Create or improve solutions to help students address the financial barriers to getting help.**

A limited number of free counseling sessions to CAPS are currently provided on each campus. Although the cost for additional sessions is low, it remains a financial barrier for some students. Some students may be reluctant to start counselling because of preconceptions of cost and minimal progress due to limited number of free sessions. The goal here is to remove cost prohibitive barriers to resources.

**Action 5:** Pay scales for post-free sessions and mechanisms for funding CAPS are different on each campus, therefore, a survey of all campus counseling centers is recommended. A comparison of data on student financial need and CAPS use would be helpful to determine if this problem exists and if this solution of increasing the number of free sessions for students with financial need may help reduce financial disparities.

**Action 6:** Advertise SupportLinc EAP resources, along with CAPS, in all orientations, websites and printed materials related to mental health wellness. In addition, this information should be added to the SAA handbook/guide.

**Action 7:** Examine feasibility of a single student health insurance program available to all students. The task force recommends a voluntarily enrollment plan; enrollment fees for some students (SAAs and graduate students on fellowship) would continue to be covered by the university. In addition, the task force recommends the creation of a university-wide task force to research and consider the implementation of mandatory health insurance for all students and whether this is a viable and worthwhile option.

**RECOMMENDATION 3: Review policies for financial aid, tuition, and other funding-related areas, as these are sources of distress for many students, especially graduate students.**

Graduate student funding remains a significant issue. The current model of using SAA employment as financial aid leads to conflicts between academics and support. Additionally, equity issues exist in assistantships across all campuses, especially in the coverage of in and out-of-state tuition. Financial literacy and resources are critical needs give the fact that financial insecurity is recognized to have considerable impact on the success and well-being of a student.

**Action 8:** Fund the expansion of financial literacy training and resources, such as MoneySmarts. Graduate-student relevant programming and training for managing health care issues should be included

in the resources. Ensure that areas of training have a focus on the needs of undergraduates that are first-generation students, as well as students that are working full-time or have significant financial need.

**Action 9:** Create a task force to reassess the current funding model for graduate students across all IU campuses. The current model of using SAA employment as financial aid leads to conflicts between academics and support. The task force recommends consider waiving out-of-state tuition for all SAA appointments.

**RECOMMENDATION 4: Review other policies that touch on mental health, such as financial aid, food security, housing security, and more, and update them as necessary.**

Mental health issues are often not detected early enough, especially for students who are less well connected with their departmental support systems. Students with academic and wellness issues are often discovered late, compromising the effectiveness of interventions. The goal here is to detect mental health issues early, and to be able to point the student to appropriate resources.

**Action 10:** Create a standard reporting policy for annual academic and well-being reviews for all students, and especially graduate students. Establishing a required annual academic and well-being check-in might catch problems early enough for effective intervention.

**RECOMMENDATION 5: Recommend additional training for police and other emergency responders in dealing with mental health issues, or on how to refer them to triage.**

We have many emergency responders across the university and needs for training and support vary by unit and nature of the incident. Mechanisms to ensure training and support for staff handling emergency response mentally, physically, and emotionally are available across IU.

**Action 11:** Create a list of who would be identified as a "first responder" on each campus. Depending on the crisis, first responders might be from IUPD, EHS, Student Affairs, etc.

**Action 12:** Create a Critical Incident Stress Management team at IU to assist with processing and debriefing teams on campuses once they have experienced a tragedy.

**Action 13:** Develop a streamlined process to make sure front lines staff dealing with mental health concerns are receiving self-care and the proper support needed outside of EAP.

**RECOMMENDATION 6: Create or improve plans for mental health support after local, national, or international tragedies that may affect our students.**

While there are recommendations for this area, further conversation is needed regarding what specific tragedies IU will respond to and with what supports. Realizing that the response to these tragedies could have a large impact on the campus community, the following recommendations have been made.

**Action 14:** Establish a group with a representative from each campus to be the point people for IU to make sure messaging is consistent and services align.

**Action 15:** Consider a larger conversation of what tragedies need highlighted and how some may have a contagion effect on campus that some campuses may not be prepared to handle.

**Conclusion**

By providing streamlined mental health support across all campuses, Indiana University will help students learn life-long coping skills, improve their overall health and wellbeing, and remove the mental health barriers to academic success. Indiana University has the opportunity to innovate and become a standard-bearer for providing a stigma-free environment on all its campuses, as well as a variety of services designed to treat the whole person. It is more important than ever that colleges and universities create a culture of care so that students enjoy the best possible opportunities to be successful in school and life.