

# President's Taskforce on Mental Health and Wellness

EXECUTIVE REPORT | 2020



# President's Task Force on Mental Health and Wellness

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## President's Taskforce on Mental Health and Wellness

# Executive Summary

### INTRODUCTION

In March 2020, President Katsouleas announced the formation of the President's Taskforce on Mental Health and Wellness. He appointed taskforce members who represent faculty, staff, and students from various units across the university. He identified the mental health and wellness needs of our students as a top university priority.

President Katsouleas charged the committee with the following: to review current efforts and practices; identify areas of diminished capacity; and identify priorities for best practices and expansion of care for our students.

The work of the committee built upon recent efforts to address these issues including UConn's partnership with the JED Foundation, a non-profit dedicated to the promotion of mental health, emotional health and suicide prevention among youth by becoming a designated JED Campus and the Healthy Minds Study which assesses student attitudes, behaviors and awareness of mental health issues. The university also contracted with the Keeling Group for a comprehensive assessment of mental health services, processes and organizational structures. Based on that assessment, Keeling developed recommendations specific to the UConn community.

The values of the university and of those laid out by President Katsouleas are embedded throughout the approach to student mental health and wellness recommendations. These include: "treating everyone with respect, assuming goodwill, fostering all forms of diversity and striving to do the right thing."

Furthermore, at all stages of the taskforce work, committee members stressed the importance of centering compassion, integrity and inclusiveness as the bedrock of all efforts toward a vibrant and progressive mental health and wellness university community.

### CONTEXT

Over the last ten years, there has been a substantial increase in the need and demand for student mental health services within universities across the nation (Lipson, SK, Lattie, EG, Eisenberg, D, 2019). UConn, too, has experienced this trend. In response, the university hired additional staff for the Student Health and Wellness Center. Our students have been clear about their needs and concerns and the administration and Board of Trustees have heard their voices and responded. Furthermore, Active Minds Spring 2020 Student Survey found that since the covid-19 epidemic, "20% of college students report that their mental health has significantly worsened and 80% report that the pandemic has negatively impacted their mental health, with stress or anxiety disappointment or sadness; loneliness or isolation being the primary expressions." (<https://www.activeminds.org/wp-content/uploads/2020/04/Student-Survey-Infographic.pdf>).

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UConn acknowledges the need to simultaneously focus upon and nurture a campus climate which promotes wellness, safety, and a sense of belonging among all members of our community, through a multi-pronged approach which includes assuring appropriate levels of staffing.

The taskforce work is informed by both public health and mental health considerations, principles, and strategies. Interventions for treatment need to be accompanied by campus-wide prevention efforts across our community. We strive to have all members of our community “own” the responsibility for a strong, resilient, and healthy student body.

At the time that President Katsouleas commenced the task force, twin pandemics were evolving in the nation: COVID-19 and systemic racism, the latter of which began to be more broadly acknowledged. Both have exacerbated underlying mental health conditions, particularly among vulnerable individuals. As the pandemics continued, there has been an increasing understanding of the disproportionate effects on communities of color. This societal context has helped to inform the work of the taskforce and our understanding of current and projected needs for our student community.

## PROCESS

Early committee meetings focused upon reviewing student mental health data including demographics diagnoses and outcome. The group also reviewed data about access and student satisfaction. We developed a dedicated website: [projectwellness.uconn.edu](http://projectwellness.uconn.edu).

The taskforce organized itself by establishing subgroups with their own foci:

***Community Wellness - Prevention and Partnerships:*** a review of existing programs and services in order to develop recommendations to ensure a campus-wide approach to risk prevention and mental health promotion.

***Mental Health Continuum and Coordination of Services:*** the use of available research and data, the development of a mental health continuum that is both coordinated and comprehensive, within a holistic framework and approach.

***Diversity and Inclusion; Culture, Language and Workforce:*** identification of diverse, distinct, and intersectional identities among the student population; identification of opportunities and challenges for programming, training, and hiring.

***Training and Research:*** audit of existing resources and training programs, recommendation of training goals and opportunities for research, and the development of knowledge about college mental health and wellness.

***Student Listening Sessions:*** Led by student members of the mental health task force, several virtual listening sessions were hosted for undergraduate, graduate, and regional students. The results of these listening sessions were a critical data source in understanding the unmet needs addressed in our recommendations.

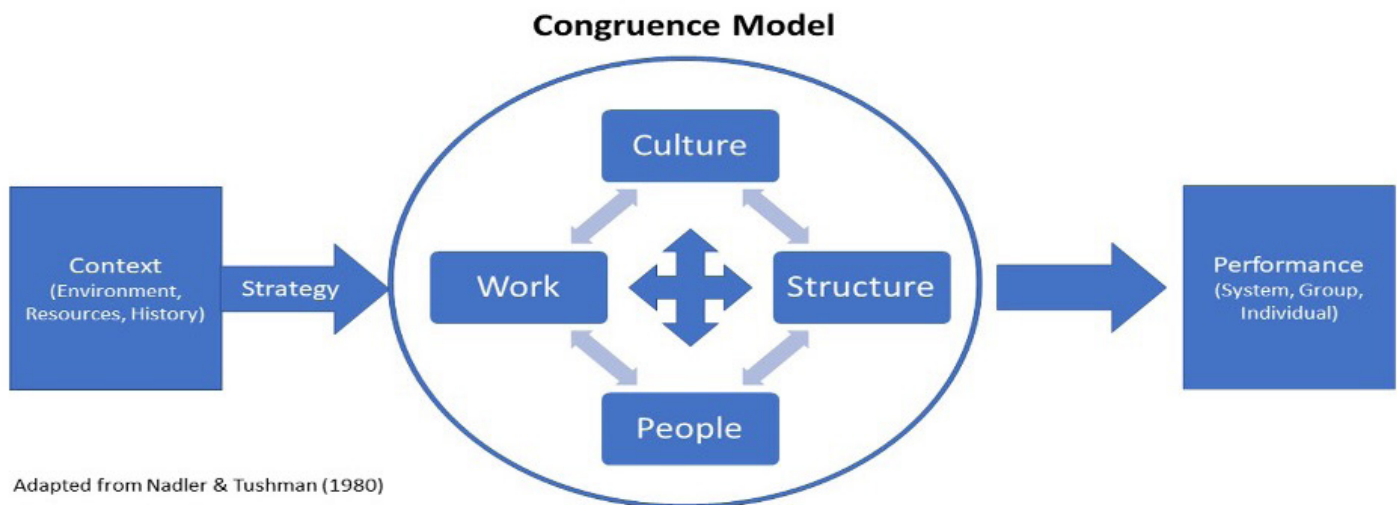


These small groups worked remotely throughout the spring and summer and each developed a report and summary of their work which is attached here.

## RECOMMENDATIONS

Our recommendations rest on a commitment to **integration** of knowledge and innovation and a **proactive** approach to a model for community health and wellness that exemplifies our responsiveness to emerging trends in mental health priorities for students, faculty, staff, and underserved communities.

As reflected in the findings of our Mental Health Continuum and Coordination of Services subgroup it is essential that a congruence model be adopted that enables prioritization, coordination, and distribution of care and resources to the UConn community. An overview of both recommendations and timelines issued from this committee are included in the Addendum.



Mental Health and Wellness must be a University expressed priority that is articulated at the highest level and held accountable to strategic planning goals throughout the University. This perspective is entirely consistent—and, indeed, implicitly stated—as UConn seeks to be a leader in life transformative education (LTE). The ambition for life transformative education requires a holistic commitment to the life and mind of the students.

While the classroom has always been a home to intellectual rigor, it is equally a home that seeks to cultivate life-long skill development through interpersonal skill development, stress management, mentorship, and healthy risk taking. The intellectual experience desired through LTE is not constrained by the classroom walls. Rather, LTE must extend into the lived experience on students residentially, co- pre-professionally, and through the curriculum.

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LTE insists that all members of the UConn community have a proficiency and commitment to principles of mental health and wellness. This can only be achieved if LTE and Mental Health and Wellbeing become a strategic priority for the University of Connecticut.

In order to effectively provide the LTE education President Katsouleas envisions for all members of our community the Task Force recommends the following actions:

**Life Transformative Education requires a commitment to mental health and wellbeing:**

- President and university leadership articulate mental health and wellness as a strategic goal of the University's upcoming strategic planning process and as directly relevant to our goal for life transformative learning. This goal, and subsequent planning, applies to students, faculty, and staff.
- Establish a "home" or "hub" through Health Promotion and Human Resources for members of the university community. This goal builds upon efforts led by peer institutions such as the University of British Columbia's Okanagan Charter.
  - An articulated continuum of care and how to access resources. A proposed timeline is included in the workgroup's attached report. While not definitive, the timeline should be used as a reference for intervention, accountability, and ongoing monitoring.
  - Indicators of mental health and wellness, measures of success, progress as a JED campus, and progress towards goals expressed in the University's strategic plan.
  - Annual reports on progress toward achieving goals for campus health and wellness.
  - How to access resources such as programming suggestions, trainings, etc.
  - A public dashboard with indicators of progress towards mental health goals.
  - The creation and implementation of communication strategies intended to raise awareness of campus wellness resources, build community wellbeing, and create spaces for active discussion and learning about wellbeing issues.
- Community: Strong and timely collaboration between University mental health services, research, and community resources that span the continuum of outpatient, emergency and acute inpatient care and outpatient care are critical for cohesive and comprehensive care for students. Further identify and enhance community partnerships in the Storrs and regional campus areas.
- Access to robust training for faculty and staff on how to support and understand mental health challenges that are present in the classroom, develop strategies for successful students engagement (syllabus tips, how to talk with a student in distress), etc.

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## **Increase staffing and resources to provide comprehensive access to care to all students on all campuses:**

While increased staffing is recommended in number of areas for both mental health and health promotion service, the efficient use of existing and supplemental resources through continued work in alignment and integration is critical to the facilitation of the congruence model. The Keeling report aptly identified the need for Student Health and Wellness-Mental Health to adopt a clear vision and operational efficiency. Those recommendations have been reviewed and accepted by the management of SHaW.

- Increase staffing in Health Promotion and Human Resources/Employee Health and Wellness to effectively staff and resource this hub for information, training, and goal setting. We believe it is essential that Health Promotion hire 2-3 additional health education staff with clinical training to leverage increasing student mental health proficiency throughout the University.
- This must not be an isolated resource for students, but there is a need to hire additional complementary resources through Human Resources/Employee Health and Wellness for faculty and staff.
- Regional campuses require enhanced access to direct care. The task force recommends expanding beyond the Case Management model to provide increased access to limited counseling services, such as single sessions and other brief therapy services, enhanced relationships with external referrals, and group therapy. Further, we believe a model of access to consultative health services would also be beneficial to a community health approach. We recommend exploring the feasibility of such services for regional students by enhancing resources through a medical fee model.

## **Diversity, Equity, and Inclusion must be a central theme, focus and driver of all student health and wellness activities:**

- Work closely with the Office of Diversity, Equity, and Inclusion to develop and/or coordinate strategies to increase diversity of counseling and health promotion staff across campuses and provide staff training.
- Following the implementation of the Keeling recommendations, it is important to hire additional counseling staff members with substantial experience with historically underserved communities and individuals to expand access to clinical care and cultural proficiency among all clinicians.
- All staff and internship supervision and training will include a substantial focus on diverse and inclusive practice. The prioritization of this work insists that a staffing position exist focused upon placement supervision and culturally responsive practice.
- Recruit and retain Black-identified and other racial/ethnic representation among providers and staff.
- Expand field placement opportunities by five advanced graduate social work students with diverse backgrounds and a commitment to inclusive practice. This will supplement existing clinical placements available in SHaW-Mental Health in psychology accredited by

the American Psychological Association (doctoral), practicum training in psychology, counseling, and social work, and a psychiatry resident. In addition, some of these additional placements may be placed at Hartford and other regional campuses to further increase capacity.

- Evaluate need for bilingual staff member, given the composition of our student population.
- Add additional Case Management resources (2 FTEs) for the Storrs campus to support a structured case management model across the continuum of care to integrate campus resources with quality mental health services in the community. Currently, SHaW-Counseling case management approach focuses upon hospital and inpatient transitions of care. Additional case management FTE will expand this approach for students who need on-going mental health counseling beyond the scope of a brief therapy model. A comprehensive case management approach puts students in the center of care, enhancing student's satisfaction with transitions to community services.
- The Task Force recommends that the Dean of Students assemble a review committee to evaluate process for emergency hospitalization of students to determine and ensure: a) training levels of all emergency response teams in cultural proficiency and mental health stigma; b) appropriate use of police; c) training, assessment and determination of "imminent risk of harm" across emergency response departments, and; d) procedures to de-escalate during crisis through non-police intervention. While police are an essential component of emergency response to ensure the safety of all involved, it is equally essential that the use of police be limited and utilized only when an imminent risk of harm to an individual or others is evident.

### Research and innovation:

The UConn community possesses a wealth of health and wellness resources, which if properly coordinated, have the potential to make a significant and positive impact on campus wellbeing. The following list is by no means exhaustive, but demonstrates the depth and breadth of UConn's current health and wellbeing assets:

CATEGORY	ASSET/STRENGTH
Academic	<ul style="list-style-type: none"> <li>• 20+ health and health-affiliated schools and academic programs, including UConn Health</li> <li>• Institute for Collaboration on Health, Intervention and policy (InCHIP) and related academic centers and institutes</li> <li>• Engineering Diversity and Outreach Center (EDOC) and other school/college-based initiatives focused on creating inclusive and caring communities</li> </ul>



	<ul style="list-style-type: none"> <li>• Individual faculty who check in on their students, integrate flexibility and “life happens” mechanisms into their course requirements, connect students with other students in their classes, and provide experiential and “real world” opportunities to connect with the course material</li> </ul>
<b>Student-Led</b>	<ul style="list-style-type: none"> <li>• USG Mental Health Committee and Initiatives (e.g. Wellness Café)</li> <li>• Mental Health Coalition</li> <li>• Diversability Student Organization and Initiatives (e.g. Diversability Dialogues)</li> <li>• NAMI and Active Minds student organizations focused on mental health</li> <li>• Abundance of student leaders: peer mentors, TAs, RAs, Orientation leaders</li> <li>• Student activists and advocates for diversity, inclusion, and equity, as well as for social, economic, and environmental justice</li> <li>• <i>Daily Campus</i> ‘Culture Shock’ series—“an anonymous space for underrepresented and marginalized groups at UConn to share their stories”</li> </ul>
<b>Departments</b>	<ul style="list-style-type: none"> <li>• CARE Team</li> <li>• Center for Excellence in Teaching and Learning (training focused on creating positive, engaging, and connected virtual learning environments)</li> <li>• Dean of Students Office</li> <li>• Regional Campus Leadership and Case Managers</li> <li>• The Graduate School</li> <li>• Institute for Student Success and affiliated programs (e.g. FYE, AAC)</li> <li>• International Student and Scholar Services</li> <li>• Office for Diversity and Inclusion, and Cultural Centers</li> <li>• Recreation</li> <li>• Residential Life</li> <li>• Student Health and Wellness</li> <li>• Employees of Concern Team</li> <li>• Healthy Minds Study</li> <li>• National Collegiate Health Assessment (NCHA)</li> <li>• Psychology Clinic Data (Stephanie Milan)</li> <li>• SERU</li> <li>• Student Affairs Student Well-being Assessment Team</li> </ul>

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<b>Governance &amp; Leadership</b>	<ul style="list-style-type: none"><li>• University Senate Welfare Committees</li><li>• Labor Union Committees focused on member health and welfare</li><li>• Provost and EVP for Academic Affairs Carl Lejuez (Specialty in Clinical Psychology)</li></ul>
<b>Campus Initiatives, Collaborations, and, Searches</b>	<ul style="list-style-type: none"><li>• Be Well. Feel Well. Do Well campaign (SHaW)</li><li>• JED Campus (USG and SHaW)</li><li>• Life Transformative Education</li><li>• Maker Spaces, including Innovate Wellness (SHaW and OPIM)</li><li>• UConn Faith</li><li>• U-Kindness</li><li>• Vice Provost for Faculty and Staff Affairs and Development</li><li>• Wellness Coalition (SHaW)</li></ul>

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**With these strengths in mind, the following actions are recommended:**

- **Research Grants** that enable UConn to lead in mental health research. Through both the Provost’s office and the Office of the Vice President for Research **develop and incentivize research grants** that help UConn be a **research leader in young adult mental health** and wellness. Grants should support innovative research, influence best practices of care for late adolescent health, and connect and amplify existing strengths in research centers such as InCHIP. Individual schools and colleges are encouraged to periodically provide research incentive grants relevant to their own disciplines.
- Develop **faculty/practitioner roundtables** hosted by the Provost’s office and Health Promotion to encourage integration of research and innovation into our care for college-aged students.

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**This executive summary is respectfully submitted by:**

**Eleanor JB Daugherty, Ed.D.**  
Dean of Students  
Co-Chair, Taskforce on Mental  
Health and Wellness

**Nina Rovinelli Heller, Ph.D.**  
Dean, School of Social Work  
Co-Chair, Taskforce on Mental  
Health and Wellness

# Addendum

### Workgroup Reports

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# Community Wellness: Prevention and Partnerships

## REVIEW AND RECOMMENDATIONS

JUNE 18, 2020

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### MEMBERS

Becky Feldman, Vicki Fry, Abhishek Gupta, Kent Holsinger, Karen McComb (Chair), Angela Rola

### OUR CHARGE

The Community Wellness: Prevention and Partnerships Workgroup (CWPP) focused their efforts on responding to the following three tasks:

- Identifying gaps in community engagement on topics of wellness and access to health care
- Identifying priorities for community wellness outreach
- Identifying University strengths (departments, strengths, resources) that can and should be amplified on the topic of wellness

### ENVIRONMENTAL SCAN & OTHER RESOURCES

In addition to drawing on their experiences as leaders and members of different campus communities, the CWPP workgroup reviewed the following resources to inform their responses to the above tasks and to craft their recommendations:

- Notes from the Spring 2020 Student Listening Sessions
- JED UConn Virtual Visit Presentation including preliminary results from the 2020 Healthy Minds Study
- gradSERU Summary
- Okanagan Charter
- Health Promoting University Case Study: The University of British Columbia

### RESPONSE

#### **TASK #1: Identify gaps in community engagement on topics of wellness and access to health care.**

Based on our review of the listening session responses, as well as the preliminary results from the 2020 Healthy Minds Study, CWPP concludes that UConn has not consistently defined, prioritized, operationalized, or communicated wellness and/or wellbeing as a guiding value and expected approach to success for all UConn campuses, departments, environments, services, and programs. This gap in shared responsibility for and commitment to well-being has led to:



- Confusion about who is responsible, and occasional rejection of individual responsibility, for addressing and responding to wellness concerns
- Missed opportunities to learn from one another about our community's (and communities') wellness needs and to leverage the depth and breadth of our research and practitioner expertise in health and wellbeing to identify and implement solutions
- Fragmented and siloed wellbeing efforts that lack the momentum, authority, and infrastructure to create and sustain a culture of wellness and belonging that supports individual and institutional success across all campuses
- Insufficient professional development opportunities to learn best practices and resources for creating wellbeing in our learning and social environments and to practice role-specific skills and behaviors to support community wellness
- Confusion about what health and wellness resources exist, who is eligible to use them, and how to either access and promote care for oneself or to facilitate access and promote care for a friend/student/colleague
- Feelings of not being seen, heard, and/or validated when voicing mental health and wellbeing questions, concerns, and needs, resulting in isolation from, and lack of investment and engagement in, the University
- Compounded isolation and oppression of communities who have been historically oppressed and marginalized on our campuses

## **TASK #2: Identify priorities for community wellness outreach.**

In addition to adopting wellbeing as a universal campus priority, the CWPP work group identified the following priorities for community wellness outreach in terms of guiding principles and target populations:

### **Guiding Principle**

#### ***“Nothing about us without us”<sup>1</sup>***

A well-known and loved slogan of the disability rights movement, “Nothing about us without us” recognizes that those with lived experience are the experts in their own lives and calls for the genuine and meaningful participation of those with lived experience in the making of decisions and policies that will directly affect them. Creating a sense of inclusion and belonging where everyone feels connected and valued is a hallmark of health-promoting universities.<sup>2</sup> Therefore, decisions about student mental health and wellbeing programs, policies, and initiatives should involve and be guided by students representing the diversity of our campus community. Students are also in the best position to tell us which methodologies and channels will be most effective in communicating initiatives and resources designed to support their wellbeing and success.

<sup>1</sup> Charlton, James I. *Nothing About Us Without Us: Disability Oppression and Empowerment*. 1st ed., University of California Press, 1998. JSTOR, [www.jstor.org/stable/10.1525/j.ctt1pnqn9](http://www.jstor.org/stable/10.1525/j.ctt1pnqn9). Accessed 18 June 2020.

<sup>2</sup> Newton, Joanne, et al. *Healthy Universities: An Example of a Whole-System Health-Promoting Setting*. *Global Health Promotion*, vol. 23, no. 1\_suppl, Mar. 2016, pp. 57–65, doi:10.1177/1757975915601037.

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## **Target Populations**

### ***Marginalized, Oppressed, and Underrepresented Students***

By recognizing and addressing health and community inequities affecting Black, Indigenous, Latinx, Asian and those of mixed-race, LGBTQIA identified students, DACA and undocumented students, students with disabilities, former foster youth, independent students, students attending regional campuses, and non-traditionally aged students, we advance the wellbeing of the entire UConn community.

### ***Graduate Students***

Graduate students play a unique role on campus, serving in multiple roles within the academic community (e.g. students, researchers, teachers, support staff, etc.). The nature of their academic programs differs dramatically across disciplines and is very different from the undergraduate experience, requiring tailored approaches to wellbeing and access to care. The CWPP work group was especially motivated to prioritize graduate students for outreach because of the following themes in the graduate student listening session and the gradSERU survey results:

- Some graduate students are aware of campus health and wellbeing resources but do not feel those resources are designed for or available to them
- Some graduate students report excessive pressure and unrealistic expectations from major advisors; others called out the sometimes “toxic” power dynamic present in the relationship between graduate students and their advisors

### ***International Students***

According to the 2006 Report of the University of California Student Mental Health Committee, international students “often experience cultural adjustment issues, carry significant financial burden, and struggle with increasingly complex and uncertain visa processes, resulting in increased stress.” (p. 10).

Cultural norms and taboos around mental health issues and concerns regarding confidentiality can act as barriers to preventative care and treatment. More recently, international students, specifically those from China (71% of the UConn international student population in Fall 2019), have been victims of hate, bias, xenophobia, and discrimination in the context of the COVID-19 pandemic, which has certainly amplified stress and threatened their safety and sense of belonging.

### ***Students in Transition (first year, campus change, transfer, re-entry, identity)***

It is important for new students and students in transition to be properly oriented to and mentored in UConn’s culture of wellbeing, so that they are effectively connected with the information, skills, and people they need to activate wellbeing as a student and as a lifelong success strategy.

### ***UConn Staff and Faculty***

According to the preliminary results of the spring 2020 Healthy Minds Survey, students reported that the first people they would go to if a mental health concern was impacting their academic performance are academic advisors and faculty. Not only do staff and faculty need to be

empowered to inquire after their students’ wellbeing and equipped to guide students to the resources available to assist them, but the health and wellbeing of staff and faculty also need to be prioritized in order to sustain their continuous role in supporting the health and wellbeing of students.

**TASK #3: Identify University strengths that can and should be amplified on the topic of wellness.**

The UConn community possesses a wealth of health and wellness resources, which, if properly coordinated, have the potential to make a significant and positive impact on campus wellbeing. The following list is by no means exhaustive, but demonstrates the depth and breadth of UConn’s health and wellbeing assets:

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## RECOMMENDATIONS

To address the above gaps and priorities, and to leverage University assets and strengths, the members of the CWPP Workgroup recommend the following:



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## Recommendation #1:

### **Integrate health and wellbeing into the mission, values, and operations of the University.**

In 2015, members of the International Conference on Health Promoting Universities and Colleges gathered on the Okanagan campus of the University of British Columbia to draft and approve what is known as the Okanagan Charter. The aspiration of the Okanagan Charter states:

“Health promoting universities and colleges infuse health into everyday operations, business practices and academic mandates. By doing so, health promoting universities and colleges enhance the success of our institutions; create campus cultures of compassion, well-being, equity and social justice; improve the health of the people who live, learn, work, play and love on our campuses; and strengthen the ecological, social and economic sustainability of our communities and wider society.”

We recommend the University adopt the principles of the Okanagan Charter, and its two calls to action:

1. Embed health into all aspects of campus culture, across the administration, operations, and academic mandates
2. Lead health promotion action and collaboration locally and globally

Issues of health and well-being are complex. Creating effective solutions requires the commitment, action, and talent of all community members, across all disciplines and identities. UConn is uniquely resourced to make the above aspiration a reality.

Possible action steps towards the above recommendation could include:

- **Define and include campus health and well-being in the University’s strategic plan** and dedicate/align resources to create and implement strategic objectives towards becoming a health promoting campus as outlined in the Okanagan charter. (Some campuses, such as the University of British Columbia, have created a specific Charter for Wellbeing, which is linked to the University’s strategic plan.)
- **Provide incentives for campus departments that submit plans for and make progress towards addressing the wellbeing of their students, staff, and faculty**, and coordinate the needed guidance and material resources to set them up for success.
- **Develop opportunities for students, staff, and faculty to deepen their knowledge of health and wellness topics**, and practice skills and behaviors to enhance their own wellbeing, as well as the wellbeing of others. Examples could include integrating wellness modules into existing seminars for first year students and creating professional development workshops for staff and faculty to build their wellbeing acumen.
- **Link and integrate campus health and wellbeing into high-profile campus initiatives** where appropriate such as Life Transformative Education and Diversity, Equity and Inclusion efforts.

- **Promote health and well-being as a learning strategy and integrate those strategies into the learning environment** (e.g. partner with the Center for Excellence in Teaching and Learning to help faculty understand how course designs that promote well-being can enhance learning outcomes, as well as create a link to well-being resources in HuskyCT; create sample well-being statements for course syllabi; incorporate flexibility into assignment deadlines; support student mental health days; connect students to each other as resources; support expanded reading days before final exams; add questions to the SET assessing whether classroom/course practices support well-being and/or whether or not the professor demonstrates interest in students' overall well-being).
- **Recognize and reward existing efforts** that support campus well-being and demonstrate alignment with the University's well-being goals (e.g. identify staff, faculty, and student well-being champions, host symposia on research related to campus health and well-being, create competitive mini-grants to support interdisciplinary well-being research and initiatives).
- **Create a dashboard for campus well-being to establish baseline metrics and measure progress.** Disaggregate the data by school, class level, and identities/demographics to inform current and future initiatives. Include diversity, inclusion, and equity metrics as appropriate.
- **Create an interdisciplinary and diverse group of students, staff, and faculty to implement a holistic, all-campus(es) approach to wellness and well-being.** Leverage existing campus resources to coordinate and support this work (e.g. student organizations and actions, HR Wellness Manager and the Work Life Oversight Committee, InCHIP, Wellness Coalition, Regional Case Managers/Student Services Directors, University Senate Committees, Labor Union Committees), name a senior leader/executive champion, and position the group appropriately in the campus organizational structure to effect real culture change (e.g. eliminate barriers of funding, silos, and geographic location).

## Recommendation #2:

**Create and implement a marketing campaign and two-way communication channels with the goal of raising awareness of campus wellness resources, building community around well-being, and creating spaces for active discussion and learning about well-being issues.**

Clear and consistent education and communication about the value of wellness, access to care on and off campus, and each person's role in creating a culture of wellness is needed. Tailored messaging to priority populations for wellness outreach will need to be developed and distributed as well. Mechanisms for ongoing conversations and sharing ideas and resources should also be developed and implemented to breakdown information silos.

A comprehensive marketing and communications plan around well-being could include:

- **An inspirational, all UConn tagline**, such as "Be Well, Feel Well, Do Well," which can brand and unite wellness and well-being initiatives across all campuses.
- **Promoting campus health and wellness resources in a coordinated "one-stop-shop" format** for quick and easy access to critical information.

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- **Creating adaptable messaging that is racially and culturally sensitive** with the feedback of established organizations/communities like the Cultural Centers and faith groups, as well as with direct input from students who identify with priority populations.
  - **Integrating information regarding campus health and wellness resources into all channels focused on students in transition** (e.g. freshmen, transfer, campus change, new graduate students). Leverage campus assets, such as InCHIP, to design campaigns that communicate to students early, often, clearly, and through as many channels as we can manage.
  - **Encouraging proactive use of resources** to address health and wellness concerns prior to progressing into crisis. As indicated above, the campus has many strengths and resources available to support student success. Messages should reinforce early help-seeking behaviors, as well as opportunities for all students, staff, and faculty to learn the helping skills needed to effectively reach out and respond to students who demonstrate early signs of struggling.
  - **Offering regular well-being forums** to bring students, staff, and faculty together to discuss current barriers to well-being and celebrate successes.
  - **Coordinating community conversations after high-impact events** to debrief and discover opportunities to prevent future incidents. Complement these with after-action reviews by the administrative offices involved in the response to identify what elements of the response worked well, things that did not, and, to explore whether there were any administrative lapses that, if corrected, could prevent or lessen the severity of the high-impact event.

### Recommendation #3:

#### Promote holistic personal development.

- Create a new emphasis for all UConn students to: explore their development as holistic human beings and not solely focus on academic achievement; get curious about their identities and become more racially and culturally aware; attend to and balance their emotional, social, spiritual, and physical wellbeing in equal measure. *The Executive Summary for A Coalition for Life-Transformative Education* posted on the Office of the Provost's website, states "a college education is not just about books and tests—it is about life." We fully support this statement, as well as the following from the same document:  

"We want to build a future in which higher education focuses on what matters most, which surely includes a completion of college and securing purposeful employment—but goes beyond these lowest common denominators. We want to contribute directly developing graduates who will flourish later in life, who will enjoy well-being in all dimensions, and who will contribute to building a healthy, just and thriving society. In short, we want to focus on what it takes to provide a college education that truly transforms lives."
- We believe that the purpose of the President's Task Force for Student Mental Health and Well-being is directly aligned with the *Life Transformative Education* initiative, and strongly encourage that the recommendations from this task force be incorporated into that initiative and coordinated with other similar efforts to increase their potential impact and reach.

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# Mental Health Continuum and Coordination of Services

## REVIEW AND RECOMMENDATIONS

JUNE 17, 2020

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### MEMBERS

Chair: Sandy Chafouleas

Members: Brittany Diaz, Terrence Cheng, Scott Jordan, Suzanne Onorato, Sylvia Pu

### OUR CHARGE

- Chart an optimal continuum of mental health and wellness care for UConn students
- Identify strong collaborations among departments
- Identify gaps and redundancies among departments and programs
- Explore how to amplify existing strengths throughout the University
- Explore appropriate community partnerships

### Overview of Recommendations and Timeline

	Yr. 1	Yr. 2	Yr. 3	Yr. 4	Yr. 5
<b>GOAL 1: Chart an optimal continuum of mental health and wellness care for UConn students &amp; identify gaps and redundancies among departments and programs</b>					
1.a. Establish a shared and operational (measurable) definition of continuum of mental health and wellness	X				
1.b. Define the critical indicators of mental health and wellness (create a crosswalk of available indicators and prioritize – see data table in prior minutes), determine goals, and establish a nimble system for progress monitoring.	X	X			
1.c. Establish an efficient data use system for routine evaluation of critical indicators		X	X		
1.d. Create a roadmap of current services in order to identify strengths, redundancies, and gaps across the units and campuses	X	X	X		
<b>GOAL 2: Explore how to amplify existing strengths throughout the University</b>					
2.a. To increase transparency and the value proposition of investment in mental health and wellness, enable common language and consistency in mental health and wellness messaging that communicates to all of UConn	X	X	X		

	Yr. 1	Yr. 2	Yr. 3	Yr. 4	Yr. 5
<b>GOAL 3: Explore appropriate community partnerships</b>					
3.a. Establish a UConn partnership model, acknowledging that although the model may be the same, the number of partners, types of partners, and so forth are different according to number of students served, and the number of partners in the region, etc.	X	X			
3.b. Explore contractual relationships with community partners to formally extend the opportunities for services and to fill gaps in the continuum of services.	X	X	X	X	X
<b>GOAL 4: Identify strong collaborations among units (academic affairs, administrative services, student affairs)</b>					
4.a. The University strategic plan must include emphasis on cross-collaboration among units that includes specification of goals in mental health and wellness.	X	X			
4.b. The commitment to a UConn culture of wellness must include the support, training, and education for all University constituents, embedded within the strategic plan.	X	X	X	X	X

## GOAL 1

### **Chart an optimal continuum of mental health and wellness care for UConn students & identify gaps and redundancies among departments and programs.**

1.a. Establish a shared and operational (measurable) definition of the continuum of mental health and wellness. [Year 1]

- This recommendation stems from the Chafouleas presentation around establishing a school-wide behavior matrix in K12 settings. Common language is essential to move every unit forward—parallel instead of all over—in meeting goals.

1.b. Define the critical indicators of mental health and wellness (create a crosswalk of available indicators and prioritize—see data table in prior minutes), determine goals, and establish a nimble system for progress monitoring. [Year 1-2]

- This recommendation stems from the many data sources that UConn currently engages in around mental health and wellness data. There are many sources, yet alignment across and definition of the representative indicators is needed.
- In doing this work to establish common indicators, it will be important to acknowledge our collective history of differences and perspectives in metrics of importance and value.



- It is suggested that good places to start in establishing indicators may be through (a) the current ten things discussed consistently in SHaW presentations every perspective and (b) exploration with JED campus around core measures for mental health and success.

#### 1.c. Establish an efficient data use system for routine evaluation of critical indicators [Year 2-3]

- This recommendation is tied to 1.b—but must occur after—and focuses on who is responsible, how it will happen, and when it will happen in data collection around critical indicators. An “official” data set is needed to represent what is being used and discussed as decisions are being made, with the understanding that “averages” do not represent every perspective and that there is need for appropriate disaggregation. The example often discussed was student enrollment numbers—years ago a decision was made, that OIRE held the responsibility, and that the data “freeze” would occur at the 10th day. All reporting is done using that data set—and although all may not agree with that decision, it does provide an opportunity to strengthen common discussion (i.e. all working from same data, time point, variable name) and thus trust in data and decisions making.

#### 1.d. Create a roadmap of current services in order to identify strengths, redundancies, and gaps across the units and campuses [Year 1-3]

- The rationale for this recommendation is obvious (need to know what you have to know what you need to get where you want to go). The recommendation is sub-divided into the following sequence:
  - It is recommended that the Excel sheets of services that have been started by Onorato may offer a good start to identifying what currently exists [Year 1]
  - Use the sheets to create a grip of identify strengths, gaps, redundancies [Yrs 1-2]
    - Acknowledge need to form a definition of a strength—just because it exists does not mean it is impactful. For example, one-off programs initiated in reaction to something does not necessarily facilitate long-term behavioral change that might be articulated in a goal
  - Go back and map to ensure that defined indicators are aligned to measure desired outcomes associated with the services [Year 3]

## GOAL 2

### Explore how to amplify existing strengths throughout the University.

#### 2.a. To increase transparency and the value proposition of investment in mental health and wellness, enable common language and consistency in mental health and wellness messaging that is communicated to all of UConn [Year 1-3]

- The rationale for this recommendation is that all units at UConn need to have the same playbook—similar to the work that was undertaken to create a “one” UConn brand. We need a common understanding in order to know what to do, and where to go, in getting the supports that are needed. This recommendation is further sub-divided into the following steps:

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- o Complete internal work across stakeholders to define what it means to “be well, feel well, do well.” What does it look like in different situations (on-campus living, off-campus living, student-athlete populations, international populations, for different campuses, and for different stakeholders (staff, undergraduate, graduate)? [Year 1-2]
  - o Brand and market the external messaging to all intended users and the general public [Year 2-3]

## GOAL 3

### Explore appropriate community partnerships.

3.a. Establish a UConn partnership model, acknowledging that although the model may be the same, the number of partners, types of partners, and so forth are different according to number of students served, and the number of partners in the region, etc. [Year 1-2]

- The work to establish a UConn partnership model might start with the regional campuses as a model for options in community partnerships. See the compendium of community partnerships at regional campuses provided by Cheng. For example, see the “signature” events done in partnership with their clinical case manager. [Year 1-2]

3.b. Explore contractual relationships with community partners to formally extend the opportunities for services and to fill gaps in the continuum of services. Use Year 1-2 to explore/identify/prioritize options in line with the overall mental health and wellness plan, using Years 3+ to formalize partnerships. [Year 1-5]

- This recommendation is made in acknowledgment that establishing a culture of wellnesses and amplifying strengths of the work at the university requires that we “value strong partnerships that are critical to the mission of wellness, and embrace that partnerships must be contextually and situationally driven.” Strong partnerships are critical, yet must look different based on setting (e.g. particularly valuable at regional campuses)—the work in exploration and evaluation of options must be contextually driven.
- An economic development perspective is recommended when exploring/evaluating options by campus location. For example, the current contract tracing and testing conversations might not look the same at regionals versus Storrs. As another example, is it necessary to do “everything” at the Storrs campus because that is what has been done historically due to isolation/rural setting. When exploring/evaluating services, ask if this still rings true today and business should continue as usual. Formalizing community partnerships may be a win-win for all. We can leverage UConn influence to create a more dynamic continuum to fill gaps.

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## GOAL 4

### **Identify strong collaborations among units (i.e., academic affairs, administrative services, student affairs).**

4.a. The University strategic plan must include emphasis on cross-collaboration among units that includes specification of goals in mental health and wellness. [Year 1-2]

- This recommendation acknowledges the need for a unified message and goal toward student well-being (see Goal 1). As noted, the work group agrees that “everyone is going about their business... it’s so hard to communicate as we do it to ourselves about ourselves, not cross-communication”. For example, mental health and wellness should align with all of the other initiatives that are going on to increase coordination as well as trust and transparency to the work (e.g. life transformative education, wellness coalition, MH taskforce).

4.b. The commitment to a UConn culture of wellness must include the support, training, and education for all University constituents, embedded within the strategic plan. [Year 1-5]

- This recommendation acknowledges that every unit has responsibility for providing programming to support the continuum of mental health and wellness, but there is work to strengthen core mental health and wellness support so that SHaW does not carry the full burden. A holistic approach to meeting student needs must be enabled—see the work that the diversity work group for further information. A primary goal is in core strengthening is to answer—How do we strengthen connections to make hand-offs/transitions more seamless? This work must reinforce that staff and faculty are not expected to be mental health professionals, but do need basic knowledge and skills around facilitating an emotionally and physically safe environment for all, and how and where to refer when coping is limited and there is distress.
- This recommendation also acknowledges that in order to capitalize on existing university strengths, the “what we do” and “how we do it” requires that we enable supports for ALL in mental health and wellness needs (staff, faculty, admins, students). Mental health and wellness must extend to the community as a whole if we expect our faculty and staff to have capacity to take care of students. See the new COACHE results (coming in July) but results from 2015 suggest that we have low scores on mentoring, appreciation and recognition. This means that the work must attend to faculty and staff as well as students.

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## Diversity and Inclusion, Culture, Language Committee

### REVIEW AND RECOMMENDATIONS JUNE 2020

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#### MEMBERS

Xingyi Chen, UConn Student and Co-Founder, Mental Health Coalition

Terrence Cheng, Professor of English and Director, Stamford Campus

Vicki Fry, Human Resources, Manager, Employee Engagement and Wellness

Kelsey O'Neil, Director, Rainbow Center

Angela Rola, Director, Asian American Cultural Center & Senate Executive Committee Representative (Chair)

Adrianne Swinney, Athletics, Chief Operating Officer/Senior Woman Administrator

#### WORKGROUP FOCUS & APPROACH

Representing constituencies across the University with a diversity of insights, contexts, and purviews, the D & I workgroup approached our six goals by first taking a broad view and asking questions; then gathering data; and then looking for intersections, overlaps, gaps, and deficiencies. Though originally charged to focus only on student health and wellness, we believe that faculty and staff health and wellness are equally important. A faculty and staff that is not properly trained, supported, and mentally healthy cannot be fairly asked to serve our students in a similar manner. We must create synergy and balance.

In our work, it became clear that there were overlaps and gaps within the space we were investigating, and across the different areas and committees of the Task Force. This is not a negative redundancy, as much as it is a reflection of the internecine, multi-layered, and multi-pronged mental health and wellness work happening at UConn—each campus across the state, and across the various localities and regions that the University has an impact upon.

UConn has many assets, and excellent work is being done for our students, and the University at large. But it is also clear that there is much we can improve upon. Overall, we believe there must be a concerted effort to focus messaging and galvanize resources, to make an even greater positive impact on our students, faculty and staff.

Thank you for the opportunity to serve on this committee—we are heartened by the dedication and fortitude of our colleagues and students, and feel confident that UConn can and will rise to the next level in this space.

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### **Task #1: Identify current programs, initiative and resources available to the UConn Community.**

- Individual & group counseling sessions available at Student Health and Wellness (insurance billed)
- Individual & group counseling sessions provided by Psychological Services Clinic (sliding scale)
- Individual & group counseling sessions provided at all regional campuses (local community service providers)
- Mental health & wellness focused programs sponsored by Storrs-based Athletics, Center for Academic Programs, Cultural Centers, First Year Programs, Center for Academic Programs, Honors Program, Living Learning Communities, USG, Mental Health Coalition (student led), and other student organizations, including Greek organizations
- Mental health & wellness focused programs sponsored at all regional campuses
- Occasional partnerships with SHaW and various schools & colleges when requested
- Mandated State Diversity & Sexual Harassment Prevention training facilitated by OIE and Cultural Center directors provided to faculty, staff and graduate students
- Sexual Harassment Prevention training for SHaW – MH graduate students provided by the Women's Center staff
- Diversity, Equity & Inclusion training for student groups provided by Cultural Centers' staff
- Additional specific Diversity, Equity & Inclusion topics training provided by Cultural Centers' staff and the Office for Diversity & Inclusion
- Suicide Prevention Committee comprised of 85 students and staff from departments across all campuses
- Annual Suicide Prevention Week events (Fall semester) and Fresh Check Day (Spring semester)

### **Task #2: Identity any existing relevant climate data.**

- **For students:**
  - Keeling & Associates Assessment on Student Health & Wellbeing at UConn (2020)
  - JED Campus – Healthy Minds Study (2020)
  - Microaggressions Survey (UConn Microaggressions Team at uconnmrt@gmail.com)
  - UConn Psychological Clinical Services
    - NCAA Student-Athlete COVID-19 Well-Being Study (2020) Mental health concerns highest among athletes of color, facing economic hardship and those living alone

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- ***For faculty, staff & graduate students:***

- Workplace Climate Survey (2017):
  - Respondents who identified black or “other” race/ethnicity perceived work environment to be less diverse and less inclusive
  - Role ambiguity, role overload and job stress accounted for at least 50% of respondents’ cynicism toward change at UConn, their job satisfaction, their intentions to leave, and their commitment to UConn
  - Only 75.9% of respondents were aware of the Employee Assistance Program (EAP)
- COACHE Survey (2015)
  - Low scores from faculty on mentoring, appreciation and recognition. Also sub-standard score well on “How well you fit”
  - Awaiting results of 2019 COACHE survey, forthcoming from Provost’s Office

- ***Other related climate data from other community resources:***

- Regional campuses: 37% increase in students served by all regional campus Mental Health Resource Centers
- LGBTQ Youth Report – UConn & HRC (2018)

### **Task #3: Identity gaps & areas of concern.**

- ***Increase of mental health concerns*** for UConn students
- ***Existing stigma*** around mental health concerns for students, faculty & staff; particularly people of color and the LGBTQIA+ communities
- ***Lack of diverse counseling and support staff*** in SHaW, and within the networks of providers for regional campuses
- Need for ***continuous cultural competency training*** for faculty & staff
- ***Range, type and consistency of counseling services*** is not optimally calibrated to meet ongoing student needs and demand
- ***Physical spaces*** of SHaW appear “cold and uninviting”
- ***Printed materials and social media*** posts should be updated to reflect the diverse needs of the campus
- Presently there are ***inadequate services and providers for the international student population*** (undergraduate & graduate)



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## RECOMMENDATIONS

- ***Close the gap between various programs serving student mental health needs, i.e. UConn Psychology Program & Psychological Services Clinic v. SHaW.***
  - We recommend establishing shared goals, a uniform platform of metrics so that improvement or success can be benchmarked clearly and compared; and outcomes for both individual units as well as group efforts can be clearly understood and acted upon with as little confusion as possible.
  - Working together will provide a clearer message, and a more unified impact on how we serve our students.
- ***Synergize efforts in Storrs with regional campuses for graduate students and international students.***
  - Currently, students in Storrs (undergraduate and graduate; domestic and international) have groups and organizations dedicated to the service of this area.
  - From what we can ascertain, these Storrs-based groups are not connected at all to the populations at the four regional campuses or the Law school.
  - We recommend that the administration make efforts to assist these student groups to come together in an organized, consistent, and logical manner, so that resources can be targeted and shared to have greater impact.
- ***Assess efficacy of our programs.***
  - Storrs and the regional campuses provide a wide range of diverse programming. We should assess how effectively student needs are being met by this programming; which groups are benefiting; which groups are not included; and then reorganize, reposition, or add assets to meet these identified corroborated needs.
- ***Leverage existing partnerships with affiliated organizations***
  - e.g. Big East, CUPA, HERC, to identify programming, resources that support and/or enhance our campus DEI efforts
  - Examine models from across the University, i.e. regional campuses, to see if additional resources can be brought to bear
- ***Recruit & retain a diverse faculty and staff that reflects the diversity of the student body***
  - Recruit & retain a diverse staff in SHaW that reflects the diversity of the student body
- ***Provide appropriate mental health and wellness training for faculty & staff***
  - Increase/enhance programs and support for the mental health and wellness of our faculty and staff
  - Assist faculty and staff with identifying and overcoming stigmas around mental health issues

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- o Expand the Employee Assistance Program (EAP) to increase mental health programming options
  - o Expand new faculty and staff orientation to include a presentation on the importance of mental health and self-care
  - o Provide appropriate departments/offices (i.e. HR, OIE, ODI) with funds to adequately staff and provide programming for all faculty, staff, and students that goes beyond our existing diversity and sexual harassment prevention training
  - ***Fund Graduate Assistant positions*** for the Psychological Services Clinic to assist outreach to the Cultural Centers and other departments on campus, similar to the position now utilized by the School of Business
  - ***Conduct regular climate surveys*** for students, faculty, and staff, so that the University can appropriately respond to timely issues
  - ***Invest in a Mental Health app*** for students who could benefit from resources provided through that mode of delivery
  - ***Ensure New Student Orientation and First Year Programs incorporate mental health resources*** available to the campus community in their sessions and curricula; administration should assist with deployment and implementation as needed.

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## Training & Research for Graduate Student Population Subcommittee

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### GOALS

#### Focus on Graduate Students Engaged in Research

As part of the President's Task Force on Mental Health, the Training and Research Subcommittee was asked to provide recommendations that would foster a supportive environment for graduate students, particularly those participating in extramural research.

The group identified the pivotal advisor-advisee relationship as an area of focus. As students and employees, graduate student researchers are doubly reliant on their advisors for their academic and professional success. In many instances, the advisor holds almost unilateral decision-making power regarding a graduate student's progress in their degree program and can represent a significant cause of stress. However, the advisor is also likely to be the only faculty member working closely with the graduate student, potentially leaving them with few resources within their department.

Given that addressing this broad and complex issue holistically will require time and resources, this document outlines several recommendations made by the Training and Research Subcommittee in both the short and longer term.

### GAPS

While many programs and services are available to UConn graduate student researchers, there is a significant lack of awareness and communication, leaving students and faculty unsure of where to refer students in need.

This lack of awareness extends to eligibility questions and decisions not to seek support from programs and services at the University. Graduate researchers themselves may also be unsure about their eligibility for certain services, given their dual status as students and employees.

Data and feedback about the particular experience and sentiments of graduate student researchers is also often obscured by undergrad needs, which tend to be a more central focus.

### PATH FORWARD

The Training and Research Subcommittee recommends the implementation of several key initiatives to improve mental health support for graduate students:

- Training programs for advisors and advisees based on UConn's existing Ask Listen Refer module (SHaW) to foster a supportive network, exposure to available resources within the University, and develop a shared language between faculty and graduate students. This training would be mandatory to advise graduate students and would be taken bi-yearly to maintain membership. The group recommends mentioning this training in "offer letter" to new faculty. The subcommittee believes such a training will not only serve to increase knowledge

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of mental health warning signs for both faculty and graduate students, but the training can also serve as a central gateway to resources and increase awareness of what is available and who is eligible. Additionally, the group recommends ongoing advisor training to develop effective skills as a mentor. This continuous professional development intersects with tenure pursuit responsibilities.

- Graduate student survey to collect feedback on their needs and experiences. A distinct survey that addresses both graduate students' mental health needs and their experiences within their departments will provide specific, actionable feedback and will allow for the creation of programs targeted to this unique group of students. The group recommends that this survey be conducted annually, as a way to continually measure effectiveness of initiatives and determine next steps and action items. The graduate and undergraduate SERU surveys should be used, since they allow standardization, benchmarking against peers, and UConn-specific modules can be added.
- Community-building through non-research focused activities and traditions within departments. Graduate student researchers, many of whom are international students, may feel a sense of isolation. Departments will be asked to develop non-research activities that go beyond academic speakers and encourage a sense of community. In addition to social activities, departments should offer at least one seminar or workshop on mental health topics each semester that both faculty and graduate students are required to attend.
- Transparent practices and timelines for degree progression to alleviate inherent anxiety caused by uncertainty about completion and career options. The time to degree completion differs for most graduate students based on several variables that may be out of the student's control. The subcommittee recommends instituting transparent uniform timelines for major degree milestones and a discipline specific roadmap to graduation. This would include a holistic view of appropriate activities (i.e., research, teaching, service, and other forms of professional development, etc.) that will lead to timely graduation. This could include setting targets for number of publications, academic conferences presentations, and/or presentation of dissertation topic within the first year. The group also recommends regular meetings and discussion of a graduate student's progress be conducted by a panel, rather than an individual advisor to ensure better parity among students and reduce the degree to which advisors have unilateral authority over the student's progression. This would allow students to have a portfolio of mentors rather than a single point of contact.
- Digital platforms/apps to reach students where they are. These digital platforms can be accessed anywhere, 24/7, and can connect students in need with UConn-specific resources, providers, and information exactly when they need it most. Faculty at UConn/UConn Health have expertise in health app design and could work in concert with mental health providers at UConn to develop such an app.

## TIMELINE

### Year 1

Activities	Responsible Unit(s)	Timeline	Budget
All faculty take Ask Listen Refer module available through SHaW (tracking)	Provost HR Departments		
Develop/implement uniform, transparent guidelines/roadmap for degree completion	Graduate School/Departments		
Identify exemplary faculty mentors to serve as ambassadors within departments. Start with Marth recipients	Graduate School		
Develop/implement ongoing training opportunities for faculty to become more effective mentors; leverage Marth recipient expertise			
Develop, distribute, and collect survey data from all graduate students through SERU survey			
Develop UConn-specific module for Year 2 of survey			
Develop non-research activities/traditions to build community	Departments		

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## Year 2

Activities	Responsible Unit(s)	Timeline	Budget
Conduct survey annually, including UConn-specific module developed in Year 1			
Reconvene Training & Research Subcommittee to review survey data and progress on other action items, and to develop next steps for Year 3.	Training & Research Subcommittee		
Develop digital platforms, like apps, to engage students more			
Implement non-research activities developed in Year 1	Departments		

## References

- gradSERU Survey





## Executive Summary

### Review of Student Health & Wellness-Mental Health

## Introduction

Keeling & Associates, LLC (K&A; the firm) worked with the University of Connecticut (the University; UConn) to (1) conduct a comprehensive, in-depth review of the programs, services, operations, and resources of Student Health and Wellness-Mental Health (SHaW-MH; SMH; the Department), a unit within Student Health and Wellness (SHaW) at the Storrs campus, and (2) provide recommendations that build upon the Department's core assets and advance a strategic and forward-looking approach to mental health and well-being. This Executive Summary provides an abbreviated and high level overview of the findings and primary recommendations which emerged from the review.

## Methodology

K&A gathered information, pertinent data, perspectives, opinions and reports of experiences from constituent groups across the institution, including, faculty, staff within and outside of SMH, students, and administrators, both at Storrs and on the regional campuses. K&A collected and analyzed qualitative data, including 31 videoconference interviews over 4 weeks—85 participants (about 1/3 of whom were students)—and written feedback and comments. The firm also reviewed and analyzed more than 50 documents, including institutional enrollment data; information on SMH services, staffing, resources, operations, and referrals; annual reports; and assessment and student satisfaction data.

## Major Findings

The University needs, and wants to build, a holistic and campus-wide approach to addressing student health and well-being. There is strong interest in fostering a culture of wellness throughout campus, with staff, faculty and students all playing a part in this effort. The health and mental health of UCONN students is necessarily a shared responsibility; SMH should play an especially important role by providing accessible and high quality mental health services to support success of UCONN students.

### **Vision, Direction, Identity, and Strategy**

SHaW-Mental Health lacks a cohesive vision, direction, and strategy, and has not established a coherent identity. SMH has neither created its own vision and strategy nor aligned itself with the 2017 Strategic Plan for Student Health and Wellness (SHaW). There is confusion and uncertainty about its identity as (1) a very traditional university counseling center, (2) a joint practice organized and managed by colleagues, as is often true in the community, (3) a modern multi-disciplinary university mental health service, or (4) an outpatient psychiatric center. Absent clarity on vision and identify, SMH has not developed the strategy needed to organize and deliver consistent and equitable mental health services to students.

### **Service Model**

SMH has not established nor sustained a contemporary mental health services model that adequately serves today's students and anticipates the needs of students in the future.

- ▶ **There is no definitive, clearly articulated, and accountable service model that defines the scope of service and care that SMH will and will not provide.** There is no consistent approach among providers; this causes confusion for students and staff, who describe “multiple” service models at SMH. The triage process is excessively complicated, unnecessarily and unpredictably long, and inconsistently applied.
- ▶ **Efforts to meaningfully address the increased demand for mental health services have not consistently or effectively improved the diversity and variety of services.** SMH's “short term” service model is inadequately defined; visit “limits” (ranging from 8–12 or longer) are informal, generally undisclosed, and highly variable. SMH has not instituted an effective approach to “stepped care” or any other innovation in the design and delivery of services.
- ▶ **The development of a robust off-campus referral process, including for psychiatric care and services, is hampered by limitations in internal infrastructure and limited availability of local providers.** Students' finances, limited transportation options, and issues with insurance coverage complicate, and sometimes prevent, timely referral to off-campus providers.

### **The Student Experience: Access and Services**

Students' experience with SMH is highly variable. Conversations with students, faculty, and staff, and a review of relevant data, including student survey data, revealed that:

- ▶ **Students do not benefit from a student-centered system of care in SMH.** Policies and practices within SMH are oriented toward staff preferences and their satisfaction.

- ▶ **The quality of the student experience with mental health services varies widely.** In general, students who can “get in” are satisfied with the quality of services, but some lack confidence in SMH and doubt the value of its services. Satisfaction survey data, while positive, do not reflect the experience of all students seeking services—only some of the students who received services. Students’ experience and satisfaction with SMH are influenced by undergraduate/graduate status, Storrs or regional campus, and multiple social identities.
- ▶ **The financial model for SMH is also a barrier to access, utilization, and comfort for some students.** Charges for mental health services (which are rare in higher education), as well as concerns about confidentiality associated with insurance billing, keep some students from seeking care from SMH even when they are referred by other campus offices.
- ▶ **Language barriers and/or culturally-linked stigma impede access for some international students and students from historically underrepresented groups.** Students from other countries and cultures may choose not to acknowledge psychological distress or seek mental health services because of perceived stigma, cultural, or language barriers. These students, and others, would benefit from alternative approaches to care and/or unique outreach.
- ▶ **UConn provides only case management and referral at the regional campuses.** Regional campuses operate an effective case management model and refer students who seek mental health services to community providers. Case managers and other staff facilitate wellness programming and collaborate with campus partners on prevention and health promotion activities.

### **Operational Effectiveness, Productivity, and Integration**

SMH has lacked routine accountability, effective and equitable oversight, and appropriate review of operational processes and practices.

- ▶ **SMH does not have standards that articulate expectations for the allocation of providers’ time to direct service to clients.** This has resulted in significant variations in the allocation of provider time and in inconsistent patterns of service delivery.
- ▶ **Provider productivity levels vary sharply but are generally very low.** With one exception, the providers at SMH allocate far less than 60–65% of their time—on average, far less than 50%—to direct service to students. Significant proportions of provider time devoted to administrative, supervisory, outreach, service, or other poorly defined responsibilities take away from critical direct service to students.

- ▶ There are opportunities for closer collaboration between SHaW-MH and SHaW to eliminate existing gaps in service, promote efficiency, and ensure better service to students. Excessive barriers to sharing essential student information with Student Health Services (SHS) do not optimize communication on students' behalf.
- ▶ Assessment and evaluation activities lack cohesion and are not linked to a larger assessment framework. SMH lacks the necessary components (goals, learning outcomes, metrics) and structure to determine the effectiveness of the Department and its services, or provide guidance for continuous improvement of services.

### **Equity and Inclusion**

- ▶ There are persistent and pressing concerns related to diversity, equity, and inclusion in SMH at UConn. There is inadequate attention to and insufficient consciousness of the needs of an increasingly diverse student body. Outreach to diverse communities at UCONN is ineffective, and students from historically underrepresented groups who are seen at SMH feel unheard and underserved.
- ▶ Students and staff outside of SHaW indicate that they desire a more broadly representative, inter-culturally competent, cross-culturally informed, and responsive SMH staff. Some staff, both in and outside of SMH, indicate that the culture in SMH is not conducive to maintaining diversity and believe ongoing, iterative, and increasingly relevant intercultural training should be available and required for SMH staff.

### **Communication, Outreach and Collaboration**

- ▶ The marketing, messaging, and promotion of mental health services are uneven and lack a cohesive strategy. Messaging about mental health services is inconsistent and haphazard. Students report that they struggle to find accurate information about programs and services on the University website, and do not know "where to start" when seeking help.
- ▶ Many campus units desire greater collaboration with SMH. SMH "operates in a silo" and collaborates unevenly with other departments, programs, and services across campus. SMH does not sufficiently reach out to help educate students and the University community about students' mental health and well-being. Students, faculty and staff seek help and feel unprepared to respond to students who are experiencing psychological distress or are in crisis.

## Primary Recommendations

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1. **SMH must create a unifying vision and identity as a contemporary multi- and inter-disciplinary university mental health service, within a fully integrated health and wellness organization, that is dedicated to responding effectively and empathically to students' mental health needs and enhancing their well-being, learning, and success.** SMH must design and implement a coherent strategy through which to translate vision into practice, focusing on continuous improvement, and achieving organizational, administrative, and student service goals.
2. **The University must place new, inspirational leadership in SMH—a director who will lead and manage change, create a culture of excellence and accountability within the department, ensure that SMH builds a student-centered culture that prioritizes accessible and high-quality services, advances the full integration of services in SHaW, and sustains strong collaborative relationships across the University.**
3. **SMH must establish, articulate, and communicate a clear, consistent, and comprehensive care and service model that prioritizes direct service to students and defines the range, extent, and limitations of clinical, preventive, and outreach services provided.** The new service model should fully embrace the principles and practices of stepped care and adopt innovative methods of service, utilizing a broad portfolio of treatment modalities, service types, and delivery formats tailored to the needs of individual students. SMH must implement the new service model consistently, equitably, and accountably for all categories of professional staff.
4. **SMH must develop and implement a new, streamlined, and equitable triage process that efficiently transitions students from initial contact to an appointment with a provider in alignment with best practices and consistent with updated internal expectations.**
5. **UConn must make the ways and means of accessing SMH services, the triage process, and the service options available (including by referral) clear to students, faculty, and staff.** Information and other resources about SMH should be student-focused and easy to understand.
6. **The University and SMH must advance a unified approach to mental health services that recognizes and equitably responds to the needs of all students, including graduate students, international students, and students from historically marginalized or underrepresented groups.** SMH should assess and improve services for users in all demographic categories, including those from marginalized or



underrepresented groups. SMH should systematically collect data from students who have not used SMH services to identify barriers to accessing care.

7. **SMH should ensure that providers, regardless of their discipline, graduate degree, or title should consistently dedicate 60–65% of their total work hours to direct service to students.** SMH should resolve any problems involving the facility, workflow, administrative support, or policies that inhibit regular achievement of that standard.
8. **New leadership in SMH must establish a sound organizational structure** that reflects clear lines of responsibility, communication, and accountability and provides opportunities for full and equitable participation by all members of the organization.
9. **SHaW must become a fully integrated, comprehensive health and wellness organization;** to support this goal, SMH must ensure that its vision, direction, strategy, operations, and programs and services are fully aligned with SHaW's mission, vision, and identity.
10. **SMH must make a more consistent and visible commitment to support the needs of a diverse student population at UConn.** SMH should equitably welcome and serve students of any background and identity and must (1) improve the cultural literacy of the staff by routinely engaging with students “where they are” (outside of SMH) and (2) ensure that hiring, professional development, and training within SMH are cross-culturally informed and responsive to the needs of a broadly diverse group of students.
11. **SMH should plan and implement a robust communications strategy to educate or re-educate all members of the campus community about programs and services, with an emphasis on responding to the needs of all students.** SMH staff should maximize in-person opportunities (such as open houses, presentations and forums, or visits to other offices and centers) to engage with students, faculty, and staff; respond to questions; and orient the campus community to the renewed organization and its programs, services, and staff.
12. **SMH must build strong, collaborative, and supportive relationships with campus partners,** including Residential Life, Student Activities, the Cultural Centers, Disability Services, Athletics, the CARE Team, and faculty. Some of these partnerships should include providing training experiences for student-facing staff, including RA's.
13. **SMH must partner with SHaW Health Promotion to establish an organized and robust mental health outreach and education effort.** SMH providers and leadership should serve as advisors and collaborators, but Health Promotion staff should be the primary outreach messengers and serve as resources for other campus departments



and student groups that wish to develop programs or activities to support mental health and well-being.

14. SMH should work with academic leaders, faculty, administrators, and staff to provide professional development and training experiences, such as Mental Health First Aid, that strengthen the capacity and confidence of others to respond, within the boundaries of their professional roles, to students who experience or demonstrate psychological distress. SMH must play a lead role—but should not work independently—in developing a holistic campus-wide approach to strengthening health and wellness on campus. SMH should maintain a visible presence and exhibit flexibility, active participation, and ongoing connection to the spectrum of institutional efforts to improve the health and well-being of the UConn campus community.

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HEALTH AND WELL-BEING SERVICES

TRACKING MACRO LEVEL GOALS

Culture of Health



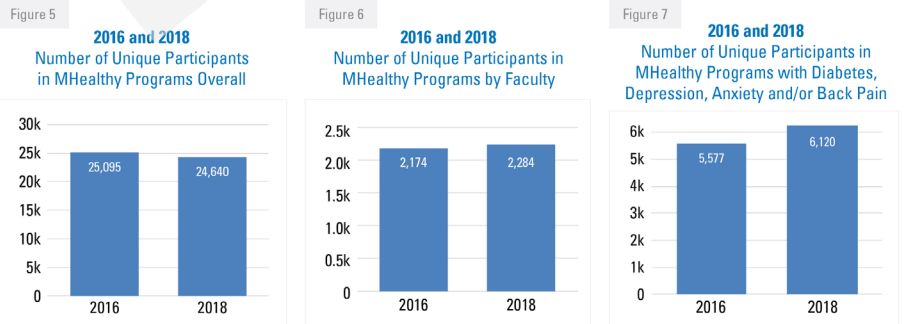
Positive work environments and supervisor relationships contribute to employee retention. U-M employees agree that:

- U-M actively supports a work culture and environment that promotes the health and well-being of its faculty and staff and
- the person they report to are supportive of health and well-being activities.

MHealthy programs and services are associated with: U-M being a great place to work and quality of life for its employees.

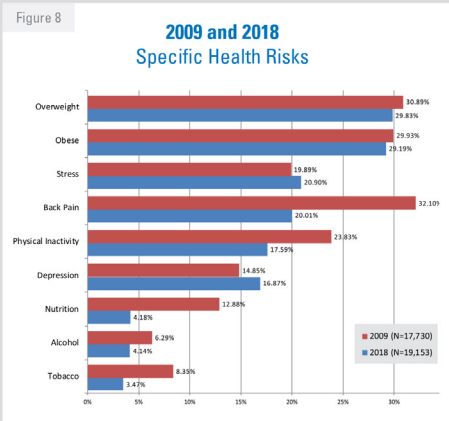


Engagement



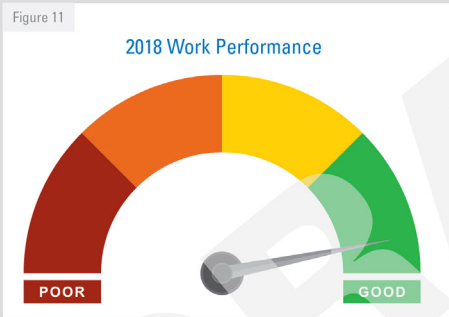
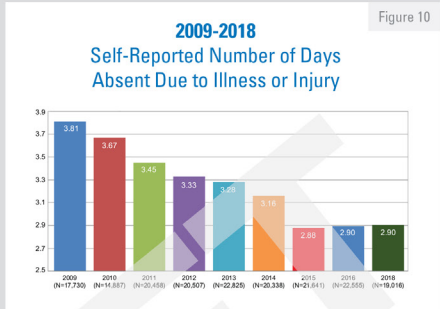
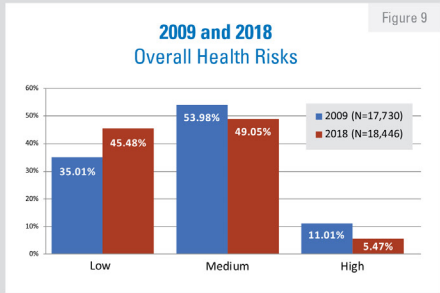
Even though engagement overall decreased slightly, increases in engagement in MHealthy programs and services are observed across specific employee populations, including faculty and employees with chronic conditions.

Health Risks, Absenteeism, Work Performance Improvements and Program Satisfaction

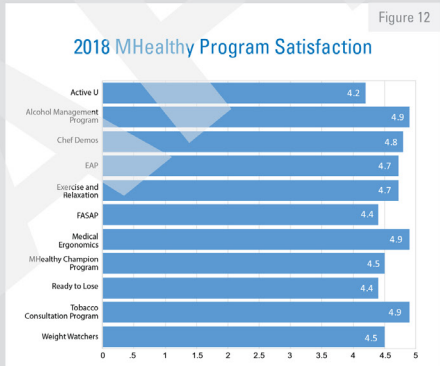


MHealthy participants are improving overall health risks over time. Excluding stress and depression, specific health risks are improving as well.

MHealthy participants have steadily decreased illness related absenteeism overtime and now are maintaining that decrease.



Among individuals who agreed that a concern interfered with their work performance or productivity prior to participating in an MHealthy service, the majority agreed that their work performance or productivity improved after using the service.



U-M employees are satisfied with MHealthy programs and services.

Recognition

2012-2018 Awards and Recognition



Figure 13

MHealthy has received national recognition for its programs and services.

## Targets & Indicator Summary

AREA	TARGETS	INDICATORS
Collaborative Leadership	<b>UBC is Committed to Wellbeing</b> Community members feel UBC is committed to wellbeing of its people, places, and community.	Baseline and targets established % of students, staff, & faculty report UBC is committed to wellbeing of its people, places and community.
	<b>All Faculties and Units Take Action</b> All faculties and units have included wellbeing in their plan and report on progress annually.	# faculties & schools # administrative units
Food & Nutrition	<b>Increase Food Security</b> Reduce food insecurity for UBC community members by 2025*	Baseline and target established % students, staff & faculty reporting food insecurity
	<b>Healthy Beverage Consumption</b> 50% reduction in sugar-sweetened beverage consumption on our campuses by 2025**	% SSB sales % SSB availability in outlets/vending % buildings with at least one tap water fixture with bottle filling capacity
Mental Health & Resilience	<b>UBC Cares</b> Increase in community members who feel mental health is a priority at UBC by 2025.	Baseline and target established. % students, staff & faculty reporting mental health is a UBC priority.
	<b>Mental Health Literacy</b> Community members have access to opportunities to develop mental health literacy: <ul style="list-style-type: none"> <li>10% increase for students across all indicators by 2025*</li> <li>10% increase for staff &amp; faculty across all indicators by 2025*</li> </ul>	% students, staff, & faculty who report a knowledge of resources designed to support mental health % students, staff, & faculty who report an ability to manage stress successfully % student, staff, & faculty who feel the campus climate encourages free and open discussion about mental health
Physical Activity	<b>Move More</b> 10% reduction in the prevalence of physical inactivity for UBC community members by 2025*	% students, staff, & faculty meeting Canadian physical activity guidelines.
	<b>Diverse Community, Diverse Programming</b> 10% increase in UBC community members satisfaction with recreation facilities and programs by 2025*	% students satisfied with availability of recreation programs on campus % students satisfied with quality of recreation facilities and programs on campus
Built & Natural Environments	<b>Active Transportation</b> Increase trips to and from UBC made by walking, cycling or transit by 2025*	Baseline and target established % commuting trips made by walking, cycling, or transit
	<b>Complete Communities</b> Increase opportunities for people to learn, work, play and live on our campuses	Baseline and targets established Change in housing, child care, and community amenities.
Social Connection	<b>Feel part of a community</b> Community members feel part of a community at UBC: 80% by 2028   100% by 2038	% students, staff, and faculty who feel part of a community at UBC # 1st year students that visit Collegia at least once week
	<b>Respectful and Inclusive Environment</b> Community members report UBC is a respectful environment: 90% by 2028   100% by 2038	% students, staff, and faculty report UBC is a respectful environment

\*Using 2019 baselines