Student Mental Health Innovative Approaches

Identity and Wellbeing
Work Team Final Report
Winter 2023

Work Team Introduction

This group was formed with the intention of ensuring that various identities of students and stakeholders on campus are accounted for in the guidance of this work and not further the marginalization of populations that hold identities where laws, policies, climates and other factors are not favorable to their individual or collective experiences due to historical inequities and discrimination.

Executive Summary

Our initial recommendation was to create a toolkit that can be used across schools and colleges. After discussion, the committee determined that there were already tool kits that weren't being fully utilized. There was no agreement regarding how the committee would create a toolkit to be used by other groups and we lacked the capacity to supervise a student to do some additional benchmarking. We gathered some tools and articles that can be considered for framing and future use.

We encountered several challenges in our work, including difficulty in narrowing the scope of work. Additionally readings and tools were collected to help guide our work. We concluded that the following was outside of the scope of our work:
- Inventorying of identity specific and/or DEI initiatives/programming.
- Program development and implementation.
- Facilitating the gathering of student feedback.

We gathered work team members areas of expertise and provided a consultation model that could be used across work teams so that they can center identity in their work. Our retreat in May 2022 resulted in a series of recommendations and considerations based on our experiences as practitioners and scholars across disciplines.

Work Team Membership

<u>Co-Chairs</u>
Nadia Bazzy (MESA)
Ramswami Mahalingam (LSA) (previous co-chair)
Sheryl Kelly (CAPS) (previous co-chair)

<u>Team Members</u>
Jesse Beal (Spectrum)
Jevon Moore (WW)
Jim McEvilly (SAPAC)
Kate Fitzpatrick (SMTD)
Nicole Banks (DOS)
Sarah Stoddard (School of Nursing)
Stephanie Sanders (School of Public Policy)
Gizem Kestly (Student Life- DEI)

Work Team Charge

Problem Statement

Because many students' experiences continue to be marginalized within mental health and wellbeing fields and frameworks, a specific effort to guide all Work Teams in prioritizing the health and well-being outcomes of a diverse campus is imperative.

Work Team Objectives
- IWWT is informed, up to date on current frameworks around identity and wellbeing.
- The development of a collaborative relationship between IWWT and all other Work Teams through resource sharing and consultation.
- Objectives and actions across Work Teams directly support the mental health and wellbeing of marginalized students.

Work Team Scope

Included in Scope:
- Identifying, gathering, and sharing identity and wellbeing articles and frameworks.
- Recommendations for the professional development of Work Teams to advance DEI and anti-racist practices.
- Development of tools to guide Work Teams in integrating identity into their work.
- Consultation to other Work Teams on the topic of identity and wellbeing.

Excluded from Scope:
- Inventorying of identity specific and/or DEI initiatives/programming.
- Program development and implementation.
- Facilitating the gathering of student feedback

Assumptions
We collectively acknowledged the following assumptions as we drafted our recommendations:
- Students have inequitable experiences from their point of entry to the University.
- Lack of trust in the institution is related to continued experiences of oppression that students face.
- University of Michigan context such as being a PWI, a public institution, and in a Prop. 2 State impacts the way in which services are constructed and offered.

Impact of Work Team Charge on Students
- Interventions developed to meet students' mental health needs
- Services and programs campus-wide that meet the needs of a diverse campus community.

Aspirational Change
Policies, systems, structures and initiatives on campus that center various marginalized identity groups from an intersectional lens in a way that is integrated. Efforts are more than inclusive, they are equity minded by considering who is not being served from the beginning rather than the noticing of those who are not being served being vocal or showing through data an incongruence of access and care. These

efforts will create a sense of increased belonging creating better health outcomes and community care at a PWI for students to thrive on campus and live into wellbeing while holding the complicated climate that persists at a global level and impacts community members disproportionately.

Work Team Timeline

The working group met several times during FY23 via zoom with a concluding summer retreat in May of 2022.

Project Key Milestones	Target Date
Charge is Approved by Work Team Chairs and Sponsor	12/15/21
Onboarding tasks sent out to Work Team Members	12/15/21
Bi-weekly Work Team meetings launch	1/15/22
Set up IWWT consultant for each Work Team	1/31/22
Launch Consultation Model for groups	3/1/22
Retreat	5/25/22
Write up recommendations	6/1/22

Data Review & Collection

What data has your Work Group reviewed to help inform your scope of work and future recommendations?

Our working group compiled a list of readings and tools which can be found in our google drive. During our collection of resources we noticed that we have existing tools that are not utilized on campus. As a result we decided to not invest in creating a new tool and pivot to a consultation model to advance our goal of integration of a DEI lens across groups.

Deliverables | Accomplishments | Work In-Progress

Our working group provided a list of recommendations and created a consultation model to be used across groups for the future of this work. During our time together the IWWT served as a bridge to the other Work Teams to ensure that identity and well-being are centered in the work of all teams. To

achieve this we created a consultation form that allowed for other groups to meet with the whole group or subsets of the group based on the working groups areas of expertise.

Recommendations

Create an integrated approach
- DEI should be integrated across all groups in the collective impact work. We recommend that there is not a separate DEI or identity and wellbeing group but rather an integrated part of every group that may assemble across the collective impact group. This is accomplished by having experts on DEI sit on various committees. Equity and access needs to be at the center of the work. Additionally, members of the broader wellbeing collective impact group deconstructing their understanding of health and wellbeing across identities is key to making progress.
- Connect to existing work on campus in a way that creates impactful collaboration and integration.
  - Work with DEI 2.0 Plan. Create a relationship with the chief diversity officer to help guide schools and colleges to create policies and systems that are more accessible.
  - How does being a health promoting campus map to the work of CCRT and broader goals of a campus free of gender-based and sexual violence?

Complicate our understanding of wellness then reflect it:
- Update the Social section of the Well-being Wheel to include feelings of belonging. Consider including a statement about intersectional identities and societal inequities attaching it to the wellness wheel definitions. Currently the wellness wheel is not situated in a socio-political climate. The wheel placed in different environments could yield different reflections based on who the reflective reader is and their identities.
- Consider how the steering committee and collective impact group at large can shift from thinking about individual outcomes of wellness to creating an ecosystem that is responsive to community needs. Engage the committee in conversation to set a foundational knowledge of "wellness" through an intersectional lens.
- Examine cross cultural understandings of wellness. Consider using an Intercultural Development Inventory (IDI) group profile to create a baseline understanding where/how we are operating. For example, a group in minimization will develop strategies that they believe all people will benefit from, rather than seeing differences and attending to unique community needs.

All work should consider key populations:
- Focus on how to serve these key populations and others when they are in distress. How accessible are those resources while a student is in distress?
  - In building work consider key populations: BIPOC community, LGBTQIA2S+, Veterans, working parents, survivors, students with disabilities, students with chronic health conditions etc.
  - When using reports with demographic breakdowns be aware of who is excluded due poor demographic design or populations being too small. In situations where we are using reports that have populations too small to learn from, utilize paid focus groups to include additional populations.

Generate Impact
- Focus efforts on capacity building in distress
    - Additional messaging in canvas/resources
    - Information transference (how to make some resources more centralized)
    - Monitor resource awareness vs. usage for key populations.
    - Better training for Faculty and Staff to respond to students in distress.

Continuity Assessment

This is unknown information at this time.

Conclusion

We suggested that all groups would benefit from having a person embedded in their group that can represent a DEI perspective or that groups access consultants to inform their work. Thinking about how initiatives across campus do not duplicate efforts but rather build off of each other to be inclusive of a health promoting culture would be useful. Before this work continues, we also suggest that there is some intentionality in building consensus and complicating the definition of wellness through an intersectional lens. We caution creating frameworks that make wellness feel accessible to some and not all due to the ways in which policies, practices, climates and sociopolitical landscapes react to various identities or do not center those identities' health or collective communities due to historical and systematic racism and discrimination. Additionally, understanding how to serve key populations on campus: BIPOC community, LGBTQIA2S+, Veterans, working parents, survivors, students with disabilities, students with chronic health conditions etc. should be the starting point for all working groups. We encourage groups to ask if their recommendations serve these populations or not and if accessing research to inform their work to be critical of the limitations of the demographic information. Finally we would recommend that with the upcoming presidential campaigns and elections that we focus on how students build capacity in distress through the recommendations listed above.