

# Student Mental Health Innovative Approaches Review Committee Report



## Co-Chairs

Laura Blake Jones, Ph.D.  
Dean of Students, Student Life

Amy Dittmar, Ph.D.  
Senior Vice Provost for Academic and  
Budgetary Affairs

## Committee Members

### Student Life

Robert D. Ernst, M.D.  
Associate Vice President for Health and  
Wellness

Todd Sevig, Ph.D.  
Director, Counseling and Psychological  
Services (CAPS)

Mary Jo Desprez, M.A.  
Director, Wolverine Wellness

Sarah Jukaku, M.D.  
Psychiatrist, University Health Service

Kaaren Williamsen, Ph.D.  
Director, Sexual Assault Prevention &  
Awareness Center (SAPAC)

### Academic Affairs

Mark Moldwin, Ph.D.  
Professor, College of Engineering

Mike Solomon, Ph.D.  
Dean, Rackham School of Graduate Studies &  
Vice Provost for Academic Affairs – Graduate  
Studies

Mark West, Ph.D.  
Dean, Law School

Ramaswami Mahalingam, Ph.D.  
Professor, College of Literature, Science and  
the Arts

John Piette, Ph.D.  
Professor, School of Public Health

# Introduction

The University of Michigan (U-M) prepares students to become global citizens—leaders who will challenge the present and enrich the future. Our students draw upon the university’s intellectual rigor, academic excellence, and breadth of expertise to help set new standards of excellence for future generations, both within and outside the classroom. The completion of a U-M education is a noteworthy accomplishment, one that signals an ability to succeed at the highest level. Yet a growing body of evidence suggests that more students are struggling to maintain both academic endeavors and mental health and wellness.

The growing mental health needs of students, amplified by the persistent effects of the global pandemic and exacerbated by the pervasive impact of institutionalized racism, has created an emerging imperative for higher education. According to the 2019 American College Health Association Report, issued before the pandemic, three out of five college students experienced extreme anxiety and two out of five experienced debilitating depression. Surveys of U-M students indicate that the pandemic has had an impact on over three-quarters of students' mental health.

At U-M, the university has expanded funding for embedded and other counseling and mental health yet there remains interest in additional holistic support for the mental health and well-being needs of U-M students. While counseling and mental health services are vital resources, the need for mental health support on campuses requires a broad approach to address emerging issues as well as acute needs. Further, these challenges occur in the broader landscape of a nation that many believe has a shortage of mental health care.

In the fall of 2020, Provost and Executive Vice President for Academic Affairs Susan M. Collins and Vice President for Student Life Martino Harmon charged a committee of 10 deans, faculty and staff across Academic Affairs and Student Life—co-chaired by Dean of Students Laura Blake Jones and Senior Vice Provost Amy Dittmar—to review the mental health and well-being needs and resources on the Ann Arbor campus.

Specifically, the charge asked the committee:

1. **To explore and recommend innovative approaches to addressing student mental health and well-being; and,**
2. **To examine the current resources at the U-M and provide recommendations on how these may be improved, expanded, measured for effectiveness, and communicated to those who might need them.**

In this report, we build on existing work documenting this challenge to propose a transformative approach for student mental health and wellbeing at U-M. Our approach considers issues and challenges along a continuum of care and addresses the multiple and confounding factors that influence students' mental health and impact their academic success.

Specifically, we propose strategic and innovative change to holistically address health and wellbeing across the U-M Ann Arbor campus community, transforming campus culture and positioning U-M as a health-promoting University. We describe the committee's four broad themes of recommended strategic and innovative change—each with its own series of supporting recommendations—and identify steps for achieving each objective.<sup>1</sup> The four themes are:

1. Utilize a holistic approach to create a strategic plan and comprehensive infrastructure of faculty, staff, and students for addressing complex health and wellness needs of undergraduate, graduate, and professional students.
2. Foster a culture of empathy, care, and compassion to mitigate academic and other forms of stress in our community.
3. Strengthen the continuum of care for students through innovation and ongoing improvement in service offerings and coordination to address the complex health and wellness needs of undergraduate, graduate, and professional students.
4. Ensure that the wealth of resources available on campus is visible and easily accessible.

We frame mental health as a part of overall health and well-being, recognizing the inherent link between academic excellence and mental health and well-being and the intersecting impact of identity and well-being. The committee also recognizes that maintaining mental health and well-being is a challenge for many, including our students, faculty, and staff.

There is a goal to expand, and in some instances refine, the university's mental health resources. The formation of this committee was a first step toward that goal. Convening experts and leadership in both student life and academic affairs, the committee's membership recognizes that we must consider the full student experience as we consider new, innovative approaches to holistically improve mental health resources.

## Methodology

A key part of the process to understanding the campus needs included extensive outreach to students, faculty, and staff. The committee heard in this outreach that the needs for mental health and wellness are experienced by students in diverse ways, reflecting diversity in their educational-stage and intersectional identities. The committee's recommendations acknowledged these differences and are designed to foster solutions that address various groups' unique needs.

Details about specific constituent conversations are provided in Appendix 5. In brief, these sessions included:

- **Town hall sessions**, with a total of 497 students, staff and faculty who attended 16 sessions offered during March and April 2021.

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<sup>1</sup> The University does not discriminate against, or grant preferential treatment to, any individual or group on the basis of race, sex, color, ethnicity, or national origin in the operation of public education. All recommendations that are implemented will adhere to the law and U-M's non-discrimination policy.

- **Consultation with student groups**, which included student governance structures, advisory boards, identity-based organizations, and student employees in units performing health and well-being and social justice-related work.
- **Individual consultations with more than 10 groups**, which included: Advancing Public Safety Task Force; Depression Center; Honors College; Center for the Education of Women (CEW)+; Center for Research on Learning and Teaching (CRLT); LSA Foundational Course Initiative; Information Technology; Trails Program; LSA Academic Advisors; Michigan Engineering's Associate Dean for Undergraduate Education; Student Life: Student Engagement Task Force; Student Life Assembly and Strategy Groups; and Counseling and Psychological Services (CAPS) staff.

## The Way Forward: A Comprehensive Approach and Research-Informed Foundation

The committee's outreach and research confirmed what many campus community members already knew: students' mental health and well-being is the result not only of individual characteristics but also of powerful social, environmental, and policy factors. The latter influences have come into sharper focus amid the global COVID-19 pandemic, the climate emergency, and the renewed urgency to simultaneously advance human rights and address systemic racism for historically marginalized communities.

**To foster conditions that improve mental health on our campus, we need to provide resources for individual action and a framework that supports systemic change, recognizing that both are important to holistically address current mental health needs.**

To achieve this goal, the committee recommends adopting the Okanagan Charter, an overarching framework for institutionalizing well-being currently in use at other institutions of higher education. The framework will address the complex social, environmental, and individual challenges by:

- Acknowledging the interdependence of its determinants, and
- Addressing these determinants through a centralized institutional structure that is organized to achieve collective impact.

This multi-faceted approach acknowledges and plans for the reality that determinants of student mental health and well-being are interdependent. It intentionally recognizes that this work should center the needs of, and solutions tailored for, vulnerable or marginalized groups, including students from diverse racial and ethnic backgrounds, LGBTQ+ students and students with disabilities.

Our recommended approach not only addresses the complex and dynamic nature of these challenges, but also provides an institutionalized framework to connect academic and student development focused units across a large, decentralized campus such as U-M.

In the sections that follow, we discuss each of our four recommended themes for strategic and innovative change, the first of which is a framework that connects the centralized services provided by Student Life and the complementary support offered within and across U-M's 19 schools and colleges. We also highlight the benefits of drawing more extensively and explicitly on the research expertise of our faculty community.

## Overview of Key Recommendations

The health and well-being of our students directly impacts their ability to achieve their academic goals, develop lasting connections that enhance their lives and careers, and flourish at the university and beyond. It is impossible to disentangle health and well-being from academic endeavors. This symbiotic relationship came up consistently in our conversations with campus community members and throughout our information gathering process.

For the university to develop our students intellectually, we must also ensure they are equipped to navigate new challenges, find needed resources, and build the resiliency needed to thrive. It is not enough to provide support and resources. The university must also create a culture that supports the whole student in a wellness-based approach that fosters independence and resilience.

The committee's overarching recommendation is a commitment to creating a *health promoting campus*. This is no small task, and we have broken down the key elements into four broad themes. To promote health and well-being at U-M and facilitate the changes needed to ensure long-lasting impacts, we recommend ongoing, dedicated work in the following four areas:

1. Utilize a holistic approach to create a strategic plan and comprehensive infrastructure of faculty, staff, and students for addressing complex health and wellness needs of undergraduate, graduate, and professional students.
2. Foster a culture of empathy, care, and compassion to mitigate academic and other forms of stress in our community.
3. Strengthen, and coordinate service offerings across, the continuum of care for students through innovation and ongoing improvement to address the complex health and wellness needs of undergraduate, graduate, and professional students.
4. Ensure that the wealth of resources available on campus is visible and easily accessible.

The sections that follow discuss and expand upon each of these four recommended themes of work and provide what our outreach and analysis indicate is needed to ensure that U-M can become a health promoting campus.

# Theme 1: Strategic plan and comprehensive infrastructure

**Utilize a holistic approach to create a strategic plan and comprehensive infrastructure of faculty, staff, and students for addressing complex health and wellness needs of undergraduate, graduate, and professional students.**

*“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.”*

The Okanagan Charter

## Fall 2021

**The committee recommends that** the University of Michigan move beyond our participation in the U.S. Health Promoting Campuses Network and join the growing community of universities formally adopting the framework of the Okanagan Charter.

Our first recommendation is to **Adopt a Strategic Framework** for a campus-wide approach to student mental health, recognizing diversity of identity and prioritizing resilience and sustainability as central to the health and well-being of the U-M community. Our committee understood mental health to not simply be a matter of individual experience, but a state connected to one’s environment, as well as social and policy factors—factors collectively known as social determinants of health.

The [Okanagan Charter](#), an international charter for health promoting universities and colleges, provides such a framework (see Appendix 7). The Charter explains health promotion as:

Health promotion... emphasizes the interconnectedness between individuals and their environments, and recognizes that “health is created and lived by people within the settings of their everyday life: where they learn, work, play and love.”<sup>2</sup> Health is viewed holistically, reflecting “physical, mental and social well-being and not merely the absence of disease or infirmity.”<sup>3</sup> Health promotion requires a positive, proactive approach, moving “beyond a focus on individual behaviour towards a wide range of social and environmental interventions”<sup>4</sup> that create and enhance health in settings, organizations and systems, and address health determinants. As such, health promotion is not just the

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<sup>2</sup> World Health Organization (WHO), 1986 Ottawa Charter for Health Promotion.

<sup>3</sup> WHO, 1946 One health definition.

<sup>4</sup> WHO, 2015 [http://www.who.int/topics/health\\_promotion/en/](http://www.who.int/topics/health_promotion/en/)

responsibility of the health sector, but must engage all sectors to take an explicit stance in favour of health, equity, social justice and sustainability for all, while recognizing that the well-being of people, places and the planet are interdependent.

Created by a team of researchers, practitioners, administrators, policy makers and students in 2015, the framework provides a unique opportunity for universities across the globe to collaborate on practices to promote health on their campuses. The creators recognized that universities were uniquely positioned to influence their communities through education, health-promoting practices, research, and policy development.

Using the document as a foundational tool, several countries have created national networks of campuses that use the Charter to guide their well-being initiatives and work. Today, strong national networks building on the Charter exist in the United Kingdom, Canada, New Zealand, Germany, and Ibero-America, among other regions.

In November 2020, a collection of colleges and universities in the United States formed the U.S. Health Promoting Campuses Network. By the end of 2021, 10 universities and colleges are expected to have adopted the charter, with 40 more working to this end.

The Okanagan Charter provides a common language, principles, and framework to address systemic issues, both concurrently and holistically. Based on the framework articulated in the Charter, universities are positioned to provide transformational teaching and learning environments that inspire and enable students, faculty, and staff to become healthy and engaged citizens and leaders, both locally and globally.

**The committee recommends that,** to fully embrace the Okanagan Charter, U-M utilize the [Collective Impact Model](#) as the primary tool for an institution-wide infrastructure to organize for measurable impact and sustainability.

In 2011, John Kania and Mark Kramer published in the *Stanford Social Innovation Review* an overview of "collective impact" as an approach for solving social problems at scale.<sup>5</sup> They describe the Collective Impact approach as a framework for cross-sector collaboration, focusing on new and existing partnerships to work toward a common goal. In subsequent research,<sup>6</sup> the authors found that "the role of collective impact initiatives in contributing to population change alongside other efforts or enablers is a critical and valuable aspect of social change."

The principles of Collective Impact include:

- Design and implement with a priority placed on equity;
- Include community members in the collaborative;
- Use data for continuous improvement;
- Build a culture that fosters relationships, trust, and respect across participants;
- Customize for local context.

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<sup>5</sup> [https://ssir.org/articles/entry/collective\\_impact](https://ssir.org/articles/entry/collective_impact)

<sup>6</sup> [https://www.orsimpact.com/DirectoryAttachments/10102018\\_33801\\_97\\_CI\\_Study\\_Executive\\_Summary\\_October\\_2018.pdf](https://www.orsimpact.com/DirectoryAttachments/10102018_33801_97_CI_Study_Executive_Summary_October_2018.pdf)

Figure 1: The Five Conditions of Collective Impact

The Five Conditions of Collective Impact	
Common Agenda	All participants share a vision for change that includes a common understanding of the problem and a joint approach to solving the problem through agreed-upon actions.
Shared Measurement	All participating organizations agree on the ways success will be measured and reported, with a short list of common indicators identified and used for learning and improvement.
Reinforcing Activities	A diverse set of stakeholders across the organization coordinate a set of differentiated activities through a mutually reinforcing plan of action.
Continuous Communication	All players engage in frequent and structured communication to build trust, assure mutual objectives, and create common motivation.
Backbone Support	An independent, funded staff dedicated to the initiative provides ongoing support by guiding the initiatives vision and strategy, supporting aligned activities, establishing shared measurement practices, building public will, advancing policy, and mobilizing resources.

This model aligns with the Okanagan Charter principles and the recognition that personal and community well-being is a shared responsibility. At U-M, the Division of Student Life has used this Collective Impact approach as a foundation for its health and well-being efforts. The reach and impact of these efforts, however, has been limited due to a failure to comprehensively harness institutional capacity to address student needs.

## 2021-2022 and Beyond

We recommend that the following organizational structures are established and continually supported:

- ☐ **Advisory Council**, reporting to the Provost and Vice President for Student Life, charged with overseeing institutional efforts that is composed of faculty, staff and students with specific expertise
- ☐ Expanded **Collective Impact infrastructure** to guide, coordinate and sustain long-term focus and goals and provide evaluation of effectiveness
- ☐ Expanded **Well-being Network** of staff and students responsible for health and well-being work across campus and globally
- ☐ **Backbone Staffing Structure** coordinating efforts across these groups to be provided by Wolverine Wellness within UHS

It is essential that health and wellness are integrated at all levels and across the university. Such integration will help ensure a comprehensive approach designed to address the complex set of

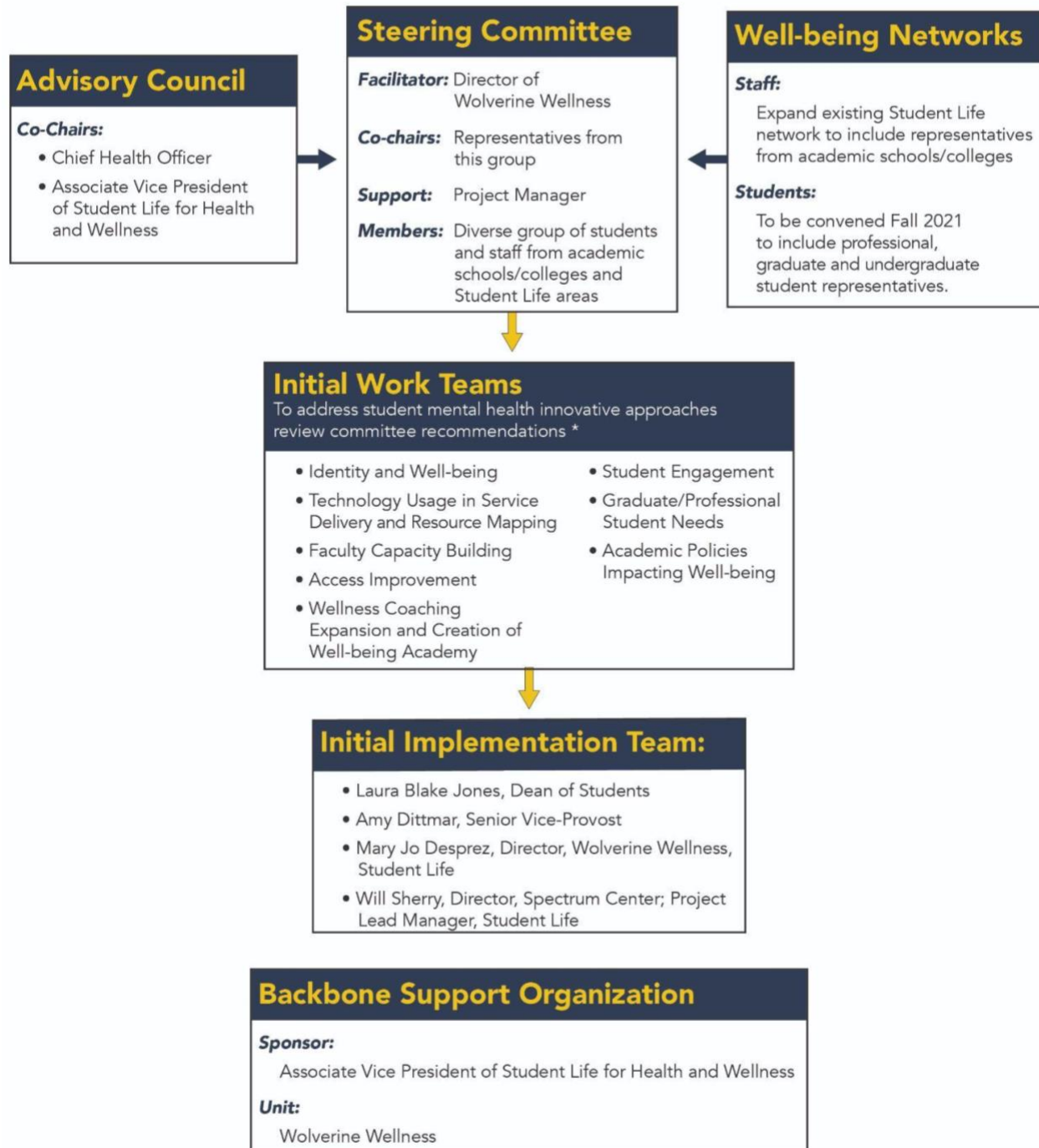


factors that impact student mental health and well-being. Student engagement and participation as a part of this expanded Collective Impact infrastructure is essential. To foster population and systems-level change, this Committee recommends standing up a more comprehensive Collective Impact Steering Committee to include partners from across the institution. Once established, this Steering Committee will assemble and provide leadership to the initial work teams that will implement and move forward this committee's recommendations, utilizing the Collective Impact approach. To harness the institutional expertise identified in our outreach efforts, we recommend the establishment of a Collective Impact Advisory Council.

Future efforts and work teams will be defined in a research-informed, continuous improvement cycle by the Steering Committee. More information about the structure, membership, and function of these committees is included in the Institutionalization Plan section of this report.

**Figure 2: Student Mental Health and Wellbeing Collective Impact Structure**

## Student Mental Health and Well-being Collective Impact Structure



\* Work Teams will evolve to support shared work of new Collective Impact infrastructure

## Theme 2: Culture of empathy, care, and compassion

**Foster a culture of empathy, care, and compassion to mitigate academic and other forms of stress in our community.**

Mental health and well-being do not develop in isolation and the relationship between individuals and their environment is dynamic. Healthy communities create an environment where mental health and well-being can flourish, and healthy individuals can help sustain healthy communities. The committee identified the following four interrelated stresses that impact the mental health and well-being of students:

- a) **Academic** stress
- b) **Intersectional** stress (aspects of identity including race, gender, sexual orientation, and ability)
- c) **Financial** stress
- d) **Process-oriented** stress (including University policies and procedures)

Anxiety is now the leading reason U-M students seek counseling. These recommendations seek to address the systemic causes of stress in our community to support academic and professional success as well as well-being. Inspired by a set of shared values identified and recommended for undergraduate education, the committee builds upon one specific value—well-being—in this recommended theme of work.

Specific recommendations for mitigating and eliminating, to the extent possible, students' interrelated stresses are detailed below.

### Ongoing

**The committee recommends** to the provost that the deans of U-M's 19 schools and colleges consider adjusting existing policies to mitigate academic stress at the school/college level for undergraduate and graduate/professional students.

Suggested options from focus group sessions and foundational reports include:

- Extending the drop date until the end of the term across undergraduate courses.
- Allowing undergraduate students to replace a grade if a course is repeated. Currently, both grades are used in the calculation of GPA for undergraduates.
- Considering, in pilots or in some programs, covered grades for students and considering adjusting grading in ways appropriate to the undergraduate and graduate/professional programs to reduce stress and competitive environments while continuing to ensure academic excellence, which will vary by school and college and between undergraduate and graduate programs.
- Creating a culture in the classroom and in programs where concern for well-being is evident beyond the syllabus statement by offering ongoing professional development for

faculty members in compassionate conversations, and classroom practices and routines creating more caring learning environments.

## Fall 2021

**The committee recommends** development of a coaching program designed to help faculty members and graduate student instructors further develop the skills needed to lead their classrooms as compassionate leaders.

Providing tools to create a culture of kindness and compassion will build trust, a sense of belonging, and flourishing academic engagement. A series of workshops on specific topics with concrete suggestions will help faculty and graduate students reconnect their pedagogical values with this mission.

A centralized training program can provide online interactive short courses on various aspects of academic stress to improve faculty knowledge base about positive behaviors (e.g., mindfulness, self-management, help-seeking skills) that improve the sense of belonging and well-being. Programs can be tailored separately for staff, students, and faculty members. The centralized coaching institute can also coordinate its coaching program with the CRLT. Improved access to mental health services, student support, and academic advising will also help students enrich their toolbox to manage academic stress and foster student engagement in and outside the classrooms.

Additional recommendations focus on providing professional development for faculty and staff, augmenting awareness of, and building skills and increasing comfort with, making referrals.

Among these recommendations are:

- Expanding current training in compassionate conversations and providing training in facilitating wellness conversations and utilizing the resources roadmap (discussed later in the report).
- Integrating part of this faculty training into Inclusive Teaching training provided by CRLT to help normalize this aspect of faculty responsibility as part of our educational teaching and mentoring role.
- Creating a centralized resource to improve student mental health through supporting and equipping faculty and designated staff in each school and college with tools and skills that can be used when they interact with students in support of their holistic well-being
- Expanding use of the [CAPS toolkit for faculty](#) and the [Well-being Toolkit](#), which offers various interactive, customizable, and adaptable tools for faculty that promote a holistic and inclusive understanding of well-being.
- Adding designated staff members to focus on increasing student and faculty/staff wellness coaching capacity.

**Through the work of the Collective Impact infrastructure, the committee recommends** providing a comprehensive plan for addressing intersectional stress in collaboration with leaders and communities that are engaged in DEI initiatives on campus.

In doing so, the University should increase awareness of the role of institutionalized racism and resulting identity-based and intersectional stress on the mental health and wellness of members of Black, Indigenous, People of Color (BIPOC) communities. Recognition and reduction of intersectional stress should be critical features of the centralized coaching program for students, staff, and faculty members. Plans should likewise be developed cognizant of the experiences of these communities with the health care system and the provision of mental health care.

Engagement with the U-M Division of Public Safety and Security (DPSS) and the Ann Arbor Police Department are critical to promote campus safety, trust and belonging as well as evaluation of the potential harm or risk of their intervention in certain situations. The Advancing Public Safety Task Force report also offers additional recommendations for improvements in this area. CAPS, Campus Climate Support, Wolverine Wellness, and Academic Affairs can integrate managing intersectional stress as a critical part of their interventions and services, and as coordinated by the Collective Impact Infrastructure. Additional resources need to be provided for these units to develop targeted, prescriptive, and evidence-based best practices sensitive to intersectional stressors.

A coordinated effort aligning the work of the centralized training institute with these units is essential for developing a compassionate and caring institutional culture at U-M. Further, resources such as CAPS and Wellness coaching should consider the importance of identity in the provision of resources as during 2019-2020, 48 percent of CAPS visits were from students of color.

**To help students manage financial pressures, the committee recommends** that the university develop clearer language for communicating with students about financial hardship without undermining their dignity.

The university should continue to prioritize affordability but must also recognize the pressures students continue to face. Training for peer advisors, academic advisors, staff, and faculty members will be critical. A previous U-M task force and ongoing work teams have recommended building a network of "*trusted messengers*" who can share their expertise to empower students with information. While Central Financial Aid and Rackham are key sources of funding, the Student Life - Dean of Students office, Center for the Education of Women (CEW)+, and many programs and schools and colleges have emergency and other funding available.

The university should provide a comprehensive roadmap coordinating various resources for seeking emergency funds or other resources to help students experiencing financial hardship including providing resources to the increased need for mental health services that require a co-payment when a student is referred outside of U-M. Further, the university should ensure additional resources are available during the economic downturn associated with the pandemic, coordinating these resources through a central source such as the Financial Aid office so that students can find the resources they need as problems arise.

**The committee recommends** that the centralized coaching institute coordinate its efforts with other units on campus.

Training staff within various units who can coordinate student support and academic engagement about the unique challenges experienced by first-gen and low-income students is critical to reducing process-oriented stress.

Engagement is an essential part of health and wellness. According to Kahu (2013), student engagement in higher education is shaped by structural and psychosocial factors. Engagement has three components: *affect*, *cognition*, and *behavior*. Affect includes a sense of belonging, enthusiasm, and interest. Cognition includes deep learning and self-regulation. Behavior refers to time and effort to learn, build friendships, and participate in various university communities. Engaged students will be more aware of the resources available to them and to utilize those resources in times of need.

For example, The Student Engagement Task Force developed multiple programs to engage students during the Winter 2021 remote semester, including:

- Improved Communication about Engagement Opportunities
- Strengthened Cohort Initiatives
- Provided Resource Navigators Utilizing Volunteers for individual outreach
- Identified and Integrated needed services, programs, and resources, into academic and co-curricular spaces

**The committee recommends** that U-M provide a strategic approach to fostering connections/engagement for incoming undergraduate and graduate/professional students by implementing a Resource Navigator program in Fall 2021 featuring a comprehensive Resources Roadmap.

Additional recommendations to support increased opportunities for connections with, and engagement among, incoming undergraduate and graduate/professional students include:

- **We recommend** an expansion of the Resource Navigator program, piloted during the 2020-21 academic year to connect students to available resources during the pandemic. An expansion of this program should include all incoming undergraduates and rising sophomores and modified Navigator services for new graduate/professional students for use.
- **We recommend** utilizing existing touchpoints with students on campus including residence hall directors, Michigan Learning Communities (MLC) faculty, Honors College faculty, the LSA Foundational Course Initiatives (Wolverine Wellness/CRLT), Academic Advisors, and various Rackham programs.
- **We recommend** that the following vital groups be involved in the development of the navigation program for graduate/professional students: interdisciplinary or affinity groups and departmental level programmatic involvement coordinated by graduate chairs.
- **We recommend** that the following vital groups develop the navigation program for undergraduate students: Student Life; Office of New Student Programs (ONSP).
- **We recommend** an online course for undergraduate and graduate/professional students, so that students master the information about various sources of support and resources they can access. After taking the course, students could take a test to get a certificate of

their mastery of the information. Various modules of the training program can be developed in consultation with various units mentioned above.

- **We recommend** that each academic unit develop a well-being plan and provide resources and incentives for chairs, staff, and faculty to cultivate practices to promote a culture of compassion and caring in their teaching and interaction with students.

## Theme 3: Continuum of care

**Strengthen, and coordinate service offerings across, the continuum of care for students through innovation and ongoing improvement to address the complex health and wellness needs of undergraduate, graduate, and professional students.**

A comprehensive mental health and wellness approach addresses the entire continuum of care for health and wellness: causes, prevention, treatment, and recovery. This report recommends addressing climate, culture, and policies through increased investment in coaching and counseling resources, including peer coaching, wellness coaching, counseling, and recovery programs.

Despite the demonstrated benefits of a holistic approach, discussions of mental health needs at U-M have historically focused primarily on CAPS and the need to increase the number of counselors available to students. While CAPS counseling remains an important part of the support network, this is only one area of health and wellness promotion on campus. In surveying how U-M currently supports student mental health and well-being, our committee adopted an evidence-based public health framework of primary, secondary, and tertiary prevention as a lens in which to view existing resources, as well as needs, on campus (see Appendix 9).

In this model:

- **Primary prevention includes** preventing mental health problems through health education, health promotion, and evidence-based interventions to reduce risky behavior and develop skills that promote well-being.
- **Secondary prevention includes** identifying higher risk groups through regular screenings before the onset of illness to help prevent illness progression.
- **Tertiary prevention includes** targeting individuals with active illness and seeking to prevent illness progression or complications through additional testing and treatment.

Adopting this framework allowed us to better enumerate existing resources and helped us identify gaps in awareness of existing resources, not only among students, but among those who may commonly refer students to resources, such as faculty and staff. A focus on the continuum of services also allowed us to identify difficulties in accessing resources and identify areas to intervene to improve coordination between the services on campus offering those resources.

In applying this model to mental health more broadly and to U-M more specifically, we found it useful to further categorize our existing resources as non-clinical vs. clinical resources, which range from services available to all students to targeted services for students with more complex or severe needs related to a mental illness.



## Summer 2021 and Ongoing

### Non-Clinical Resources

Non-clinical student mental health supporting programs at U-M are designed to welcome and facilitate the engagement of our students. Non-clinical resources also include: fitness/activity resources, identity-based support centers on campus; wellness coaching, collegiate recovery programs, student support and critical incident management; academic support and academic coaching services.

U-M's collection of non-clinical resources, including many that may not traditionally be considered in mental health discussions, are an essential component of a holistic approach to student mental health and well-being. Examples of such non-traditional supports include physical activity provided through recreational sports, club sports and gyms on campus, which have a positive impact on mental health and well-being. U-M's identity-based centers on campus, such as Multi-Ethnic Student Affairs (MESA), Trotter Multicultural Center, and Spectrum Center, offer personal support and do valuable work to help identify issues specific subgroups face and how to better serve these populations.

Student support and critical incident management staff in the Dean of Students office and the range of academic support services provided through Services for Students with Disabilities and within the 19 schools and colleges also play an important role. Academic support services include: tutoring, writing support, academic advisors and faculty engagement with students and cohort engagement programs.

### Technology Resources

The past 18 months have more prominently highlighted the opportunity to use technology tools to support students across the continuum of mental health. These tools include websites and apps to connect students with services, provide and receive peer support, self-monitor their symptoms and behaviors, identify if or when they might be entering a period of high need, and connect in real-time virtually with a coach or mental health professional. The availability of these tools has expanded significantly and there is a distinct need to harness the potential without overwhelming the student community with disparate efforts. The university has numerous technological tools available, including a searchable student well-being site that is embedded into the Canvas Learning platform; online course modules; online platforms that provide self-guided, interactive mental health resources including cognitive behavioral interventions; and the provision of telehealth appointments. This extensive array of mental health digital tools is evidence-based and supports students along the continuum of care.

#### **The committee recommends:**

- The creation of an online collection of existing and available technology resources to complement in-person resources/services that is included in the proposed resource map.

- The creation of an assessment of the effectiveness of current technology tools and creation of a process to consider the adoption of additional digital technology tools that prioritize demonstrated benefits, research supporting its use, and the user experience.
- Improve the student well-being site to include a dynamic, easily navigable mental health resource map (discussed in following section)
- Consider funding support for individual use of currently existing resources and/or site licenses for general campus use.
- Consider utilizing technology to assist students in other ways such as finding resources for study partners, study spaces, etc.
- Consider the development of additional innovative technology tools to support students' overall well-being (i.e., identifying the most efficient meal venues/lines, peak time use of equipment in recreation centers, etc.)
- Create internal dashboards to track use and need for services such as wait times at CAPS, use of resources such as Wellness coaching, Resource Navigator, use of Roadmap, etc.

## Fitness/Activity

In 2016, U-M adopted an [8-dimension model of well-being](#) that illustrates how well-being is multi-dimensional and interdependent. There has been significant effort to identify information and resources for students in all eight areas: physical, emotional/mental, occupational, spiritual, environmental, social, financial, and intellectual. The work of this committee has also highlighted the interdependence of personal and community well-being. Non-clinical interventions that provide support to students in all the dimensions of their well-being also serve to support their mental health.

Physical activity and exercise serve as an important non-clinical intervention in mental health care. There is evidence that exercise is beneficial for mental health; it reduces anxiety, depression, and negative mood, and improves self-esteem and cognitive functioning [Callaghan (2004)]. We have a strong Recreational Sports program that provides individual and group exercise and fitness options for the student community. Starting in 2014 the University initiated a comprehensive plan to renovate all campus recreation facilities.

## Wellness Coaching

Students at U-M can access wellness coaching for issues including depression, anxiety, substance use, and sexual health through Wolverine Wellness. Wellness Coaching is a free, holistic approach that optimizes wellness for student success via a collaborative, non-judgmental partnership with a trained coach. Wellness Coaching is grounded in Motivational Interviewing, encouraging the client's autonomy in decision making. In this approach, the coach acts as a guide, clarifying the person's strengths and aspirations, listening to their concerns, boosting their confidence in their ability to change, and eventually collaborating with them on a plan for change. Undergraduate and graduate/professional students can: examine values and motivations, address stressors including COVID concerns, alcohol and other drug issues, sleep, etc. learn and practice skills, and set and accomplish goals.

Currently, Wolverine Wellness has trained 32 Wellness Coaches on campus (professional and graduate student staff). Trained Wellness Coaches perform this role as a part of their current position. The program provided 1,160 coaching sessions in calendar year 2020. Evaluation data suggest that increasing Wellness Coaching capacity would meet increasing student needs.

**The committee recommends** expanding the capacity of Wellness Coaching resources on campus by utilizing new and existing staff and student peer coaches to supplement counseling services that are available on campus. The expansion of the Wellness Coaching efforts proposes three new initiatives:

- Develop and launch a Well-being Academy – Brief training for faculty, staff, and students that equips participants with information about the model of well-being, wellness resources, the intersectionality of well-being and identity, and skills to engage in compassionate conversations.
- Expand wellness coaching to increase capacity for both individual and group coaching for graduate/professional and undergraduate students. Wellness Coaching groups can also be tailored to meet the needs of diverse student populations. This will significantly increase the available support for students while waiting for counseling, and possibly reduce the need for professional counseling services.
- Implement new outreach programs on campus, such as the award-winning Young Black Men, Masculinities and Mental Health (YBMen) Project that leverages technology to provide mental health education and social support for U-M students. This recommendation would include the initiation of this evidence-based intervention, a plan for sustainability and additional interventions for specific sub-populations of students, and opportunities for all interested U-M students to receive requested support.

## Fall 2021 and Beyond

### Non-Clinical Resources

#### Academic and Learning Support

**The committee recommends** exploring the possible expansion of diagnostic and testing services for students who may be showing signs of a learning disability and do not currently have a formal diagnosis.

Students with existing physical, intellectual, or mental health disabilities may access several important services for students with disabilities and additional resources through the Services for Students with Disabilities (SSD) office. These resources include academic coaching and peer support and tutoring as well as in-course accommodations

#### Parent Engagement

**The committee recommends** expanding the array of services provided by the current Parent and Family Weekend program in the Dean of Students office to better engage and meet the needs of U-M parents.

The pandemic has highlighted an increased need to partner with parents to support the mental health and well-being needs of their students. Current programs designed to share information with parents, answer questions and increase their ability to support their students' emerging autonomy and resiliency are not comprehensively addressing this need.

## Clinical Services

### Counseling and Psychological Services (CAPS)

**The committee recommends that** Counseling and Psychological Services (CAPS) be strengthened in the following ways:

1. Increase capacity for access (reduce wait times and enhance service delivery options).
2. Increase capacity for ongoing treatment.
3. Develop additional service options to match the needs of students.
4. Improve utilization of staff time and staff expertise.

CAPS is the primary mental health agency responsible for providing mental health care for U-M students. While CAPS has experienced consistent staff growth over the last decade, the current demand for services, the severity of some mental health concerns, the increasing complexity of student needs, the lack of viable options elsewhere on campus and in Ann Arbor, and the expectations of our constituencies for responsive service have all grown exponentially.

Our goal of providing initial appointments with low wait times while continuing to maintain access to other services such as longer-term treatment and walk-in counseling must be balanced.

CAPS currently has staff in both central office roles as well as embedded in 18 schools and colleges on campus. Approximately 5,000 students are seen for therapy services each calendar year (most between September and April), and thousands more are served via community engagement, prevention, and educational activities. The average number of sessions per student seen at CAPS is 4 (ranging in the last 5 years from 3.6 to 4.2), similar to the national average for counseling centers. Approximately 79 percent of students are seen at CAPS for 1 to 5 sessions, approximately 18 percent for 6 to 15 sessions, and 3 percent for 17+ sessions. Other services include group therapy, clinical workshops, in-depth assessments, and case management for complex cases.

A new metric for counseling centers is the Clinical Load Index (CLI). Developed by the Center for Collegiate Mental Health (CCMH), the International Association of Counseling Services, Inc. (IACS), and the Association of University and College Counseling Center Directors (AUCCCD), the CLI represents a reliable, comparable, and intuitive metric of the distribution of staffing levels that can be used to inform decisions about the resourcing of mental health services in colleges and universities. In brief, the CLI describes the relationship between the demand for and supply of mental health services within counseling centers.

The current CLI for U-M CAPS is above average compared to peer institutions in the distribution. This ranking indicates that CAPS has a high caseload per counselor, affecting both

capacity to take on clients and the delivery of ongoing clinical services. The pressure to take in new clients (i.e., “reduce wait time”) has greatly limited its ability to provide ongoing treatment.

**The committee recommends** that CAPS adopt a new model. This model seeks to improve students’ initial access to CAPS, and enhance ongoing treatment capacity, and the range of clinical services the center can offer.

Implementing an “initial access model” (IAM), found on page 21, will provide same-day access to services for urgent needs, as well as scheduled initial consultations to connect students with the service option that best fits with their needs. Service options can include several campus non-clinical programs and offerings (which can be therapeutic without being therapy) as well as brief, specialized, or longer-term service options at CAPS. The model will also allow CAPS to continue connecting students with options in the community for services outside CAPS’ scope. Utilizing this approach, the longer-term options at CAPS can be modestly increased and can include a continuing focus on students with no insurance or financial barriers as well as on a new focus on sexualized violence/trauma (a new collaboration between CAPS and the Sexual Assault Prevention and Awareness Center, SAPAC).

This new model seeks to address the increasing and competing demands for rapid access and treatment by separating the roles and responsibilities for initial access and clinical services into two service teams:

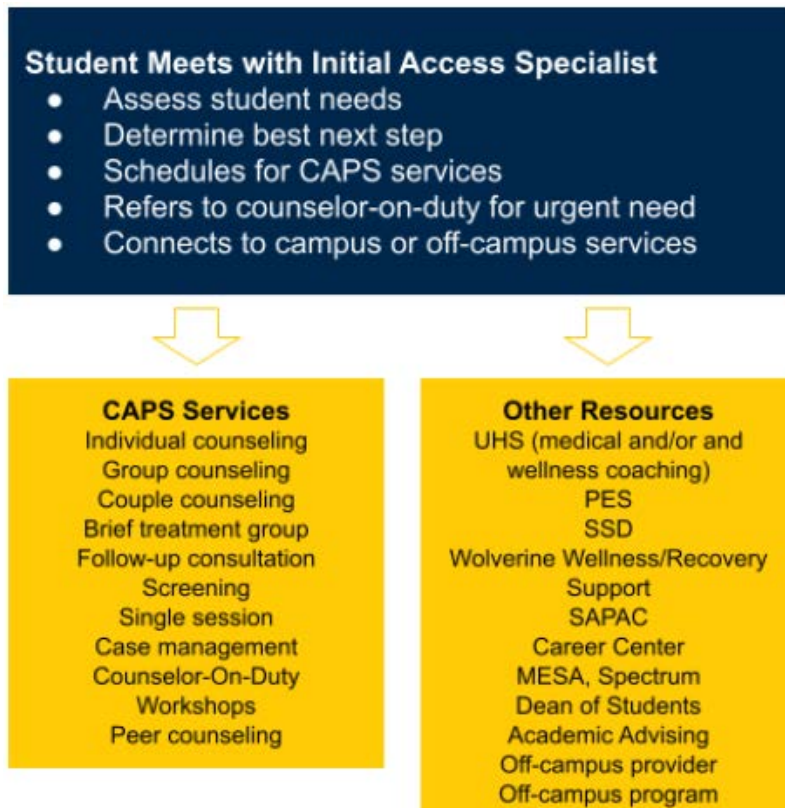
- The Consultation and Connection Team (CCT) will focus on initial contact and service decisions.
- The Counseling Staff will focus on providing ongoing treatment as well as outreach and training activities.

The model will increase transparency about the scope and nature of CAPS services and expand referrals to other support options on campus. Students will be able to access increased resources between visits, possibly including new technology supports, and marketing efforts will be augmented to help students know what services are available.

The new approach also preserves online scheduling of appointments—which started during the 2020-21 academic year—as well as automatic appointment reminders and new materials to help students understand how CAPS can best help in various situations. After in-person service delivery resumes during Fall 2021, CAPS will also continue to offer tele-counseling services for students who prefer this mode of service delivery and where it is clinically indicated.

Even with these changes and improvements to access and service delivery, a need for long-term care beyond the scope of on-campus services will remain.

**Figure 3: “Initial Access Model” (IAM)**



**The committee recommends** that CAPS resume offering an annual “community provider” orientation event, sharing updated campus resources for providers in Ann Arbor and Ypsilanti to help them in their clinical work with U-M students. This event has been offered twice in the past. Augmenting the community provider referral database is also recommended.

### Moderate to Severe Illness and Longer-Term Therapy

Students struggling with moderate to severe mental illness may need longer-term therapy or ongoing management of psychiatric medications. More recently, an increasing number of students arrive at U-M with pre-existing diagnoses that historically would have made attending college impossible. While inclusion of these students is clearly a positive change, it presents a need for specialized resources.

A small number of students receive longer-term therapy through CAPS, though most are referred to non-U-M counselors in the community. Ann Arbor does, on average, have a high per capita number of therapists; however, therapists often have waiting lists that can be too long for students. This can also be true, at times, for the outpatient Department of Psychiatry at Michigan Medicine. U-M does provide some therapy through the Mary A. Rackham Institute (MARI), which is a part of the Rackham Graduate School and considers part of its mission is to treat graduate students, in both individual and group therapy (and in rare cases for medication management as well). However, demand for services sometimes exceeds what is readily available. Since the beginning of the pandemic referrals were further complicated by students not

being on campus and therapists not being licensed to work across state lines. One area of additional intervention to be considered by work teams may include creating a fund for therapy costs for students when their needs are beyond the scope and mission of CAPS.

Students who require medication management may self-refer to UHS or may be referred formally through CAPS. Primary care providers at UHS are now well equipped to treat mental health, with about 30 percent of all visits at UHS dedicated to mental health. One potential area of intervention could be to provide additional training to primary care providers who are interested in sharpening their mental health treatment skills. For students with more severe or complicated mental illnesses, UHS has several psychiatrists available on campus that students can access for free with a referral from primary care or CAPS. This has been an area of expansion on campus with the need for more resources and innovative approaches to expanding access.

**The committee recommends** that U-M consider expanding the types of services provided through SSD, UHS, and/or CAPS.

UHS and CAPS staff are not currently equipped to provide diagnostic and testing services for learning disabilities. This service can be difficult to access as formal neuropsychiatric testing is costly, which can further disadvantage students who may be struggling financially. Most centers in the Ann Arbor area that offer such testing also have months-long waiting lists.

Of particular importance, neuropsychological testing for ADHD has become increasingly important. While UHS psychiatry and UHS primary care often can make these diagnoses based on clinical history, these requests have increased due to the difficulties of remote learning, lack of structure and socialization, and overall burn out due to the COVID-19 pandemic. There is a wide variety of formalized approaches to evaluating and treating ADHD on university campuses. U-M could benefit from a more comprehensive array of resources. CAPS provides in-depth ADHD screenings for a select number of students and some neuropsychological testing is available at MARI, however, these services do not currently meet the increase in needs.

**The committee recommends** the expansion of psychiatric resources as determined to be necessary and appropriate.

Because sleep is also such an integral part of wellness, UHS offers a collegiate sleep medicine clinic directed by a neurologist. Wait times can be long and it could benefit from funding for further expansion.

There are also primary care providers who specialize in eating disorders at UHS, and there is also a dedicated eating and body image clinic (EBIC) as well as a dietician on staff at UHS to help with more severe eating disordered cases. The Eating Issues Network (EIN) was established several years ago to help with complex cases and includes staff from CAPS and UHS working together. Wait times for these services can also be long. Cases where students are struggling but do not qualify for medical admission to treatment facilities also present challenges.

From a non-medical perspective, case management is also available at UHS and CAPS to meet student needs, helping individual students identify resources on campus including the food

pantry, emergency funds, therapy referrals, and other supports. UHS recently expanded this team during the pandemic as they have been working on contact tracing and isolation housing, but the team plans to stay in place post pandemic and expand to supporting other mental health related clinical work.

Students who are not able to be appropriately supported in the traditional outpatient clinic setting may require an intensive outpatient program or partial hospitalization program (PHP). The behavioral health team at UHS has developed strong connections with the new PHP at Michigan Medicine, as well as the long-standing program available at St. Joseph Mercy Ann Arbor Hospital. Finally, students requiring emergency evaluation may access Psychiatric Emergency Services (PES) at Michigan Medicine. PES has a robust connection with behavioral health at UHS and shares a medical record system. The Michigan Medicine inpatient team will often coordinate with UHS outpatient psychiatrists and case managers. While hospitalized students may also elect to allow the Dean of Students office critical incident staff to visit them while inpatient to help coordinate their return to school and living environment based on their mental health needs.

**The committee recommends** the updating and augmenting of an existing resource, the Clinical Care Management Team (CCMT), to help provide and strengthen services for students with complex/long-term needs. CAPS, UHS, and PES have developed a team approach to review cases of students seen in PES or any inpatient hospital, Michigan Medicine or high-risk student seen in multiple units, to ensure that follow-up care is in place and that students are being followed for safety planning post-discharge.

Students with more persistent mental illness may require adjusted course loads or leaves of absences. This work is coordinated through the Dean of Students office Critical Incident and Student Support Team. Additionally, these students can purchase a prepaid plan through UHS to access medication management and case management support. This option can present financial challenges where the Dean of Students office may also be able to be of assistance.

**The committee recommends** that U-M consider expanding offerings of this type of intentional support for students who are in recovery from other mental health issues. The U-M Collegiate Recovery Program is an integral resource for providing ongoing support for students in recovery from alcohol and other drug addiction. This type of support is critical to the ongoing success for students to achieve their academic and personal goals.

**A key finding in our report and focus of our recommendations is that resources on campus must address the full continuum of care; be integrated across schools and colleges, Student Life, CAPS, and other care providers; and be transparent and readily accessible to students.**



## Theme 4: Visible, easily accessible resources

### **Ensure that the Breadth of Resources Available on Campus are Visible and Easily Accessible**

Building more resources will only improve the well-being of students, faculty, and staff if these resources are available and accessible. So often, we hear that students have challenges navigating the network of resources available at U-M.

*For instance, imagine a student “Jackson” is struggling with stress and anxiety because a Chemistry course is not going well for them. Jackson received a lower than desired grade on an exam and anxiety over this led them to avoid the class discussions and disengage in working collaboratively with others on homework. Jackson wants to do better but is not sure where to begin and feels overwhelmed. This situation creates both academic and process-oriented stress. The student goes in to talk with their faculty member. But upon seeing the level of distress the student is facing over this issue, the faculty member may be unsure how best to guide the student to resources for help. One option could be to advise the student to go see a counselor at CAPS, but that may not be the best starting point for all situations and even those going to CAPS may want and need additional resources beyond counseling and a broader set of resources.*

**A key recommendation of this report is that students and faculty/staff need a clear, easy to navigate resource that not only lists resources but can help guide students to the available resources.**

It is vital that all resources supporting mental health, well-being, and academic endeavors are more visible. This visibility will require going beyond a webpage to include other ways of communicating service availability and how those programs can be accessed. For instance, in the previous situation imagine if the student could go to a U-M web page or a U-M resources app and type in “concerns over struggles in Chemistry” and then could be directed to several possible resources that span both academic support (the Science Learning Center or Chemistry tutors), peer support (peer counseling and available study groups), and mental health support (Wolverine Wellness and CAPS). This would enable students to know what resources are available and also reduce the barriers to using these services. With technology this system could not only guide students to the available resources but based on usage rates could improve and refine suggestions. A resource like this could also provide faculty and staff with the same information to assist in guiding students.

## **2021-2022 and Beyond**

**The committee recommends** working with IT to develop an interactive tool to elevate visibility of available mental health and wellness resources.

Further, we should utilize existing platforms such as Canvas to promote the roadmap as well as individual core services.<sup>7</sup> It is essential that we ensure this resource is intuitive and easily

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<sup>7</sup> Roadmap to be embedded into existing link on Canvas site: <https://well-being.studentlife.umich.edu/>

accessible (students should ‘run into it’ not have to go looking for it). Further, it should be clear what resources are available throughout the year and provide support for those that are continuously enrolled as well as those that reenter in Fall or other terms. In discussion with IT, we propose to utilize resources at IT and the summer intern program to pilot this roadmap during Fall 2021.

## Increasing Resource Accessibility

In our outreach with faculty, staff, and students, we learned of a vast number of courses that support students' health and well-being. However, many students do not know of, or are not able to enroll in, these courses. A list of the courses that support mental health and wellness is provided in Appendix 10. This list may not be complete and courses are not available every term.

**The committee recommends** that, in addition to making resources available and accessible through the dynamic roadmap, the university also should make it easier for students to find and enroll in these courses.<sup>8</sup>

This ease should be promoted through the road map, and we recommend that we create a method such as a course designator to help students find wellness courses. Because some students are unable to take a wellness course for credit (because of the structure of their program), online modules of these courses should be created including some that are available not for credit. We encourage schools and colleges to either provide courses or modules similar to these courses to their undergraduate or graduate/professional students, possibly in required courses or to allow flexibility in their programs to allow students to take these courses.

In addition to these academic courses, there are also other course-like options that need to be more widely known and available utilizing the resource roadmap, including those in the Everfi Curriculum and the CAPS resource guide to the first-year experience.

In addition to utilizing technology to share resources we also recommend building dashboards to monitor and communicate the health and wellness of our campus and the progress and success of the changes recommended here. This report provides a transformative set of recommendations, and it is important that we remain flexible and pivot to changing needs. The collective impact team is a cornerstone of this, but they too will need data and information. We therefore recommend a set of dashboards (some which will be private and some public) that include but are not limited to the following:

- Utilization of Wellness Coaching Resources
- Use of peer coaches and peer support programs
- Use of academic support resources
- Utilization of campus recreation facilities
- Engagement with Campus Navigator programs
- Wait times at CAPS both for initial appointment and for follow up after first visit
- Number of Visit at CAPS both centrally and in embedded/satellite units
- Number of open positions at CAPS (noting when filled with temporary)

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<sup>8</sup> A recent [Inside Higher Ed Article](#) highlighted the importance of students taking mental health courses.

- Questions in the climate survey related to mental health
- Utilization of the Maize and Blue Cupboard
- Status of emergency assistance funding provided to students
- Alcohol and other drug transports from the residence halls

## Institutionalization Plan

Historically, U-M, like many other large organizations, has created working groups in this space that generate important ideas that unfortunately often have only short-to-medium-term impact. We have proposed a collective impact structure to provide continuous, long-term, iterative solutions to the complex challenges we face.

Collective Impact occurs when a diverse group of actors from different sectors commit to a common agenda for solving complex problems. More than simply a new way of collaborating, collective impact is a structured approach to problem solving that includes five core conditions: Common Agenda, Shared Measurement System, Mutually Reinforcing Activities, Continuous Communication, and a Backbone Function.

Creating a collective impact infrastructure requires “cascading levels of collaboration.”

We propose four levels: an Advisory Council, a Steering Committee, Work Groups, and a Backbone Structure.

The **Advisory Council** is composed of institutional partners with deep expertise who can provide advisory guidance on emerging research, provide community connection, content area expertise, and bridge the decentralization of campus (details in Appendix 8). This group typically would meet 2-3 times a year.

The **Steering Committee** is composed of diverse cross-sector representation of the relevant ecosystem that provides strategic direction for the Collective Impact initiative and champions its work. Decision-makers that provide strategic guidance, vision, and oversight. This group defines and/or refines the common agenda as needed, including problem definition, goals, and indicators. It also provides leadership by championing the effort broadly in the community. It fosters connections within (e.g., among work groups) and outside the coalition (e.g., with other community initiatives) to ensure coordination and efficiency.

Representatives from Academic Affairs, Student Life, the student body, and other groups will constitute the initial Steering Committee (details in Appendix 8). The Steering Committee, working together with the backbone structure, will determine future committee membership on an ongoing basis. This group meets approximately every six to eight weeks. In addition, several key positions on campus will serve on both the Advisory Council and the Steering Committee.

**Work Groups** focus on the initiative’s primary strategies. Work Groups develop their own plan for action organized on specific shared measures. Work Groups are sub-groups reporting to the Steering Committee that help choose and implement strategies, engage community members, and track progress towards goals. Members are relevant subject matter or community experts.

Work Groups typically have co-chairs and meet regularly.

While the Work Groups will change over time, we recommend that the initial Work Groups be formed to advance the recommendations of the committee in summer 2021.

The initial work groups will focus on the following areas:

1. Collaborate with ODEI and DEI leads in Student Life and Schools/Colleges to embody principles of social justice, equity, and respect for diversity in this work
2. Development of technology resources
3. Building Faculty Capacity
4. Examining Academic Processes
5. Expanding/Improving Access (secondary and tertiary)
6. Expansion of Wellness Coaching
7. Expansion of Student Engagement Opportunities
8. Rackham Graduate Mental Health Standing Committee (existing standing committee)
9. Expansion of Parent/Family Partnerships and Programs

**Backbone Structure** maintains the strategic coherence of the effort. The backbone structure will help coordinate logistics of the Advisory Council and the Steering Committee and supports the Work Groups co-chairs. The Backbone structure encourages the sharing of best practices among the Steering Committee members and the Work Groups. It monitors outcome indicators and performance measures related to the common agenda. It helps the Work Groups evaluate progress and to inform system improvement. The backbone structure fosters one-on-one relationships with Steering Committee members and other key stakeholders. This will include a project manager to support the overall initiative and the Wolverine Wellness staff.

# Timeline

The goal is to have much of this work and structure in place for Fall 2021. Specifically, during the fall term, we will have hired or are hiring the project manager and set up the collective impact teams. We will also have hired or will be hiring additional staff to provide the training, coaching, and counseling. The co-chairs and members of the committee will also socialize and communicate the report across campus to key stakeholders, deans, student organizations and student government, faculty, and staff. Student Life will continue and expand core programs such as the Navigator program and parent partnership and engagement efforts. Further, IT will be working to build the resource roadmap and dashboards with a soft launch during Fall 2021.

Over the 2021-2022 academic year, we will track and assess the efficacy of these transformations, relying on data from the dashboards and direct feedback from student groups and other stakeholders to continually improve.

**Figure 4: Timeline**



# Conclusion

Student well-being is foundational to academic success—a fact that has been noted repeatedly in research and reports, as well as reflected in this committee’s own data. U-M, like nearly all academic institutions, faces a challenge in meeting the diverse mental health needs of its students. COVID exacerbated students’ mental health challenges, though is not the only contributing factor. We recommend that the University of Michigan address mental health and wellness holistically and develop a comprehensive network of support along the continuum of care to foster an empathic, compassionate culture.

To create a health-promoting campus, our committee recommends the following:

- Utilize a holistic approach to create a strategic plan and comprehensive infrastructure of faculty, staff and students for addressing the full range of health and wellness needs of undergraduate, graduate, and professional students.
- Foster a culture of empathy, compassion, creativity, flexibility, and resilience to mitigate academic and other forms of stress in our community.
- Strengthen the continuum of care for students through innovation and ongoing improvement in service offering and coordination to address the complex health and wellness needs of undergraduate and graduate students.
- Ensure that the wealth of resources available on campus are visible and easily accessible

Our committee’s recommendations reflect the input of units and interest groups across campus. Recommendations are based on a deep dive of information from the scientific literature, reports and recommendations from other academic institutions and inter-institutional organizations. Our work also reflects input from specialists in mental health on campus with expertise in well-being, prevention, disease management, technology, and acute psychiatric services.

In implementing these changes, it is vital to consider that students’ needs related to mental health and wellness differ across students and over time, reflecting diversity in their experiences and identities. This diversity must be reflected in the range of mental health support services we offer so that students feel welcomed, comfortable, recognized, and respected.

How will we know we are making progress? Continued improvement and assessment is vital to the success of this effort. The collective impact teams will monitor feedback from both the dashboards and stakeholders across the university to ensure that the new resources are being used and meet the needs of students, that wait times are reduced, and that units, schools and colleges continue discussions of how to further these efforts.

We recognize and note that no efforts can or perhaps should alleviate all stress and challenges. The goals here are not to create a world without stress, but to develop individuals who have the skills and tools to manage, thrive and flourish despite these obstacles.

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# Appendices

## A. Appendices

1. Summary of Work Foundational to Committee's Approach
2. Summary of Feedback and Data Collection
3. Summary Recommendations and Implementation
4. Committee Charge/Membership
5. List of Stakeholder Meetings
6. Report of Survey Comments Submitted by Stakeholder Participants
7. Okanagan Charter and Adopting Institutions
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9. Continuum of Care
10. Wellness Courses



## **Appendix 1**

### **Summary of Work Foundational to Committee's Approach**

To inform its work, the committee first reviewed previous campus reports and surveys that assessed the state of the U-M campus community's mental health needs. These documents, which provided the foundation of the committee's work, identified vulnerabilities in the university's available resources. The committee focused on reviewing current resources and considering a broad and innovative set of approaches to address students' diverse needs more comprehensively. A partial list of these foundational reports (linked below) include:

- **U-M Reports/Surveys**
  - [Undergraduate Education in the Third Century Report](#)
  - [Rackham Graduate Student Mental Health Task Force Year One Report](#)
  - [Campus Climate Survey](#)
  - [CAPS 2019-2020 Annual Report](#)
  - [Wolverine Wellness 2019-2020 Annual Report](#)
  - Healthy Minds Survey (PDF available upon request)
  - [UHS Impact Report](#)
- **External Resources**
  - [Okanagan Charter](#)
  - [Stanford Innovations - Collective Impact Framework](#)
  - National College Health Association Survey Data (including U-M data - available upon request)
  - National Academies of Science, Engineering and Medicine [Report on Mental Health, Substance Use, and well-being in Higher Education](#)
  - Center for Collegiate Mental Health 2020 Annual Report
  - Council of Graduate Schools and JED Foundation Report on Graduate Student Mental Health and Well Being
  - Other articles and information
- **Related U-M Work**
  - [Advancing Public Safety Task Force - Preliminary Recommendations](#)
  - [CAPS Proposal to Increase Access and Service Options](#)
  - Student Engagement Taskforce Report, [Final Student Support Report Engagement Slides](#)
  - [Report of Focus Groups on Race, Ethnicity and Student Well-Being](#)

## Appendix 2

### Summary of Feedback and Data Collection

#### Input Sessions Key Findings

Sixteen input sessions were held with groups of faculty, staff and students during March and April 2021, totaling 497 participants. The framework for the sessions included committee members providing a brief overview of the areas of consideration for improving student mental health and well-being. Participants were then asked to respond to whether the eight areas identified at that time resonated as salient for what needed to be done to address student well-being in our community; and, to also provide additional insights or ideas on other areas the committee should consider.

There was significant agreement across the 16 meetings that the eight areas initially identified by the committee were relevant and important. Participants also offered the key observations and suggestions, categorized below within seven observational categories, that emerged from these conversations.

Finally, participants in these meetings were also encouraged to complete an anonymous, post-meeting survey where they could amplify what they had already shared or provide additional feedback. Nearly one-fifth (87 of 497, or 17.5 percent) of participants elected to complete the survey. That data is summarized in the next section of this report.

#### Input Sessions Themes

The committee identified seven themes, and corresponding ideas for each, presented below based on participants' key observations and suggestions shared during the 16 meetings.

Theme	Key observations and suggestions
1. Navigator Tool	<ul style="list-style-type: none"><li>● Create a menu of options that are easy to navigate and easy to find</li><li>● Help students know “where to start” in terms of accessing resources</li></ul>
2. Academics	<ul style="list-style-type: none"><li>● Allow for excused absences for wellness reasons</li><li>● Require a wellness course (for credit) for all students</li><li>● Articulate clear policies regarding class absences and grading; focus on limiting impact on academic progress particularly for graduate students</li><li>● Require faculty to include a well-being statement on their syllabi</li></ul>

Theme	Key observations and suggestions
<b>3. Student Engagement</b>	<ul style="list-style-type: none"> <li>● Create a centralized board of student representatives from existing advisory boards (CAPS, SAPAC, UHS, DOS, etc.) to share and coordinate across units</li> <li>● Use student leaders and student voices as trusted messengers</li> <li>● Intentionally address unique needs of various student populations (e.g., Medical School students)</li> </ul>
<b>4. Areas of Stress</b>	<p>Focus on specific areas of stress (not just general well-being) such as:</p> <ul style="list-style-type: none"> <li>● Finances (expanded emergency funding, assistance with mental health co-pays and costs associated with testing/diagnoses)</li> <li>● Racism</li> <li>● Sexual violence</li> <li>● Grief and loss</li> </ul>
<b>5. Programmatic Ideas</b> <i>(to support health and well-being)</i>	<ul style="list-style-type: none"> <li>● Mental Health Day</li> <li>● Advocacy Week</li> <li>● Physical activities in nature</li> <li>● Trivia and game nights</li> </ul>
<b>6. Training</b>	<ul style="list-style-type: none"> <li>● Conduct intentional training for faculty and staff who are often the first to learn of a student's mental health struggles.</li> <li>● Focus training on initial response to disclosure of well-being concern or crisis and how to appropriately refer to available resources</li> <li>● Training should be offered in a way similar to that which is offered for sexual misconduct</li> <li>● Groups to receive intentional training includes: <ul style="list-style-type: none"> <li>○ Faculty</li> <li>○ Housing staff</li> <li>○ Academic advisors</li> <li>○ Staff members</li> <li>○ Graduate student instructors (GSIs)</li> </ul> </li> </ul>

Theme	Key observations and suggestions
7. Other	<ul style="list-style-type: none"> <li>● Focus on quality not quantity of offerings</li> <li>● Establish a framework for existing systems to interact and coordinate with one another</li> <li>● Build capacity of faculty members to respond to mental health issues</li> <li>● Recognize the unique role and stresses of GSIs (who are both employees and students)</li> <li>● Address wait times for testing and diagnoses (at Michigan Medicine)</li> </ul>

## Post-Meeting Survey Data

In addition to summarizing the themes that emerged from conversations with students, faculty and staff stakeholders, a survey was administered to all session participants at the conclusion of each meeting, asking them to also consider amplifying or sharing additional thoughts and ideas. Nearly one-fifth (87 of 497, or 17.5 percent) of participants elected to also complete the survey ([Survey Data](#)). This survey data is also linked within Appendix 6.

## Ancillary Meetings

During the course of coordinating the 16 town hall-style input sessions, there were frequent instances of individuals suggesting that the committee consult with others across campus working on student mental health and well-being in parallel, or complementary, fashions. As these suggestions emerged, the committee co-chairs began scheduling one-on-one ancillary meetings with these recommended individuals. These meetings occurred during April and May 2021 (details in Appendix 5).

During these conversations, the potential synergy between the committee's work and existing efforts became apparent. Individuals were eager to connect their efforts to a larger framework and strategic campus-wide approach, and were open to lending their expertise by participating as part of the emerging coordinated framework for these efforts.

### Appendix 3

#### Summary Recommendations and Implementation

The overarching recommendation of the committee is a commitment to creating a *health promoting campus*. This is no small task. In support of this shift, we have broken down the key elements into the following four broad themes/recommendations, each with an implementation plan to ensure long lasting impacts:

1. Utilize a holistic approach to create a strategic plan and comprehensive infrastructure of faculty, staff, and students for addressing complex health and wellness needs of undergraduate and graduate students.
2. Foster a culture of empathy, care, and compassion to mitigate academic and other forms of stress in our community.
3. Strengthen, and coordinate service offerings across, the continuum of care for students through innovation and ongoing improvement to address the complex health and wellness needs of undergraduate and graduate students.
4. Ensure that the wealth of resources available on campus is visible and easily accessible to students.

The supporting recommendations for each of the four broad themes are detailed below.

- 1. Utilize a holistic approach to create a strategic plan and comprehensive infrastructure of faculty, staff, and students for addressing complex health and wellness needs of undergraduate and graduate students.**
  - Adopt the [Okanagan Charter](#) as a strategic framework for a campus-wide approach to student mental health, recognizing diversity of identity, and prioritizing resilience and sustainability as central to the health and well-being of the U- M community.
  - Utilize the [Collective Impact Model](#) as the primary tool to advance this work and develop an institution-wide infrastructure. In support of this approach, establish the following:
    - Advisory Board reporting to Provost and Vice President for Student Life
    - Expanded Collective Impact Steering Committee (to include school/college representatives)
    - Expanded Well-being Network of staff and students
    - Backbone Staffing Structure provided by Wolverine Wellness
- 2. Foster a culture of empathy, care, and compassion to mitigate academic and other forms of stress in our community.**
  - Offer a series of topic-specific workshops with concrete suggestions to help faculty and graduate students reconnect their pedagogical values with its mission.
    - Provide a centralized training program including online interactive short courses on various aspects of academic stress to improve faculty knowledge base about positive behaviors (e.g., mindfulness, self-management, help-seeking skills) that improve the sense of belonging and well-being.

- Expand current training in compassionate conversations and provide training in facilitating wellness conversations and utilizing the resources roadmap.
- Integrate part of faculty training into Inclusive Teaching training provided by CRLT to help normalize this aspect of faculty responsibility as part of our educational teaching and mentoring role.
- Expand use of the Well-being Toolkit, which offers various interactive, customizable, and adaptable tools that promote a holistic and inclusive understanding of well-being.
- Recommend the Provost and/or schools and colleges adjust existing policies to mitigate academic stress, such as:
  - Extend all undergraduate courses' drop date through the end of the term.
  - Allow undergraduate students to replace a grade if a course is repeated. Currently, both grades are used in the calculation of GPA.
  - Pilot or adjust some programs the use of covered grades for undergraduates. Consider adjusting grading in ways appropriate to the undergraduate and graduate program to reduce stress and competitive environments while continuing to ensure academic excellence, which will vary by school and college and between undergraduate and graduate programs.
  - Create a culture in the classroom where concern for well-being is evident beyond the syllabus statement
- Provide a comprehensive plan for addressing intersectional stress in collaboration with various DEI initiatives.
  - Increase awareness of institutionalized racism and resulting identity-based and intersectional stress.
  - Encourage campus resources to maintain consideration for the importance of identity in providing services to students.
- Continue to prioritize affordability in the budget but also recognize the pressures students continue to face.
  - Develop clearer language for communicating with students about financial hardship without undermining their dignity. Training for peer advisors, academic advisors, staff, and faculty members will be critical.
  - Provide a comprehensive roadmap coordinating various resources for seeking emergency funds or other resources to help students experiencing financial hardship.
  - Ensure additional resources are available during the economic downturn following the pandemic, coordinating these resources through a central source such as financial aid so that students can find the resources they need as problems arise and resources are available for students that cannot afford mental health care when referred outside of U-M, including co-payments.
  - Train staff within various units who can coordinate student support and academic engagement about the unique problem experienced by first-gen and low-income students to reduce process-oriented stress.

- Provide a strategic approach to fostering connections/engagement for incoming undergraduate and graduate/professional students by implementing a Resource Navigator program in Fall 2021 featuring a comprehensive Resources Roadmap, such as:
    - Improved Communication about Engagement Opportunities
    - Strengthened Cohort Initiatives
    - Expand Resource Navigators Utilizing Volunteers for individual outreach
    - Identify and integrate needed services, programs, and resources, into academic and co-curricular spaces
    - Utilize existing touchpoints with students: residential hall directors, MLC faculty, Honors College faculty, Foundational Course Initiatives, academic advisors, Rackham programs, interdisciplinary or affinity groups, Student Life, and ONSP
  - Encourage each school/college to develop a well-being plan and provide resources and incentives for chairs, staff, and faculty to cultivate practices to promote a culture of compassion and caring.
- 3. Strengthen, and coordinate service offerings across, the continuum of care for students through innovation and ongoing improvement to address the complex health and wellness needs of undergraduate and graduate students.**
- Create a dynamic mental health resource map that is easy to navigate
  - Create an online collection of existing technology resources to complement in-person resources/services to be included in the proposed resource map,
  - Consider funding support for individual use of currently existing resources and/or site licenses for general campus use.
  - Utilize technology to assist students in other ways - finding resources for study partners, study spaces, etc. And consider the development of additional innovative technology tools to support students' overall well-being, such as identifying the most efficient meal venues/lines peak time use of equipment in recreation centers.
  - Expand the capacity of Wellness Coaching resources on campus utilizing new and existing staff. The expansion of the Wellness Coaching efforts proposes three new initiatives:
    - Development of a Well-being Academy, beginning with a brief training for faculty, staff, and students
    - Expanded wellness coaching that will increase capacity for both individual and group coaching for graduate and undergraduate students.
    - Implement the award-winning Young Black Men, Masculinities, and Mental Health (YBMen) Project on campus.
  - Expand the use of student peer coaches to supplement counseling services that are available on campus.
  - Improve student access to formal neuropsychiatric testing, with particular interest in testing for ADHD. There may be some room to expand services through SSD, UHS, or CAPS to better evaluate students with ADHD, potentially considering the development of an ADHD clinic.
  - Strengthen CAPS to increase capacity for access and ongoing treatment, while developing additional service options to match the needs of students and improve

utilization of staff time and staff expertise. This will be achieved through:

- Adopt a new CAPS model to improve both students' initial access processes to CAPS, ongoing treatment capacity, and the range of options for clinical services offered—the “initial access model” (IAM). This will provide same-day access to services for urgent needs, as well as scheduled initial consultations to connect students with the service option that best fits with their needs.
- Increased transparency of the scope and nature of CAPS services, including providing students with increased resources between visits, possibly including new technology supports, increased “marketing” efforts to help students know what services are available to them.
- Continuing online scheduling of appointments, automatic reminders of appointments, and new materials to help students understand how CAPS can best help in various situations.
- Offer tele-counseling services through CAPS and continue to provide community provider referrals and events to help find counselors
- Update and augment the Clinical Care Management Team (CCMT), a team approach to review cases of students seen in any inpatient setting and students that are being followed for safety, including those who are in recovery from alcohol and other drug addiction.

**4. Ensure that the wealth of resources available on campus is visible and easily accessible to students.**

- Develop a RoadMap, an interactive tool to elevate visibility of available mental health and wellness resources that is seamlessly implemented, intuitive, and easily accessible
- Promote courses that support students' health and well-being. Further, ensure students in each school or college have opportunities to take these courses and/or create modules of similar materials into required classes.
- Create internal and external facing dashboards to track progress and changing needs of campus, including wait times, use of Wolverine Wellness and peer coaches, engagement with Campus Navigators



## **Appendix 4**

### **Committee Charge and Membership**

#### Student Mental Health Innovative Approaches Review Committee Charge

[Survey data](#) indicate that three out of five college students experience extreme anxiety and two out of five experience debilitating depression. This need for mental health management on campuses requires a broad approach to address emerging issues as well as acute needs. College campuses are under constant pressure to increase resources toward mental health and decrease wait times for counselors. At the University of Michigan, student groups, faculty, deans, and student life leaders have advocated for increased resources and the university has expanded funding for embedded and other counseling and mental health services. Despite these investments, there remain concerns that we are not fully meeting the needs of our students. These challenges occur in the broader landscape of a nation that many believe have a shortage of mental health care.

Vice Provost for Student Life Martino Harmon and Provost Susan Collins are charging this Review Committee (1) to explore and recommend innovative approaches to addressing student mental health and well-being, and (2) examine the current resources at the University of Michigan and provide recommendations on how these may be improved, expanded, measured for effectiveness, and communicated.

The Review Committee's goals are:

1. Conduct a holistic examination of current campus student mental health needs and resources, including identifying some of the significant institutional policies and practices that have an adverse impact on student mental health and wellness. The review will include:
  - a. Identify strategies currently employed from prevention to intervention and support
  - b. Review of satisfaction data with UM's ability to support student mental health and well-being
  - c. Evaluate the effectiveness of current strategies
  - d. Review UM CAPS staffing levels and support strategies compared to peers
2. Identify innovative, data-informed best practices that may complement existing campuses student mental health resources
3. Identify opportunities to promote a range of strategies to address mental health that demonstrates effectiveness of different approaches.
4. Provide opportunity for stakeholder input on current and additional resources, including student groups
5. Recommend communication and engagement strategies to educate the community on available resources, strategies employed, and effectiveness of strategies (such as satisfaction data and staffing compared to peers).

Timeline: The Review Committee will provide its recommendations to Provost Collins and Vice President Harmon by April 5, 2021. The Vice President for Student Life will be responsible for

leading implementation of adopted recommendations. The group will also provide an informal progress report during the Winter term.

The Review Committee will be co-chaired by Laura Blake Jones, Dean of Students, and Amy Dittmar, Senior Vice Provost for Academic and Budgetary Affairs.

Members:

Student Life:

Robert Ernst, Associate Vice President for Health and Wellness

Todd Sevig, Director of Counseling and Psychological Services (CAPS)

Mary Jo Desprez, Director, Wolverine Wellness

Sarah Jukaku, Psychiatrist, University Health Service

Kaaren Williamsen, Director, Sexual Assault Prevention & Awareness Center (SAPAC)

Academic Affairs:

Mark Moldwin, Professor, College of Engineering

Mike Solomon, Dean, Rackham School of Graduate Studies & Vice Provost for Academic Affairs – Graduate Studies

Mark West, Dean, Law School

Ram Mahalingam, Professor, College of Literature, Science, and the Arts

John Piette, Professor, School of Public Health

**Appendix 5**  
**List of stakeholder meetings**

<b>Date*</b>	<b>Group</b>	<b>Attendees</b>
<b>March 10</b>	SL Leadership Assembly	84
<b>March 15</b>	Student Governance Structures - CSG, University Council (includes all school/ college, RSG), etc.	8
<b>March 17</b>	Advisory Boards	20
<b>March 22</b>	Identity Groups (CCAC representatives, Blavin and SOCLF)	11
<b>March 23</b>	CAPS Staff plus other SL staff guests	57
<b>March 24</b>	Deans/APG Meeting	39
<b>March 24</b>	VPSL Student Advisory Board	23
<b>March 24</b>	General Student Session (invite other programs)	Combined with VPSL Student Advisory Board
<b>March 25</b>	Targeted SL Staff Session (UHS, WW, SSD, SAPAC, Multi-Ethnic Student Affairs (MESA), Trotter Multicultural Center, Spectrum Center, Recreational Sports, DOS, FSL, CC, Res Ed, FYE)	54
<b>March 26</b>	SRAC	15
<b>April 1</b>	General Faculty/Staff Session	38
<b>April 5</b>	Academic Advisors - ACUM exec board	8
<b>April 5</b>	CAPS students - WSN, CIA and Peer Counselors	40
<b>April 6</b>	Specific session for Graduate/Professional Governance Structure Students	15
<b>April 9</b>	Associate Deans (ADP) -Valeria/Dilip	37
<b>April 20</b>	Undergraduate Admissions Advisory Council	48

\* All meetings occurred in 2021.

## **Appendix 6**

### **Report of Survey Comments Submitted by Stakeholder Participants**

After meeting with the groups listed in Appendix 5, each attendee was provided a link to a survey to provide additional feedback on the work the committee had done thus far and what was needed on campus. The response to the survey was extensive and the input received shaped the recommendations in this report. A summary of both the qualitative data provided on relative importance and qualitative feedback is provided here: [Survey data](#)

## Appendix 7

### Okanagan Charter and Adopting Institutions

#### Okanagan Charter & United States Health Promoting Campuses Network (USHPCN)

#### Overview Document

***Okanagan Charter:*** The Okanagan Charter is a guiding and aspirational document that was developed as an outcome of the 2015 International Conference on Health Promoting Universities and Colleges. Health promotion scholars and professionals from around the world gathered to create this document. Its purpose is to guide colleges and universities, using their unique positions and roles in research, teaching, and service to their communities, to be leaders for the world in developing and modeling health-promoting strategies in their campus settings. Local communities could then learn from their example and modeling, thus influencing global health and well-being strategy. The key is moving beyond traditional approaches of influencing individual behavior, and moving upstream to systems level and environmental strategies that influence the health and well-being of person, place, and planet.

***National Networks:*** After the development and release of the Okanagan Charter in 2015, several countries used the document as a foundational tool to create national networks of campuses that would use the Charter to guide their well-being initiatives and work. Today strong national networks exist in the United Kingdom, Canada, New Zealand, Germany, and Ibero-America, among others. The United Kingdom, behind the leadership of Dr. Mark Dooris, and Canada, behind the work of Dr. Matt Dolph, are recognized global leaders in this work.

***United States Health Promoting Campuses Network (USHPCN):*** Talk of the Okanagan Charter in the United States began to take off in early 2018, at the NASPA Strategies Conference in Portland, Oregon. Dr. Mark Dooris (U.K.) and Dr. Matt Dolph (Canada) were keynote and session presenters, respectively, sharing the work they were doing to advance systems level work in health promotion on campuses across their countries. Talk began of starting a network in the U.S. In January of 2020, as a NASPA Strategies Pre-Conference session, 30-40 campuses gathered in New Orleans, Louisiana to hear more formally about the Okanagan Charter and the movement to create a national network. From that meeting, several campus representatives met again in April (via Zoom, due to the pandemic) to discuss building a network. Since then, an Executive Committee has been formed to guide the network, over 40 campuses are now part of the network, the network has monthly meetings (since November 2020) to guide the movement, and the first USHPCN Summit was held in February (2021), where Mark Dooris and Matt Dolph were the featured speakers. The goal of the network is to guide and support campuses, as they navigate the process to adopt the Okanagan Charter as an aspirational document to guide their campus well-being efforts from a comprehensive and systems level approach. Once a campus adopts the Charter, the USHPCN becomes a support network that helps campuses define, develop strategies, and create metrics for what it means to be a health promoting campus, as it will be different for each campus, based on their unique circumstances, resources, and needs. The network is also adding new campuses along the way.

***Cohorts:*** At the USHPCN Summit, the campuses self-selected an adoption cohort that made sense for them. There was the first cohort, which included campuses with intention to adopt within the 2021 calendar year. The signing date for the 2021 cohort is September 1, 2021. Campuses can sign on or before that date, but there will be a national effort to recognize the campuses who have signed on or before the signing date. The rest of the campuses were at least a year out from adopting. Each year, a new cohort of campuses will self-select into the next calendar year's cohort, with two signing dates (one in the spring and one in the fall).

## **United States Health Promoting Campuses Network (USHPCN)**

### **Roster of Campuses**

#### **2021 Cohort of Campuses (will sign/adopt the Okanagan Charter in 2021):**

Northern Illinois University  
State University of New York, Albany  
University of Alabama, Birmingham \*  
University of California, Berkeley  
University of California, Irvine  
University of Georgia  
University of North Florida  
Western Washington University

*\* Officially adopted in December 2020*

#### **Complete list of Network campuses:**

Arizona State University  
Butler University  
Central Washington University  
Clemson University  
Florida International University  
Illinois State University  
Johns Hopkins University  
Northern Illinois University  
Northwest Missouri State University  
Ohio State University \*\*  
State University of New York, Albany  
University of Alabama  
University of Alabama, Birmingham  
University of California, Berkeley \*\*  
University of California, Davis \*\*  
University of California, Irvine \*\*  
University of California, Los Angeles \*\*  
University of California, Merced  
University of California, Riverside  
University of California, San Diego \*\*  
University of California, San Francisco  
University of California, Santa Barbara \*\*  
University of California, Santa Cruz \*\*  
University of Chicago \*\*  
University of Connecticut  
University of Delaware  
University of Florida \*\*  
University of Georgia

University of Houston  
University of Iowa  
University of Michigan \*\*  
University of Mississippi  
University of North Carolina, Asheville  
University of North Carolina, Charlotte  
University of North Florida  
University of Southern California \*\*  
University of Tulsa  
University of Washington \*\*  
University of Wisconsin, Madison \*\*  
Wake Forest University  
Western Washington University  
*\*\* AAU (Association of American Universities) Member Institution*

**University Systems:**

California State University System (23 campuses)  
University of California System (10 campuses)

*Updated May 5, 2021*



## **Appendix 8**

### **Collective Impact Infrastructure Institutionalized Plan**

Creating a collective impact infrastructure requires “cascading levels of collaboration.”

**We propose four levels: an Advisory Council; a Steering Committee, Work Groups, and a Backbone Structure.**

The **Advisory Council** is composed of institutional partners with deep expertise who can provide advisory guidance on emerging research, provide community connection, content area expertise, and bridge the decentralization of campus. This group typically would meet 2-3 times a year.

- Vice Provost for Equity and Inclusion & Chief Diversity Officer
- VP Information Technology
- School of Social Work- Center for Health Equity Research and Training
- Dean School of Public Health
- Office of Enrollment Management Director (add in fall 2021)
- University Human Resources
- Academic Innovation
- Poverty Solutions
- President’s Commission on Carbon Neutrality/Graham Sustainability Institute
- Campus Planning
- The Depression Center
- Provost Office\*
- AVP for Health and Well-being\*
- Chief Health Officer\*
- Dean of Students\*
- Wolverine Wellness Director\*
- Backbone Support - Project Manager\*

\*We have identified several key positions on campus that would serve on both the Advisory Council and the Steering Committee.

The **Steering Committee** is composed of diverse cross-sector representation of the relevant ecosystem that provides strategic direction for the Collective Impact initiative and champions its work. Decision-makers that provide strategic guidance, vision, and oversight. This group defines and/or refines the common agenda as needed, including problem definition, goals, and indicators. It also provides leadership by championing the effort broadly in the community. It fosters connections within (e.g., among work groups) and outside the coalition (e.g., with other community initiatives) to ensure coordination and efficiency.

Representatives from academics, Student Life, the student body, and other groups will constitute the initial Steering Committee.

The Steering Committee, working together with the backbone structure, will determine future committee membership on an ongoing basis. This group meets approximately every six to eight weeks. Suggested membership on the initial group may include:

**Academics: Deans or Associate Deans from the Following Units**

- Rackham School of Graduate Studies
  - Medicine
  - Business
  - Engineering
  - Literature, Science, and the Arts
  - Music, Theatre & Dance
- (this group will inform APG of initiatives)

**Student Life (SL) Units: Representatives from the Following Organizations**

- UHS
- CAPS
- SSD
- Housing
- Recreational Sports
- SAPAC
- Dean of Students
- Ginsberg Center
- SL DEI Lead
- SL Sustainability Lead
- International Center
- Well-being Network lead

**Student Representation**

- Student Well-being Network leads (TBD) undergraduate/graduate student representatives
  - Rackham Graduate Students
  - Central Student Government (CSG)
  - Rackham Student Government (RSG)
  - Diversity Student Organization Representatives
  - University Council
  - Residence Halls Association
  - Fraternity and Sorority Life

**Other**

- CRLT
- Academic Advising AACUM representatives
- Office of New Student Programs (ONSP)
- Honors
- Foundational Course Initiative
- Athletics
- Office of Diversity, Equity and Inclusion (ODEI)
- Senate Advisory Committee on University Affairs (SACUA)
- Lecturers' Employee Organization (LEO)
- Graduate Employees' Organization (GEO)
- Provost's Office\*

- AVP for Health and Well-being\*
- Chief Health Officer\*
- Dean of Students\*
- Wolverine Wellness Director\*
- Backbone Support - Project Manager\*

\*We have identified several key positions on campus that would serve on both the Advisory Council and the Steering Committee.

**Work Groups** focus on the initiative's primary strategies. Work groups develop their own plan for action organized on specific shared measures. Work Groups are sub-groups reporting to the Steering Committee that help choose and implement strategies, engage community members, and track progress towards goals. Members are relevant subject matter or community experts. Work groups typically have co-chairs and meet regularly.

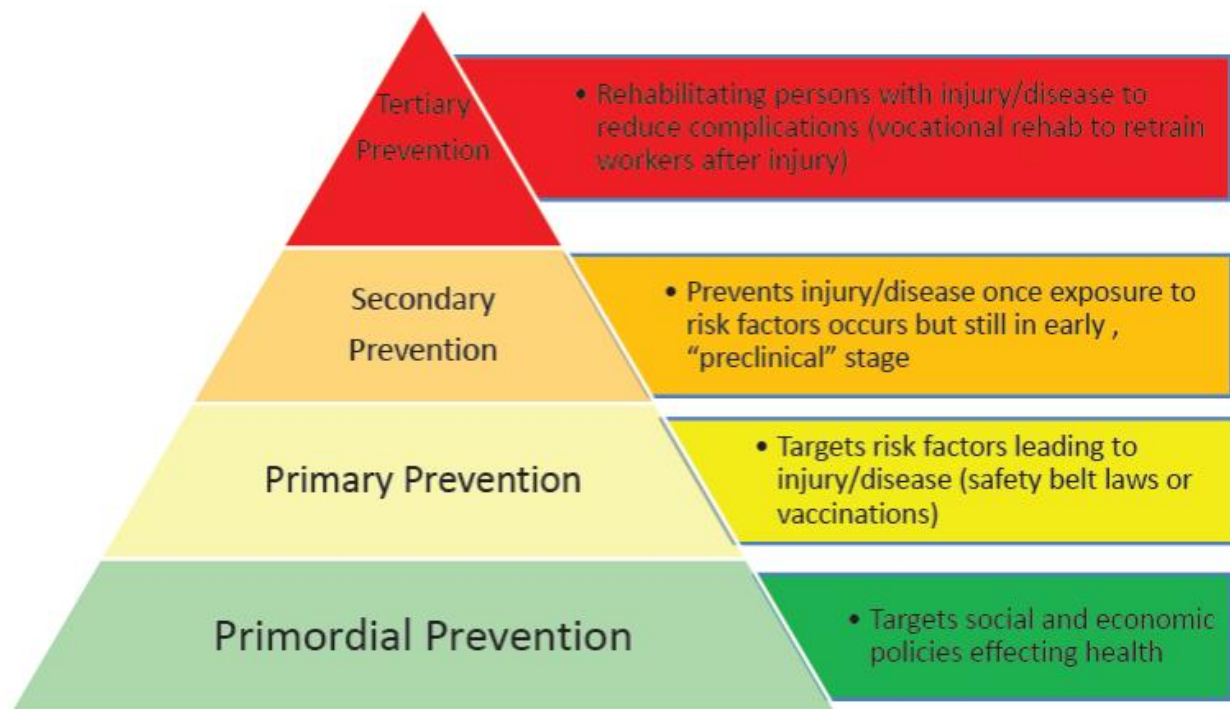
While the Work Groups will change over time, we recommend that the initial Work Groups be formed to advance the recommendations of the committee in summer 2021.

The initial work groups will focus on the following areas:

1. Collaborate with ODEI and DEI leads in SL and Schools/Colleges to Embody principles of social justice, equity, and respect for diversity in this work
  - Recognize the interconnectedness between people's health and health determinants, including social and economic systems
  - Evaluate disparate health impacts and integrate equity solutions across the institution
  - Assess social determinants of health for students accessing physical and mental health care provided at the institution.
2. Development of technology resources
3. Building Faculty Capacity
4. Examining Academic Processes
5. Expanding/Improving Access (secondary and tertiary)
  - Implementing IAM CAPS model
  - Continuum of Care transitions
  - Expanded Complex Care Management Team
  - ADHD Protocol
6. Expansion of Wellness Coaching
  - Develop Well-being Academy Training
  - Increase Trained Wellness Coaches- graduate students
  - Pilot Identity-based Intervention and Plan for YBMen Project
7. Expansion of Student Engagement Opportunities
  - Development of Student Well-being Network
  - Expansion of Resource Navigation Program
8. Rackham Graduate Mental Health Standing Committee
  - \*\* this is an existing standing committee
9. Expansion of Parent/Family Partnerships and Programs

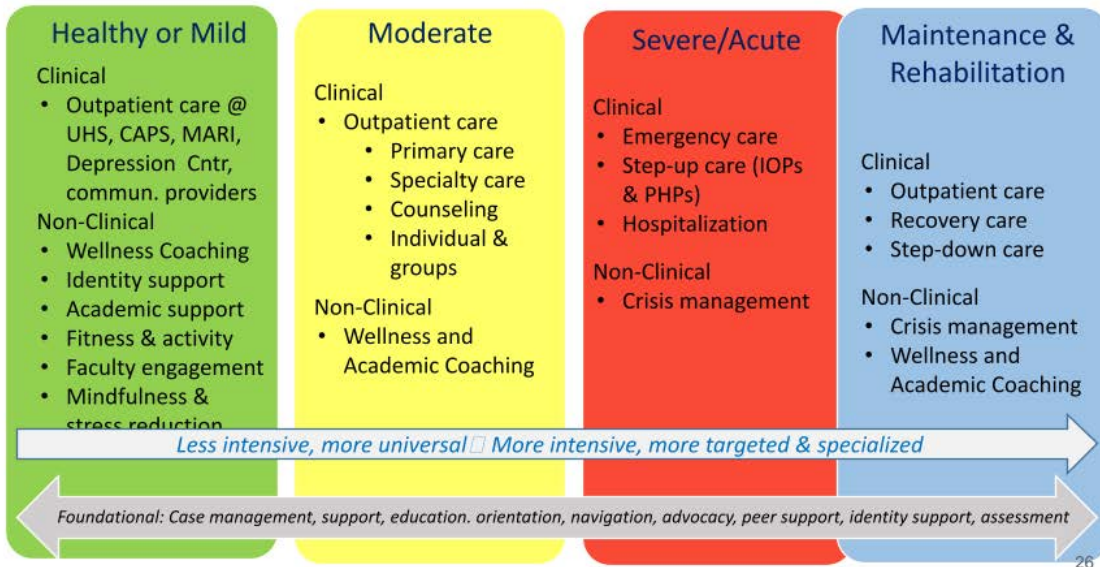
**Backbone Structure** maintains the strategic coherence of the effort. The backbone structure will help coordinate logistics of the Advisory Council and the Steering Committee, and supports the Work Groups co-chairs. The Backbone structure encourages the sharing of best practices among the Steering Committee members and the Work Groups. It monitors outcome indicators and performance measures related to the common agenda. It helps the Work Groups evaluate progress and to inform system improvement. The backbone structure fosters one-on-one relationships with Steering Committee members and other key stakeholders. This will include a project manager to support the overall initiative and the Wolverine Wellness Staff.

## Appendix 9 Continuum of care<sup>9</sup>



<sup>9</sup> Acknowledgment: Diagrams from Lindsey Mortenson, MD, Interim Executive Director of UHS, UHS Medical Director, Chief of UHS Psychiatry Clinic

# Student Mental Health Continuum of Care

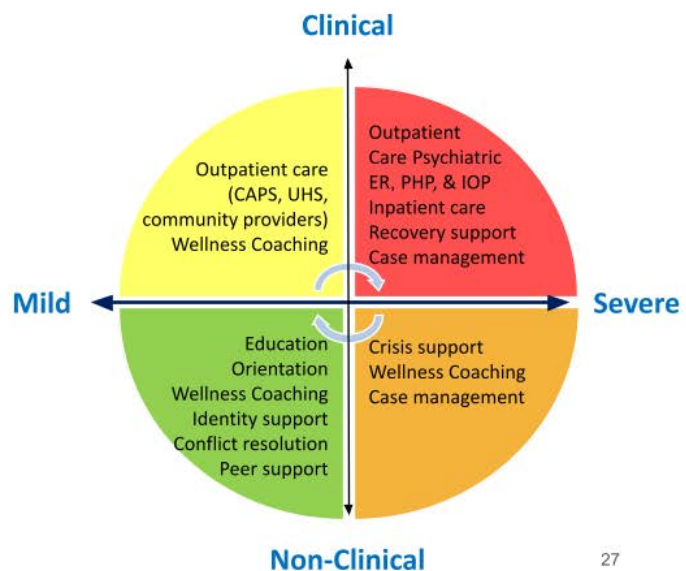


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# Student Mental Health Continuum of Care

## Key points:

- Students move through these quadrants at different times of their academic career at U-M
- Both clinical & non-clinical interventions are important
- Interventions should be:
  - Across the prevention spectrum
  - Layered & tiered
  - Universal & targeted
- Certain services are foundational:
  - Education, identity support, case management, peer support, advocacy, assessment, orientation, navigation



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**Appendix 10**  
**Wellness Courses**

<b>Undergraduate &amp; Graduate Well-being Courses at the University of Michigan, Ann Arbor (Updated 5/16/2021)</b>						
<b>School/ College</b>	<b>Course #</b>	<b>Course Title</b>	<b>Professor/Instructor</b>	<b>Contact</b>	<b>Credits</b>	<b>Semester(s) Offered</b>
<b>Holistic Well-being</b>						
<b>LSA</b>	ALA 240/270	Living Well in College and Beyond	Kellie Carbone, Joy Pehlke, Janet Jansen	wellnesscourse@umich.edu	2	F, W
<b>LSA</b>	ALA 171	Making the Most of Michigan	Patricia Gurin	pgurin@umich.edu	1	F
<b>LSA Honors</b>	HONORS 240	Honors Core Writing in Social Science - Wellness	Mika LaVaque-Manty	mmanty@umich.edu	4	F, SP/S
<b>Pharmacy</b>	P507	Well-Being for Professional Success	Jolene Bostwick	jkingsbu@umich.edu		
<b>Ross</b>	ES 440	Building Healthy Business		oneils@umich.edu	1.5	F
<b>SMTD</b>	Wellness 200/500	Wellness for the Performing Artist	Deedee Ulintz	dianals@umich.edu	1	W
<b>LSA</b>	German 232	German - Wellness	Catherine Alice Marquardt	cmarquar@umich.edu	4	F
<b>LAW</b>	Law 685	Designing your Life in the Law	Bridgette Carr Vivek Sankaran	vss@umich.edu	2	W
<b>Spiritual Well-being</b>						
<b>LSA</b>	Psych 401 (topics)	Religion and Spirituality	Brian Malley	bmalley@umich.edu	3	W
<b>LSA</b>	Psych 418	Psychology and Spiritual Development	Richard Mann	rdmann@umich.edu	3	W

<b>LSA</b>	Asian 325	Zen: History, Culture, and Critique	Benjamin Brose	bbrose@umich.edu	4	W
<b>SPH</b>	Pubhlth 250	On Purpose: Designing and Living a Big Life	Vic Strecher	strecher@umich.edu	3	F
<b>Intellectual Well-being</b>						
<b>LSA</b>	Psych 443	Creativity	Colleen Seifert	seifert@umich.edu	3	W, SP/S
<b>LSA</b>	Psych 314	Positive Psychology	Nansook Park	nspark@umich.edu	3	F
	UArts 150	Intro to the Creative Process	Jeremy Edwards	jredward@umich.edu	4	F
<b>LSA</b>	Phil 183	Critical Reasoning	Anna Edmonds	annaedmo@umich.edu	2-3	F, W
<b>LSA</b>	German 309	Imagination	Frederick Amrine	amrine@umich.edu	3	F
<b>Emotional and Mental Well-being</b>						
<b>LSA</b>	Psych 120	PSYCH 120 - First-Year Seminar in Psychology as a Social Science	varies (special topics)		3	F
<b>LSA</b>	Psych 314	Positive Psychology	Nansook Park	nspark@umich.edu	3	F
<b>LSA</b>	Psych 390	Mindfulness and Engaged Living	Ramaswami Mahalingam	ramawasi@umich.edu	3	W
<b>LSA</b>	Psych 401 (topics)	Mindfulness, Leadership and Creativity	Ramaswami Mahalingam	ramawasi@umich.edu	3	W
<b>LSA</b>	Psych 401 (topics)	The Science of Happiness	Dina Gohar	dgothar@umich.edu	3	W
<b>LSA</b>	Psych 401 (topics)	Psychology of Mindfulness, Creativity, and Leadership	Ramaswami Mahalingam	ramawasi@umich.edu	3	unknown
<b>LSA</b>	Psych 402 (topics)	The Compassionate Brain	Daniel Porter		3	Unknown
<b>SPH</b>	Pubhlth 300	Behavioral and Social foundations for Health Professions	Victor Strecher	strecher@umich.edu	3	F
<b>SMTD</b>	Wellness 200	Wellness for the Performing Artist	varies		1	W



<b>Kinesiology</b>	SM 437	Psychology of Sport and Exercise	Terri Wohl	terriwoh@umich.edu		
<b>Kinesiology</b>	KIN 513	Kinesiology - Emotional Intelligence	varies	terriwoh@umich.edu	3	F, W
<b>SMTD</b>	Jazz 450/550	Contemplative Practices	Deedee Ulintz	dianals@umich.edu		
<b>Physical Well-being</b>						
<b>LSA</b>	Asian 304	Art of Yoga	Nachiket Chanchani	nachiket@umich.edu		
<b>SPH</b>	Pubhlth 310	Nutrition in the Life Cycle	Olivia Anderson	oliviasa@umich.edu	3	W
<b>LSA</b>	Anthrbio 364	Nutrition and Evolution	Maureen Devlin	mjdevlin@umich.edu	3-4	W
<b>LSA</b>	Womenstd 220	Perspectives in Women's Health	Joanne Bailey	jabailey@umich.edu	3	F, W
<b>LSA</b>	Womenstd 300	Men's Health	Timothy R.B. Johnson	trbj@umich.edu	3	F
<b>LSA</b>	Psych 401 (topics)	Health Psychology	Sarah Jonovich	jonovich@umich.edu	3	Unknown
<b>Kinesiology</b>	Movesci 340	Exercise Physiology	varies	terriwoh@umich.edu	4	F, W
<b>Kinesiology</b>	Movesci 443	Exercise & Successful Aging	Andrew Ludlow	atludlow@umich.edu	3	F, W
<b>LSA</b>	Womestd 400	Women's Reproductive Health	Lisa Harris	lharris@umich.edu	3	W
<b>SMTD</b>	Wellness 412/512	Yoga for Performers	Deedee Ulintz	dianals@umich.edu	1	F, W
<b>SMTD</b>	Wellness 220/520	An Introduction to the Alexander Technique: How to Sit, Stand, and Move with Flexibility and Strength	Deedee Ulintz	dianals@umich.edu	1	F, W
<b>Kinesiology</b>	MOVESCI 100	Movement Science 100 First-Year Seminar	Pete Bodary	pfbodary@umich.edu	1	F
<b>Kinesiology</b>	AES336	Methods of Instruction for Exercise	Weiyun Chen	chenwy@umich.edu	3	W
<b>Kinesiology</b>	AES 240	Principles of Physical Activity and Wellness	Weiyun Chen	chenwy@umich.edu	3	F, W

Social Well-being						
<b>LSA</b>	Phil 160	Moral Principles and Problems	Varies		4	F, W, Sp
<b>LSA</b>	Phil 361	Ethics	Peter Railton	prailton@umich.edu	4	F
<b>LSA</b>	ALA/Psych/Soc 122	Intergroup Dialogue	Stephanie Hicks	sdhicks@umich.edu	3	F, W, Sp
<b>LSA</b>	Psych 487	Psychology of Close Relationships	Amie M Gordon	amiemg@umich.edu	3	F
Environmental Well-being						
<b>LSA</b>	Environ 308	Sustainability and Health	Jason Duvall	duvallj@umich.edu	3	F
<b>LSA</b>	Environ 360	Behavior and Environment	Raymond De Young	rdeyoung@umich.edu	3	F
<b>SPH</b>	Publth 200	Health and Society	Emily Youatt; Alfred Franzblau	youatt@umich.edu; afranz@umich.edu	4	F, W
<b>SPH</b>	Publth 305	The Environment and Human Health	Laura Rozek	rozekl@umich.edu	4	W
<b>SPH</b>	Publth 414	Population Approaches to Mental Health	Briana Mezuk	bmezuk@umich.edu	3	F
<b>SPH</b>	HBEHED 671	Motivational Interviewing in Public Health	Ken Resnicow	kresnic@umich.edu	3	W
<b>SMTD</b>	Jazz 454	Finding Your Way	Martha Travers	mtravers@umich.edu	2	Sp, Su
<b>SMTD</b>	JAZZ 455/555	Nature-based Contemplative Practice	Deedee Ulintz	dianals@umich.edu		
<b>LSA RC</b>	RCHUMS 337/ENVIRON 337	Children Under Fire: Narratives of Sustainability and Leadership	Elizabeth Goodenough	lizgoode@umich.edu	3	W
Occupational Well-being						
<b>LSA</b>	Psych 467 (topics)	Identity at Work	Mari Kira	marikira@umich.edu	3	Unknown
<b>LSA</b>	Psych 467 (topics)	Positive Organizational Psychology	Mari Kira	marikira@umich.edu	3	W

<b>Engineering</b>	ENGR 490	Designing your Engineering Future	Joanna Millunchick	aduemillunchick@umich.edu	1	
<b>Ross</b>	BCOM 430/530	Positive Communication	Amy Young	baldwin@umich.edu	3	F
<b>Ross</b>	MO 302	Positively Leading People and Organizations	Lance Sandelands	lsandel@umich.edu	3	F, W
<b>Ross</b>	MO 321	Leadership in Organizations	David Mayer	dmmayer@umich.edu	3	F, W
<b>Ross</b>	MO 330	InterMission - An Action-Learning Expedition	Kevin Thompson	kbthomps@umich.edu	3	W
<b>Ross</b>	MO 355	Magnify: The Science and Practice of Flourishing at Work and Beyond	Monica Worline, Betsy Irwin	mworline@umich.edu; berwin@umich.edu	6	Sp/S
<b>Ross</b>	MO 414	Managing Change	Jeff DeGraff	qumuse@umich.edu	3	F
<b>Ross</b>	MO 440	Healthy Business	Stewart Thornhill	thorstew@umich.edu	1.5	F
<b>Ross</b>	MO 455	The Science of Flourishing at Work and Beyond	Monica Worline, Jane Dutton	mworline@umich.edu; janedut@umich.edu	3	W
<b>Ross</b>	MO 463	Creativity at Work: Theories and Practices	Jeff DeGraff	qumuse@umich.edu	3	W
<b>Ross</b>	MO 468	Professional Capstone: Designing Your Life to Thrive in the New World of Work	Gretchen Spreitzer, Betsy Erwin	spreitze@umich.edu; berwin@umich.edu	3	W
<b>LSA</b>	ALA 175	BLI Leadership Lab	Fatema Haque	haque@umich.edu		
<b>LSA</b>	ALA 375	Skills for College, Career, and Beyond	Sara Hoffman		3	W
<b>Education</b>	EDUC 275	Wellness for Learning, Teaching, Coaching, and Leadership			3	
<b>Engineering</b>	MSE 890 001	Colloq in Material Science	Debbie Mero	dmero@umich.edu		
<b>Engineering</b>	ENGR 490 004	Designing Your Engineering Future	Joanna Millunchick	joannamm@umich.edu	1	F

Financial Well-being						
Ross	Fin 302	Making Financial Decisions	Qin Lei	lei@umich.edu	3	F, W
LSA	ALA 115	The Financial Savvy Student	Kristin Bhaumik	kbhaumik@umich.edu	1	F, W
For additional resources, visit the <a href="#">Well-being for U-M Students webpage</a> Feedback about this list: ContactUHS@umich.edu						



# U-M Model of **Well-being**