SENATE COMMITTEE ON STUDENT AFFAIRS
MINUTES OF MEETING
DECEMBER 6, 2006

[In these minutes: Mental Health Task Force Report]

[These minutes reflect discussion and debate at a meeting of a committee of the
University Senate; none of the comments, conclusions, or actions reported in these
minutes represent the view of, nor are they binding on the Senate, the Administration, or
the Board of Regents.]

PRESENT: Maria McRae, chair, Nathan Pelzer, Jon Ruzek, Jean-Marie Del-Santo, Andy
Howe, Kim Roufs, Catherine Solheim, Caroline Younts

REGRETS: Kendre Turonie, Jennifer Engler, Carolyn Nayematsu, Tina Falkner

ABSENT: Amelious Whyte, Jenn Funke, Ian McConnell, Hilary Ploeckelmann, Jeffrey
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OTHER: Gabriele Schmiegel

GUESTS: Mental Health Task Force Co-Chairs Betty Benson and Barbara Blacklock

I). Maria McRae called the meeting to order.

II). Members unanimously approved the November 1, 2006 minutes.

III). Ms. McRae welcomed todayÕs guests, Betty Benson and Barbara Blacklock, co-
chairs of the Mental Health Task Force, which is a provostal committee on student
mental health.

To help set the context for todayÕs presentation, members were given the formal
definition of a psychiatric disability. Then, the differences between the medical model of
a disability and the socio-political model were contrasted. In the medical model, an
individualÕs disability is perceived as a problem with the individual, but, in the socio-
political model, the problem is viewed of in terms of the interaction between the
individual and his/her environment. Disability Services uses the socio-political model to
try and change the interaction in an individualÕs environment, which may result in
accommodations that would give the individual an equal opportunity to participate.
While the socio-political model does not in any way deter an individual from seeking
medical care for his/her condition, it simply has a different focus.

Next, members were given an overview of the needs assessment project: ÒExploring
Barriers and Opportunities for College Students with Psychiatric DisabilitiesÓ, which
was sponsored by the Fund for the Improvement of Postsecondary Education/U.S.

Department of Education. This grant was an outgrowth of a trend observed by Disabilities Services, which had to deal with an increasing number of students with documented psychiatric disabilities.

The goal of this grant was to:
- Gather comprehensive data on the needs of college students with psychiatric disabilities.
- Identify real and perceived barriers facing students with psychiatric disabilities on college campuses.
- Identify strategies for reducing or removing barriers in order to allow for full participation in post secondary education.

The grant looked at 13 institutions across the country in an attempt to determine if the increase in students with psychiatric disabilities was a national trend. Focus groups with faculty, administrators, on and off campus mental health and disability service providers and students were conducted at each of these 13 institutions.

The grant uncovered five major barriers that students with psychiatric disabilities face:
1. Stigma and stereotypes.
2. The complex nature of psychiatric disabilities.
3. Organizational and institutional barriers e.g. lack of service coordination on campuses.
4. Limited student resources and insurance.
5. Limited access to information and services.

Potential strategies for reducing these barriers were identified:
1. Improve clarity, coordination and communication among key stakeholders.
2. Ensure access to resources, training and strategies for key stakeholders.
3. Reduce student isolation.
4. Use the principles of Universal Instructional Design (UID) to alter classroom and teaching practices to better fit the needs of all students. UID focuses on making the classroom and the teaching that occurs in that classroom accessible to the greatest number of students without the need for specialized accommodations whenever possible.

Based on this sample of institutions, implications of these findings uncovered:
- The barriers that were identified were common to all institutions participating in the study.
- Barriers were being addressed using a crisis-management approach versus a more systematic approach.
- Students, faculty and providers often face barriers in isolation.
- There is a growing need for national leadership.
- Campus resources need to be better coordinated.

Consequences of not taking action on the findings uncovered include:
- Excessive use of staff time and other institutional resources.

- Increased stress for faculty and staff.
- Reduction in graduation rates.
- Personal loss for students from lack of awareness of resources.
- Potential for legal action.

Findings from this grant were shared with various groups on the Twin Cities campus and were well received. Based on input from these groups, it was determined that the benefits to the University for taking campus-wide action would include:
- A coordinated system of delivering services to students that is easy to access.
- A coordinated system of resources that would provide support for faculty and staff.
- Development and implementation of campus-wide strategies to reduce stigma.
- Collaboration on grant opportunities.

Since this grant has been completed, a provostal committee on student mental health was established in April 2005. Initially, this committee focused on students with psychiatric disabilities, but since that time the committee has expanded its scope and is looking at mental health from a broader perspective.

The charge to the mental health committee is to:
- Raise awareness about issues related to student mental health.
- Effect policy change.
- Improve conditions on campus for students with mental health conditions.
- Serve as a model of collaboration for our campus and other universities.

At this time, the mental health committee is focusing on two of the four strategies for reducing barriers for students, which were identified through the grant:
1. Improve clarity, coordination and communication among key stakeholders on campus.
2. Ensure access to resources, training and strategies for the key stakeholders.

Committee progress to date includes:
- A campus-wide mental health website for students, parents, staff and faculty - http://www.mentalhealth.umn.edu/
- Strengthening of liaisons between key players for mental health services on campus - UCCS (University Counseling and Consulting Services), Boynton Health Service: Mental Health Clinic and Disability Services.
- Tools for faculty and staff (http://www.ucs.umn.edu/)
- Creation of a mental health syllabus statement.
- A representative from Boynton Mental Health, UCCS, International Student and Scholar Services, and Disability Services collaboratively are available to provide training to departments on mental health issues. (Contact Betty Benson benso004@umn.edu or Barbara Blacklock black005@umn.edu for further information).

Moving on, proactive strategies to support student mental health were shared:
- Create a welcoming environment for all students.
- Maintain awareness of barriers students with mental illness face.
- Consider joining a campus-based Active Minds group (http://www.activemindsoncampus.org/).
- Promote on-campus alternative health resources e.g. massage, etc.
- Consider promoting use of a *Mental Health Services Syllabus Statement.*
- Identify strategies to increase awareness that mental illness may be a disability.

Next steps for the mental health committee include:
- Work on identifying Ôred flagÕ issues for faculty, staff, students and parents.
- Coordinate services for complicated situations e.g. confidentiality, medical withdrawals, and tuition refund appeals.

MembersÕ comments and questions included:
- Is this report on the Disability Services website? The executive summary of this report is on the Disability Services website at: http://ds.umn.edu/outreach/executivesummary.html
- What should a faculty member do when they receive a call from a concerned parent given the fact that the faculty member cannot divulge information about the student? It was suggested that parents be directed to the new campus-wide mental health website at http://www.mentalhealth.umn.edu/.
- Were student demographic questions asked as part of this grant? If so, were students asked if they lived on or off campus? This question was not asked, but other questions such as age, etc. were asked. This would have been an interesting question to ask.
- Were there notable differences in terms of the themes voiced by students who attended a community college versus residential institutions? Initially it was expected that there would be differences, but in reality no noteworthy differences were uncovered.
- What is the best approach for reaching people that do not understand mental illness or do not believe that it can be a disability? Activities are being planned at CMU to generate interest on this topic and draw in some of these people. Also, the Disabled Students Cultural Center (DSCC) is planning campus-wide mental health activities.
- What should a faculty member do if they have a student with mental health problems who is not meeting the class requirements set out in the syllabus, but has not shared his/her situation with the instructor? It was suggested that the faculty member talk with a counselor at UCCS (walk-in counselors are available) to talk to through the issues.

In closing their presentation, Ms. Benson and Ms. Blacklock thanked the committee for their interest in this topic and for the invitation to present their findings at todayÕs meeting. Also, a quote by Margaret Mead was read aloud, *ÒNever doubt that a small group of thoughtful committed citizens can change the world. Indeed itÕs the only thing that ever has.Ó*

IV). Hearing no further business, Ms. McRae adjourned the meeting.

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Renee Dempsey
University Senate

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