

# Minnesota

UNIVERSITY OF MINNESOTA ALUMNI ASSOCIATION SUMMER 2021

# ALUMNI



## *SUICIDE SURVIVOR*

In late 2019, Shannon Brooks—a U of M senior and running back on the Gopher football team—was lonely, depressed, and desperately missing his mom, who had

recently passed away. In a dark, confused

moment, he deliberately stepped

into the side of a speeding train.

Miraculously, Brooks lived.

Today, he wants to help

others struggling with

their mental health

avoid the nearly fatal

mistake he made. PAGE 16



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# Summer 2021



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# Out of the Shadows



For most of us, the last year or so turned the words “How are you?” into something more than just a reflexive preamble to a breezy chat. Instead, as we virtually checked in with far-flung family or distant friends, we really, *really* needed them to answer that question.

The pandemic has been perhaps the greatest collective strain many of us will ever experience. Over roughly 14 months, we’ve become conversant with mask etiquette, inured to quarantines, and desperately aware of ever-

climbing case counts. Yet while the pandemic marched across the globe multiple times, we were also often left feeling like helpless observers in a world caught holding its breath.

And when George Floyd was killed last May, the trauma each of us has been feeling rocketed to heights that have felt almost unbearable.

Mental health practitioners know that living through extraordinary, unrelenting stress takes a serious toll. Individuals who’ve survived battlefield conditions without physical harm can often still be brought low by post-traumatic stress, where accumulated psychic damage becomes a constant—and vicious—companion.

Today as we begin to anticipate returning to something approaching normal, we’re left to uneasily wonder what lasting effects this global event will have? For those grieving lost loved ones, the hope brought by vaccines or new treatment protocols that still came too late for their family may feel deeply unfair. For individuals suffering mysterious “long haul” Covid symptoms, the promise of a better tomorrow may seem impossible.

And even for those of us who were fortunate enough to avoid infection or losing our livelihoods, we may still experience tinges of residual sadness that we can’t quite put our finger on.

If there is a light to be found here, it’s that admitting we’re struggling with our mental health no longer carries with it the stigma it once did. Good mental health has become a basic human right to be acknowledged, discussed, and nurtured.

If you’re one of the many people feeling unmoored right now, simply recognizing and saying out loud that you’re scared or anxious or profoundly sad is a critical first step. Then reach out for help. Skilled therapists can help all of us talk through confused feelings. And in many cases, medications may help lighten the load or rebalance brain chemistry that’s become wobbly.

In this issue, we look at the topic of mental health from a variety of angles. We speak with U of M researchers and alumni who are working within this sphere and hear from others who have firsthand experience with the subject.

And once you’ve had a chance to read this issue, please drop me a note at the address below. I’d like to know: *How are you?* ■

Kelly O’Hara Dyer can be reached at [ohara119@umn.edu](mailto:ohara119@umn.edu).

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*Minnesota Alumni* (ISSN 2473-5086) is published four times yearly—in September, December, March, and June—by the University of Minnesota Alumni Association, 200 Oak St SE, Suite 200, Minneapolis, MN 55455-2040. Periodicals postage paid at St. Paul, Minnesota, and additional mailing offices. POSTMASTER: Send address changes to *Minnesota Alumni*, McNamara Alumni Center, 200 Oak St SE, Suite 200, Minneapolis, Minnesota, 55455-2040  
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**Praise for 'The Heat Is On'**

Thank you for devoting an entire issue to climate concerns. I realize I wear rose-colored (maroon?) glasses regarding all things Gopher, but I always enjoy the alumni magazine. I learn a great deal and appreciate seeing the connections of the U of M in the greater Minnesota community.

This issue was especially timely. Thanks!

*Mary Kemen (B.S. '78, B.S. '79, M.D. '84)  
Cedar Rapids, Iowa*

**And for 'Centennial on Ice'**

As a longtime avid college hockey fan, I was delighted to read the article "Centennial on Ice" in the Spring 2021 issue of the magazine. My paternal grandfather, William Julius Russell, played on a UMN club hockey team prior to the University's granting hockey varsity sport status. I especially liked the photo of the crowd taken at Mariucci Arena in the 1960s: All eyes seemed to be focused on the game, unlike today when many spectators' eyes would be staring at the cellphones in their laps!

*Judie Henry (A.A. '64, GC)  
Pinehurst, North Carolina*

Nice article! ["Centennial on Ice"] I didn't miss a Gopher game between '72 and '84, when I moved East. I loved the picture above the second deck at old Mariucci—it was one the best places in college hockey to watch a game and it was the student section when I was in school. The new rink has no bad seats, but none as good as those balcony chairs. (Those of you old farts like me who are nostalgic for that view should catch a game at Matthews Arena, Northeastern's home rink. They've got a balcony that puts one almost out over the rink, just like in the Gophers' old barn.)

*Gregg Anderson (B.A. '76)  
Amherst, Massachusetts*

**Spotlight on Science**

Thank you for running the article "On the Frontlines of Covid-19" in the Spring 2021 issue of *Minnesota Alumni*. Medical laboratory scientists are often behind the scenes, so recognition of the important role they play is always appreciated.

*Toni Okada (B.S. '68)  
Mercer Island, Washington*

“I didn't miss a Gopher game between '72 and '84....I loved the picture above the second deck at old Mariucci—it was one the best places in college hockey to watch a game.”

*Gregg Anderson, B.A. '76*

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## Smart Birds

Over the past decade, wild turkeys have become a familiar sight on campus. Facilities Management says up to 100 birds have been seen around the Fulton Triangle at various times. There have even been reports of turkeys seeming to observe crosswalk boundaries when crossing campus streets, sometimes with their young in tow.

Photo by Eric Miller



## U of M Studies Alzheimer's and Dementia Risks

The University of Minnesota recently received \$14.2 million in new funding from the National Institute on Aging (NIA) to better understand how early-life conditions and experiences shape later-life risk of Alzheimer's and other dementias. The funding will build on an ongoing \$28.4 million High School & Beyond cohort study, which started with a \$500,000 pilot study funded by the Alzheimer's Association in 2020.

The NIA-funded project, based at the U of M's Minnesota Population Center (MPC), brings together an interdisciplinary team to understand the biological pathways through which health inequities in cognitive impairment form.



# The Power of PAWS

FINDING NEW WAYS to help students and others at the U of M manage stress has long been a priority at the University. One of the more novel—and popular—efforts is known as PAWS (Pet Away Worry & Stress).

With PAWS, individuals can sign up to spend time with registered therapy animal teams—including dogs, bunnies, cats, guinea pigs, miniature horses, and chickens—for a little animal interaction and companionship. The program is administered through the University's Boynton Health clinic.

According to Tanya Bailey (Ph.D. '20), animal-assisted interactions program coordinator for PAWS, the group started in as a once-a-week program in 2013 and uses a public health approach to student mental health.

By the 2016-17 school year, the program began operating four days a week throughout the campus and once a month during the summer months of June, July, and August. A monthly evening event was started in 2018-19.

All animals are registered therapy animals and have, along

with their human partner, completed extensive training and evaluation in order to be part of PAWS. The program now averages around 100 teams.

Pre-Covid, combined regular weekly PAWS sessions averaged over 11,000 visits, Bailey says.

On average, students stay for around 30 minutes, and close to 10 percent attend PAWS gatherings more than 10 times a year.

More than 70 percent of students believe attending PAWS helps them relieve stress.

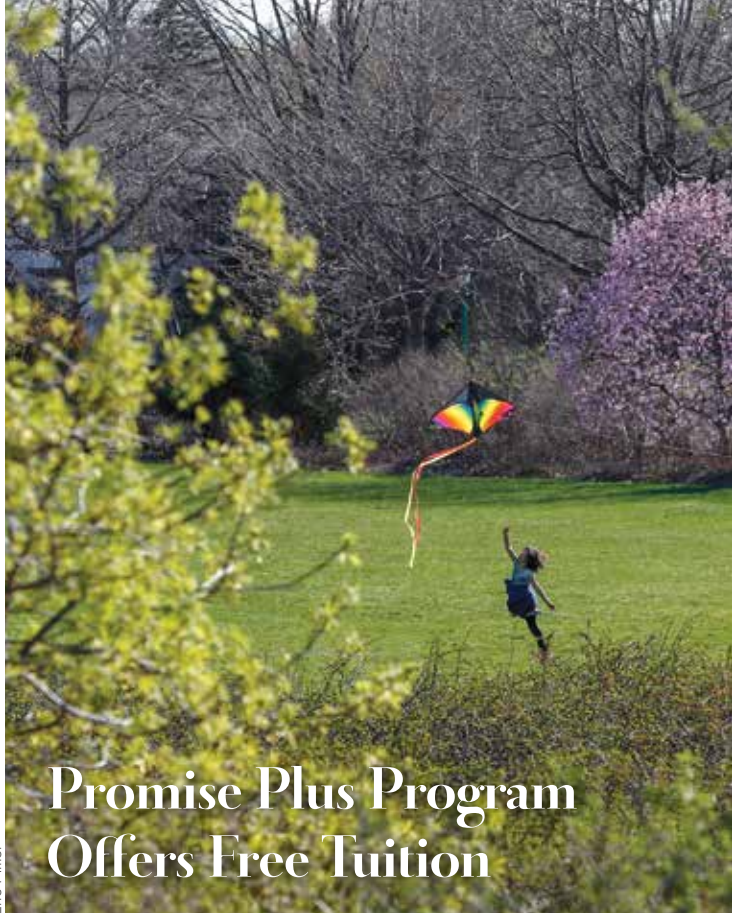
## U of M Students Receive Scholarships in Honor of George Floyd

WHEN RAYNA TAYLOR, below, a student at the Twin Cities campus, heard about George Floyd's murder in May 2020, she was shocked and frustrated—but not surprised. “How many times do we have to see this? How many times do we have to go through this as a community?” says Taylor, the first recipient of the University of Minnesota Scholarship in Honor of George Floyd. “But it hit harder this time because it was in the place I call home.”

Taylor says the scholarship gives her hope as she begins the next chapter of her life. “It means a lot to me that people are willing to invest in the future of this up-and-coming generation—especially in the Black community, where sometimes we feel unheard or left out,” she says. “They’re opening up a new door of opportunity for me, and for others in the Black community.” Krysja Johnson, a UMN-Rochester student, also received a U of M scholarship in honor of George Floyd. As of March 5, 442 donors had contributed \$100,634 to the scholarships.



Liz Benfield



Eric Miller

## Promise Plus Program Offers Free Tuition

THE UNIVERSITY of Minnesota's new Promise Plus Free Tuition Program makes a U of M education possible for low-income Minnesota resident students across the University's five campuses.

Promise Plus ensures that families making less than \$50,000 will have their student's tuition covered by federal, state, and University grants or scholarships.

The program provides the remaining funds needed to cover the full cost of tuition but does not include cost of attendance such as housing, fees, or books. Incoming freshmen are eligible to receive eight consecutive semesters (four years) of free tuition

as long as they meet eligibility requirements.

The Promise Plus program will be offered to incoming students (new freshman) who enroll in the fall 2021 semester. It complements the University U Promise Scholarship, which supports students with family income levels up to \$120,000.

If a student is admitted to the University and has completed the FAFSA, he or she will automatically be reviewed for both the U Promise Scholarship and the Promise Plus Free Tuition program.

“On behalf of a grateful University, we stand in appreciation of his exemplary life of dedication and service to Minnesota and the world...”



U of M President **Joan T.A. Gabel** on alumnus and Vice President **Walter Mondale**, who died in April at the age of 93

“I feel like I wasn’t really a part of the school culture until I’d been to a football game. Now that we’re here, I feel a lot more at home.”

Freshman **Russell Brown**, speaking to KMSP TV about attending the May 1 Gophers’ football game. Seats were limited to 10,000 spectators because of Covid-19 concerns, and tickets sold out in two hours.

## U of M Joins Taskforce on Higher Education and Opportunity

IN MID-MARCH, the University of Minnesota joined nearly 40 institutions to launch the Taskforce on Higher Education and Opportunity, an effort to find new ways to support students.

The group plans to address challenges caused by the pandemic, income inequality, the changing nature of work, and levels of unemployment among recent college graduates, which are nearly double those seen in the 2008 recession. The Taskforce brings together leaders from across American higher education, including public, private, two-year, and four-year institutions, that represent 2.5 million students nationwide.

Members are focused on ensuring student success, despite the worst recession since World War II, by partnering with local communities and reimagining how higher education is delivered.

Schools will address new goals set every six months. The first round of initiatives deals with preparing 2021-2023 graduates to succeed in the post-pandemic economy. As a first step, the University is enhancing its U of M Employer Survey, which helps improve student job readiness by clarifying employer and industry expectations.

“As a result of this [survey], we know whether the academic and cocurricular experience we offer aligns with employer and industry expectations—specifically, those elements most and least important to our employers, which include the most per capita Fortune 500 companies in the nation,” says President Joan Gabel. “The uniqueness of this survey represents a new concept; higher education just doesn’t have this feedback.”

## New Regents Elected

Four new regents—Ruth Johnson, Doug Huebsch, James Farnsworth, and Kodi Verhalen—were selected by the Legislature in March. The Board of Regents now has five women serving in governance, a first for the U of M.

The 12 volunteer members of the Board of Regents each serve a six-year term. Eight members each represent one of the state’s congressional districts, and four are at-large members.



**Ruth Johnson**, elected from the 1st Congressional District, is from Rochester, Minnesota. She is a physician at the Mayo Clinic and served on the board of trustees at Augsburg University for 17 years.



**Doug Huebsch** (B.S. ‘85), a former chair of the University of Minnesota Alumni Association, was elected to the 7th District seat, representing northwestern Minnesota. Huebsch is a farmer and small business owner in Perham, Minnesota.



**James Farnsworth**, from St. Paul, represents the 4th District seat on the board. He is a fourth-year student, and has served in the Minnesota Student Association and on University Senate committees.



**Kodi Verhalen** (B.S.C.E. ‘04) from Elk River, Minnesota, represents the 6th District seat. She graduated from the University of Minnesota-Duluth and works as an engineer and attorney.



# The Iron Range

Researchers at the U of M are making significant advances in understanding the link between early iron deficiency and long-term mental health risks.

*By Kelli Billstein*

**A**lthough iron is a powerhouse nutrient that builds and supports strong bodies, it can be challenging to get enough of—especially if you're pregnant.

U of M researchers have discovered that getting enough iron during pregnancy is more important than previously recognized. In fact, iron deficiency during fetal development is linked to a higher risk of certain long-term mental health outcomes.

Michael Georgieff, M.D., codirector of the new Masonic Institute for the Developing Brain and executive vice chair and professor at the Department of Pediatrics at the U of M, has spent the majority of his career studying the mechanisms by which iron deficiency affects the brain, particularly in young children.

A recent recipient of the Agnes Higgins Award from the March of Dimes Foundation, Georgieff and his research colleagues found that getting



“Iron deficiency during the first trimester may lead to a heightened risk of autism; during the second, risk of schizophrenia; and the third, risk for depression.”

enough iron to the fetus throughout pregnancy is critical to brain development.

“Unfortunately, pregnancy is an iron-deficiency state just waiting to happen,” Georgieff says. “A pregnant woman needs a lot more iron because she’s not only feeding her own needs, she’s also satisfying the needs of the fetus.”

Most obstetricians prescribe iron, and it’s found in most prenatal vitamins, but the problem is that iron levels are not routinely measured in expectant mothers. And they should be. “You need iron in order to support structural growth of the brain,” Georgieff says. “We’re talking about the ability of the brain to first build itself and also to change with activity, for example, making synapses. In the case of an iron-deficient person, the brain is more simply built and therefore doesn’t have the capacity that an iron-sufficient person would have. We see that evidenced in the region of the brain called the hippocampus.”

The hippocampus essentially learns how to learn, memorizes information, and processes spatial detail. It’s this area that needs iron to establish a structure that the brain will use throughout a lifetime. Without proper iron levels to support that development, which occurs in hyperdrive during third trimester, the brain is at risk for certain neurocognitive conditions.

And in terms of mental health outcomes, timing of iron deficiency during pregnancy can impact the risk of specific conditions later. Research links iron deficiency during the first trimester to a heightened risk of autism; during second trimester with risk of schizophrenia; and during third trimester with risk for depression.

Emphasis here on “risk.” Iron deficiency is not deterministic of mental health problems, but it likely predisposes those affected with a higher risk for some mental health conditions. The work that the U of M has done to advance this research on mental health pinpoints a direct correlation and specific biological mechanisms between access to iron in utero and brain development.

“The fetus’s brain develops throughout pregnancy and during third trimester, it grows exponentially,” says researcher Phu

Tran, assistant professor in the Department of Pediatrics. “That kind of activity requires a lot of energy, and iron is one of the core elements that produces energy for the brain to develop. If you are deficient, you can imagine how growth would be compromised. It can lead to long-term consequences as the child enters adulthood.”

Tran’s research reveals that iron deficiency induces epigenetic changes to DNA, or how genes are expressed. Without sufficient iron, genes that give the brain plasticity—the ability to learn—are suppressed. Tran describes gene expression like a faucet turning on and off: For some genes to be expressed, like water turning on full blast, they require a specific protein to come in right on cue.

So why not simply prescribe more iron during pregnancy? The problem is complex: Not all pregnant women have access to good maternal care, and of those who do, many aren’t checked for their iron status, so it’s impossible to know how much iron to prescribe. Moreover, many people dislike taking iron supplements, so compliance is low.

Combine these factors with conditions like high blood pressure or diabetes—which inhibit the ability of mothers to get iron to the fetus—and it adds up to nearly half a million infants at risk for iron deficiency in the U.S.

U of M researchers are also exploring how the nutrient choline might partially reverse the negative effects caused by iron deficiency on the developing brain. “Iron is fundamental, but are there any work-arounds?” Georgieff asks. “We’re concentrating on epigenetic effects and looking at how, if you notice iron deficiency late, you might [prescribe] iron plus choline [for the expectant mother]. It’s an unproven hypothesis, but it looks positive in the lab.”

While research continues, it’s clear that identifiable risks to a lifetime of brain health all tie back to early development in the womb. If iron deficiency can be detected and treated early on, before a crucial window of brain development closes, it may even be possible to prevent some long-term mental health problems later. ■

Kelli Billstein is a freelance writer in the Twin Cities.



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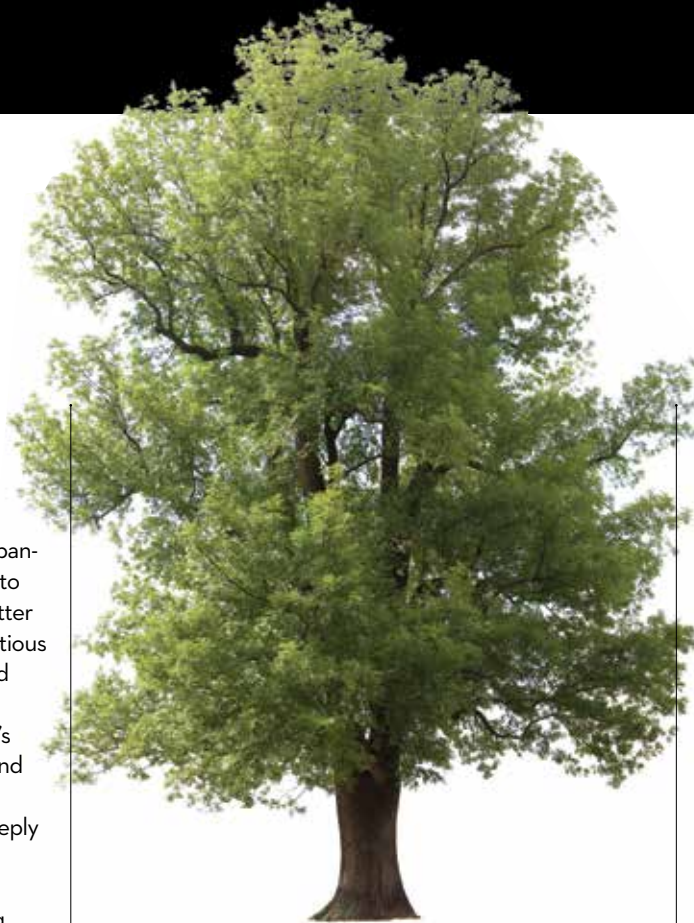
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## Detecting Airborne Viruses

Given that we've spent the past year and a half living through a pandemic, most people don't need to be convinced of the need to better understand how to detect infectious viruses in the air and understand how they travel.

Researchers from the U of M's School of Public Health (SPH) and College of Veterinary Medicine (CVM) wanted to know how deeply influenza virus and coronavirus enter the respiratory tracts of both humans and animals. Using sampler devices that use liquids, controlled airflow, filters, and static electricity to capture and measure particles, the team released droplets containing test viruses into the air and measured the amounts and concentrations of infectious virus and viral RNA within each sampler. They discovered that higher quantities of viruses were detected by samplers that processed higher volumes of air. However, samplers that processed less air were able to more accurately measure airborne concentrations of infectious virus and viral RNA.

The conclusion? A two-sampler approach may be needed to accurately detect and assess airborne viruses. "This research helps us learn how to better measure airborne viruses not only in animal agriculture settings, but also in places like healthcare facilities and mass transit vehicles," says study lead and SPH Professor Peter Raynor.

This research was originally published in the January 28 issue of *Plos One*.

## Fighting Emerald Ash Borer

There are nearly one billion ash trees in Minnesota. Not only do they reduce air pollution and act as a buffer against storm water runoff, but their light green canopies are so appealing that they also increase housing property values. Unfortunately, ash trees are also highly susceptible to infestations of the emerald ash borer (EAB), the most invasive forest insect in the United States. Larval-stage EAB feed beneath the bark, burrowing tunnels as long as 20 inches. To date, hundreds of millions of these deciduous beauties have become infected and died.

Now, new findings from researchers at the U of M's Minnesota Invasive Terrestrial Plants and Pests Center (MITPPC) offer hope that these devastating infestations may one day be controlled. Using DNA sequencing from trees located between Rochester and Duluth, scientists identified different types of fungi living in ash trees. In addition to finding fungi that can cause wood decay, they also discovered entomopathogenic fungi, which attack insects. Going forward, researchers will work to determine if these fungi can be employed to kill EAB.

"Ash trees are vitally important to Minnesota," says Rob Venette, MITPPC director. "It's critical we work to protect them from this invasive pest."

This study was published in the February issue of *Fungal Biology*.

## Turning Food Waste into Fuel

Now that composting has gone mainstream, researchers are eager to find uses for our food scraps that go beyond enriching our garden soil. A group of scientists at the U of M's College of Food, Agriculture, and Natural Resource Sciences (CFANS) and the College of Science and Engineering (CSE) teamed up with Twin Cities food bank Second Harvest to look at potential uses for spoiled food, including heat, energy, and fertilizer.

Using anaerobic bacteria to metabolize the food waste in oxygen-free chambers—called digesters—researchers were able to produce renewable "biogas," which is a mixture of carbon dioxide and methane. The bacteria also produce phosphorus, nitrogen, and potassium, which can be used as fertilizer for crops.

Second Harvest, which is the nation's second largest food bank, estimates that using this technology will save upwards of \$200,000 on annual costs to haul away unusable food—proceeds that can instead be used to serve more families facing food insecurity. To test this concept, the nonprofit has installed an airtight digester at one of its facilities. CFANS and CSE researchers expect that similar systems can also be employed to convert organic matter from manure and sewage into biogas.

Learn more here: [research.umn.edu/inquiry/post/drawing-renewable-resources-organic-waste](https://research.umn.edu/inquiry/post/drawing-renewable-resources-organic-waste)

*Huge thanks to University Public Relations for their help with these briefs.*



## Focusing on Mental Health

By Joan Gabel



Student mental health is such an important topic for me and among our campuses. One of the first questions I receive when travelling throughout Minnesota and across the country (and now across our Zoom rooms) is around student mental health.

When I started at the University of Minnesota in July 2019, approximately 42 percent of our students had a mental health diagnosis in their lifetime, which is consistent with national numbers. This issue is particularly significant for female students, with nearly half (48 percent) reporting a mental health condition in their lifetime. Nationally, severe depression, suicidal thinking, and rates of self-injury among college students have more than doubled in less than a decade, and the pandemic has served to heighten these challenges.

As a University, we can see important and impactful work related to student mental health happening all around us, from the expertise of our researchers and scholars to the work of our student advocates and internal and external partners. Yet, we also recognize the need to do more and do better to synergize this work by pulling together comprehensive, multifaceted campus-wide efforts, including through our shared public health approach, based on research and evidence, to serve students.

As a first step, we undertook a systemwide inventory of all activities, resources, and programs related to mental health so that we knew where we stood, where there were gaps, and where to move forward. We also launched a special donor fund focused on mental health initiatives across the University of Minnesota system. Its success is in large measure a result of the generosity of alumni and supporters like you, and we are most grateful.

In October 2020, we brought together our partners at Minnesota State to cohost the

first ever statewide Student Mental Health Summit. And in the months since, we've seen how this joint effort is catalyzing the work of so many professionals in responding to college mental health challenges, and how it is informing our new student mental health Initiative, the President's Initiative for Student Mental Health (PRISMH), which we launched in February. [Ed. Note: See pg. 24 for more on this effort.]

PRISMH is rooted as a systemwide effort through our new strategic plan, MPact 2025, with a centralized and coordinated communications function supported by University Relations. The initiative represents the broad ecosystem of mental health, from upstream efforts/partnerships to on-campus support and service delivery. The initiative will be culturally responsive and tasked to consider where we can leverage higher education resources for students across the state of Minnesota and beyond.

I am very pleased to note that the champions of this Initiative are U of M alumnae: Family Social Science Professor Tabitha Grier-Reed (M.A. '99, Ph.D. '04, Ph.D. '05) and Senior Associate Vice President for Student Affairs Maggie Towle (B.A. '81).

Under their leadership, and with the support of friends and supporters like you, this initiative intends to be a real ally in maximizing our students' opportunities to be well, and in particular, around their mental health.

We're making sure our students can be their best selves while they are here and when they graduate and join our alumni worldwide. ■

# THE NIGHT OF THE TRAIN

**U of M student and Gopher football player Shannon Brooks was grappling with depression and overwhelming grief 18 months ago. In a rash moment, he decided to kill himself by stepping into the path of a speeding train. He lived through the experience. Today he wants to share his mental health journey with others.**

**ON A COLD NIGHT** in December 2019, Shannon Brooks, a University of Minnesota senior and a running back on the Gopher football team, was lonely, depressed, and desperately missing his mom, Sharon, who had recently passed away at the age of 43. Brooks had spent that evening freestyle rapping with friends in a studio. But even doing something he loved with people he loved didn't buoy his spirits.

As he walked back to his apartment, Brooks couldn't stop his brain from turning over all the losses that were piling up in front of him, including the end of his football career. From the time Brooks started playing football when he was in elementary school, the sport—and his outsize talent—had both defined him and put him on a path to a promising life. Now, at the end of his fifth season as a Gopher, he couldn't see a future for himself.

"I was thinking, this is all I've been my whole life—a football player," says Brooks, who is now 24. It's late March and we are sitting in a sunny spot on the steps of Johnston Hall, looking out on a campus that, due to the coronavirus, is mostly empty. Brooks is a naturally enthusiastic person, who wants to honestly share the story of his life so far. But remembering that night, he looks down. "When football came to the end, I felt like I had to come to an end. It got that bad."

Brooks says that after he left his friends and the studio, he walked along University Avenue. "I got so depressed and was overthinking," he says. "I was freaking out about my future." It was during this moment of jumbled emotions that Brooks decided to jump a high fence separating University

By Elizabeth Foy Larsen

Photos by Itraeu Compton  
IC.photos



Avenue from the nearby train tracks. He remembers saying to himself, "I want to be with my mom," before running toward the side of a speeding train.

A last-minute moment of hesitation may have saved his life, but the train hit him, hurling him high into the air and knocking out two teeth. Although he made it home on his own after the incident, he later passed out and was transported by ambulance to the hospital, where he remained for two days.

Today Brooks is the first to say he's lucky to be alive. But he also wants people to understand that the miracle isn't only that he survived a suicide attempt: Rather, it's that he found a path beyond football, grief, and a challenging childhood filled with loss. Through telling the story of his struggles with mental health, he hopes he can motivate other people to care about theirs.

**BROOKS WAS BORN** in 1996 and spent his early childhood in Atlanta. His dad, Andrew Evans, was in and out of the lives of Brooks and his older brother, Kalyn, who is now 25 and a Marine stationed in Texas. Brooks describes himself as a "mama's boy," and says his love for music comes in part from watching his mom Sharon freestyle rap herself when he was a kid.

But there were challenges. Sharon struggled with drugs and the young family bounced around from apartment to apartment. The stability in the boys' life came mostly from their grandparents, Sharon's mom and her dad, who is also a Baptist pastor. Brooks fondly remembers the family having Bible study on Wednesday nights and going to church on Sundays throughout high school. Today, he has a cross tattooed above the knuckle of his right index finger. He also wears a walnut-sized ring on the same hand from the 2019 Outback Bowl, when Minnesota defeated Auburn.

Hoping to create a more predictable life for her sons, Sharon moved the family an hour north to Pickens County, Georgia, when the boys were in middle school. That's when people started to notice that the wiry kid with the sweet smile could move the football down the field.

The promise of this new beginning for his family fell apart when Sharon was arrested and sent to prison. "I don't remember what she did or what happened, but I knew she was going to be away for a few years and at that point, we really had nowhere to go," Brooks says. At first, the boys lived with Sharon's boyfriend. Then they moved in with the family of a school buddy, whose mom



Brooks has a tattoo of his late mom, Sharon, on one arm, with the words, "Strength doesn't come from what you can do. It comes from overcoming the things you once thought you couldn't."

was raising four boys on her own. Adding two more to the mix was a lot to handle.

Brooks missed the first day of seventh grade, which caught the attention of his new science teacher, Melissa Weeks. "As a teacher, it's like, 'Who doesn't come on the first day?'" Weeks says today. "Everybody comes on the first day because they miss their friends, and they know they're not going to do any real work or learn anything. Usually if there are attendance issues, those start popping up later. We weren't sure if [the boys] had moved back to live with their grandparents because they had just moved to our school the year before."

Brooks would make it to school on the second day, and Weeks says she felt an instant connection to him. "There was just something in him [where] I knew he needed somebody,"

she says. She started giving him help at school to keep him on track academically. Then, that extra push turned into evening tutoring sessions. When Brooks was in eighth grade, Weeks asked Kalyn and Shannon to move in with her and, with Sharon's blessing, she became their legal guardian.

Weeks was single and had no kids, and she's honest that raising two teenage boys was a challenge at best. She says Brooks wasn't always happy about her rules and expectations. But she and Sharon backed each other up. "If they were causing any kind of problems for me respect-wise or not doing what they were supposed to, I could text Sharon or call her and she was on it," Weeks says.

While Brooks doesn't shy away from describing the turbulence of this time, he doesn't remember being particularly depressed or anxious, although he says he had a "serious anger problem," to the point of needing to take a special class to learn how to cope with his emotions. Football gave him a positive way to channel his intensity. "Probably one of my biggest addictions with playing football was just being able to go out there and compete and not get in trouble for it," he says.

**Today Brooks is the first to say he's lucky to be alive. But he also wants people to understand that the miracle isn't only that he survived a suicide attempt.**

As a running back for the Pickens High School Dragons, Brooks helped the team advance to the regional playoffs for the first time since 2005. He played varsity all four years, scoring 68 touchdowns and rushing almost 5,800 yards in his high school career. He was named Class AAAA Offensive Player of the Year and was ranked as a three-star prospect by ESPN.

When Brooks was a senior, his coach told him that the University of Minnesota was interested in him and assured him it was a great opportunity to play in the Big Ten at a school that would also offer him an excellent education.

## What is Mental Health?

Enjoying good mental health doesn't mean being continually happy or never experiencing periodic sadness or situational anxieties. Instead, good mental health is generally characterized by aspects of well-being, from being able to feel joy and gratitude to experiencing a sense of meaning, purpose, optimism, and self-esteem. Good mental health means being able to positively cope with challenging situations such as temporary emotional upsets, or with feeling sad or confused or even lost for a time.

Psychologists and psychiatrists often use the Flourishing Scale to assess a person's well-being. The scale was developed by Ed Diener, a psychology professor at the University of Utah and the University

of Virginia. It weighs the subject's response to these statements:

- I lead a purposeful and meaningful life.
- My social relationships are supportive and rewarding.
- I am engaged and interested in my daily activities.
- I actively contribute to the happiness and well-being of others.
- I am competent and capable in the activities that are important to me.
- I am a good person and live a good life.
- I am optimistic about my future. People respect me.

"When I think about mental health, I think about it as a coun-

terpart to physical health," says Bonnie Klimes-Dougan, a U of M psychology professor. "Physical health is when your systems are all working well and your digestive system is working well, your cardiac system is working well, your motor system is working well. I think that's similar to mental health. It's when your mental systems are working well."

Poor mental health, on the other hand, may reflect a temporary or longer-term lack of well-being or positive coping abilities.

Psychology professor Patricia Frazier (M.A. '84, Ph.D. '88), who specializes in trauma and resilience, says that today, mental health professionals are increasingly viewing mental health as a

spectrum. "There's the example of social anxiety, which can range from mild discomfort to really debilitating anxiety that rules your life," she says. "So, we're all somewhere on that dimension."

The term mental illness, although it also reflects a state of disordered mental health, is generally used to refer to longer-term, clinically diagnosable mental issues, which might include chronic depression, uncontrollable anxiety, eating disorders, post-traumatic stress disorder, and more.

Many mental illnesses can be effectively treated with medication and support. Others are lifelong conditions, known as "severe and persistent" mental illness.



**BROOKS WAS A VALUED** team member for the Golden Gophers from the start. “He would give me energy,” says Rodney Smith, a fellow Georgian and Gopher running back who now plays in the NFL for the Carolina Panthers. “We were waking up at 4 or 5 in the morning, and he would walk in the building with a smile on his face, talking about playing a game or music. I love and admire Shannon’s positivity.”

Brooks adored being a Gopher. “It felt like family as soon I was on the team,” he says. “They brought me under their wings, even all the coaches that I’ve had—Coach Fleck, Coach Claeys, Coach Kill, and all my teammates. Even the alumni ... it’s true support. It’s true love.” Brooks would rush for 1,728 yards in his first three seasons. During his freshman year, he gained national attention when he scored a 71-yard touchdown against Purdue, avoiding a number of tacklers.

“Shannon’s personality can be contagious, and that’s a positive thing to have on a football team,” says Gopher’s Head Coach P.J. Fleck. “He was a leader on the field through his play and hard work, but he was also one of the biggest supporters we had—and that includes when [he] missed time with injuries.”

Brooks’s optimistic outlook would be tested in 2018. First, he tore his ACL. Then, in October, he was arrested for a fight with his male roommate. Brooks was never charged, but he says his mug shot was on the internet for anyone who searched for it to see.

At first, Brooks was able to take the ACL tear in stride. He’d been hurt in high school, too, and felt optimistic that with training and rehabilitation, he’d heal and play again. Then, Brooks received a phone call from a family friend, but he was in the training room and didn’t pick up. Later he listened to his voicemail and learned that Sharon had had a seizure and stopped breathing. She’d also suffered brain damage as a result. (Media reports say drugs may have been involved. Brooks says he has been told different accounts—some involved drugs, some didn’t—but he never was given a definitive explanation. “I just know she stopped breathing,” he says.)

The friend urged Brooks, who was then 21, to fly home immediately. But while he desperately wanted to be with Sharon, Brooks also knew that flying would make his knee swell. “I remember going home to my apartment and just crying and grieving,” he says. “But I was also [physically] hurt. I wanted to go see my mom, but I’d also just torn my ACL.”

After discussing his options with his coaches, Brooks decided he needed to go to Georgia to be with his mom. Standing at her bedside in the hospital, he and his

brother made the gut-wrenching decision to take her off life support. “We didn’t want our mom to be a vegetable, just lying there,” he says. “She wouldn’t want that, either. So, we decided to pull the plug and let her rest.”

Looking back on it, Shannon says he now can see that Sharon’s death was the first of a cumulating pile of challenges that would lead up to what he now calls his “train incident.”

“I think what saved my life [at that point], honestly, is football,” he says about the next few months. “If I wasn’t playing football, there’s no telling what I’d [have been] doing.”

But while the football program remained a source of support and security while he continued to grieve, Brooks’s body was betraying him. During the first game of his senior year, against Indiana, Brooks tore his other ACL. “I start crying on the field,” he remembers. “I was thinking, ‘Man, I just lost my mom and tore my left ACL. Now I just tore my right one, the first game back after putting all that work in.’”

That disappointment gradually turned to despair during training for his fifth and final season, when he had a third ACL tear. Still, Brooks kept struggling on in order to support his team.

“He never gave up and always worked his way back,” says Fleck. “I think a lot of that had to do with his teammates and the responsibility he felt to them. He wanted to contribute to the team and help it work toward its goals.”

While Brooks was able to finish his final season, his anxieties were building. His good friend Rodney Smith didn’t see any warning signs of Brooks’s increasingly troubled outlook, he says, perhaps because Brooks generally is such a positive person. And Brooks’s surrogate mom Weeks was in Georgia and wasn’t able to gauge how he was faring.

“I don’t think I realized how low he’d gotten,” she says.

**RUNNING TOWARD** that train, Brooks says he experienced a last-minute moment of clarity. He began to turn, not realizing he was already dangerously close to the train. That’s when he says the train hit him in the head, knocking him to the ground.

Somehow, Brooks made it back to his apartment, where his roommates called 911. While he was able to walk to the ambulance, he passed out on the way to the hospital. When he came to, Coach P.J. Fleck and his wife, Heather, were at his bedside.

“My players are like my children,” Fleck says. “I felt love, compassion, and empathy. I felt nearly every emotion when I saw Shannon in the hospital.”

**Brooks adored being a Gopher. “It felt like family as soon I was on the team,” he says. “They brought me under their wings, even all the coaches that I’ve had—Coach Fleck, Coach Claeys, Coach Kill, and all my teammates. Even the alumni ... it’s true support. It’s true love.”**

## The Benefits of Talk Therapy

Treating a mental disorder or illness is a highly specific process that takes many factors into account, including a patient’s willingness to work on their challenges. Both medication and psychotherapies are effective and complement each other. But while pharmaceutical companies spend an estimated \$5 billion a year marketing medications to treat mental health problems, research shows that psychotherapies are as or more effective than medication. For example, the American Psychological Association says these are the most effective forms of psychotherapy to treat depression.

**Behavioral therapy** focuses on the relationship between behavior and mood to target current problems and symptoms and focus on changing patterns of behavior that lead to difficulties in functioning.

**Cognitive therapy** entails modifying pessimistic evaluations and unhelpful thinking patterns with the goal of disrupting these and reducing their interference with daily life.

**Cognitive behavioral therapy** targets current problems and symptoms and focuses on recognizing the relationship between behaviors, thoughts, and feelings, and changing patterns that reduce pleasure and interfere with a person’s ability to function optimally.

**Interpersonal therapy** focuses on improving problematic relationships and circumstances that are most closely linked to the current depressive episode.

**Mindfulness-based cognitive therapy** combines strategies of cognitive therapy with mindfulness meditation to modify unhelpful thoughts and develop a kinder, more loving self-view.

**Psychodynamic therapy** focuses on unconscious thoughts, early experiences, and the therapeutic relationship to understand current challenges, improve self-awareness, and support the patient in developing more adaptive patterns of functioning.

Excerpted with permission from the American Psychological Association.

**“My players are like my children. I felt nearly every emotion when I saw Shannon in the hospital. He’s been to the brink. But ultimately he knows that he has a bigger purpose in life, and that is how he can help and impact others. I’m proud of him.”**

—Head Coach P.J. Fleck

## **College and Mental Health**

Given that half of all mental disorders emerge by age 14 and 75 percent by age 24, the college years are a key time when it comes to a person’s mental health. “When kids go off to college and they’re going to go into a dorm, enormous changes take place,” says Sue Abderholden (M.P.H. ’80), executive director of the National Association of Mental Illness of Minnesota (NAMI-MN.) “You have to do your laundry. You have to manage money. You have to manage your time. You might be away from home and so your safety net is gone. You are trying to make new friends. It’s a whole lot of change that’s happening at once. For some kids, they can thrive on it; for others, it’s a really difficult time.”

For all students, the Covid-19 pandemic added more stress to the college experience. According to the Centers for Disease Control, 18- to 24-year olds reported higher levels of suicidal thinking during the pandemic months—more than any other age category—and they rated their general mental health as “low.” Abderholden attributes this to a number of factors, including the longevity of the pandemic and the loss of jobs that paid tuition and living expenses.

To support students during college years, Abderholden recommends parents make a proactive plan with their kids before college even starts. That includes signing release forms with doctors and mental health providers and school counseling services that allow parents to be in the loop when a child older than 18 needs help. And before the semester starts, research what services are available on campus.

The football program would later connect Brooks with Carly Anderson, a psychologist who directs sport psychology services for the U of M Athletic Department. Brooks also began working with other therapists to help him process what had happened and why.

“Honestly, it helped,” Brooks says of his therapy. “Because they were there to listen and help me figure out what’s going on and gave me tips. And I took those things and still use them.”

The turning point in Brooks’s recovery happened during the time leading up to the Outback Bowl on January 1, 2020. While Brooks was injured and couldn’t play, he traveled to Tampa to be with the team.

“I was so lost,” he remembers. “But I’m a man of faith. The only person I could turn to at that moment was Jesus.” Brooks describes watching a sermon on YouTube where the pastor talked about asking God for a personal message and how, afterward, he received a text from a close friend, saying “I love you bro, you’re here for a reason.” The text from his friend linked to an article about another college football player who had died by suicide after stepping in front of a moving train.

The similarities to his own life stunned Brooks. He says he realized in that moment that his life after football would be dedicated to helping others who struggle with their mental health and who might also be suicidal.

Today, Brooks lives in Minneapolis with his girlfriend, Sadie Ernstmeyer (B.S. ’20). He is considering offers to coach high school football, having turned down an offer to play for an indoor football league in Boston. He has also started a new career as a motivational speaker, giving talks to high school students and young athletes about the importance of talking about mental health challenges.

“I really want to encourage athletes to share their stories,” Brooks says. “Their stories are going to relate to so many more people than just my story will. I just really want to spread that awareness because I know that’s my purpose.... If you really feel like you’re having problems, mentally, it’s so good to reach out and talk and go get help.” Brooks has also founded a group called Suicide Survivors. It’s a nascent nonprofit he wants to use to create a community and platform for young people to learn about mental health issues.

In addition to practicing his faith, Brooks maintains a regular exercise routine—when it’s warm outside, he loves to run by the Mississippi, otherwise he works out at the Los Campeones gym. But he says that a key component to maintaining his positive mental health comes from





## Preventing Suicide

When it comes to preventing death by suicide, talk matters. “There is a myth that people feel that if they ask someone about their risk for suicide, that question will give that person the idea to go ahead and kill themselves,” says Bonnie Klimes-Dougan, a U of M psychology professor who researches self-harm, suicide, and depression in adolescents. “But without asking the questions, it’s really hard to know what’s going on in somebody else’s mind and to know how we might be able to offer a hand in supporting them.”

Klimes-Dougan says it’s important not to agree to a person’s request that you not tell anyone else that the individual is potentially suicidal. “You want to convey that you would want to keep their information private but that your care for them would supersede [that request],” she says. “You can’t make that promise because if they are in a dire situation, you want to be able to reach out and get support from other sources, such as a hotline or mental health facility, an emergency room, or even calling the police or first responders if it is an emergency.”

simply sharing his story and supporting other people who are struggling.

“Shannon is resilient,” says Rodney Smith. “No matter what he’s going through. He always wants the best for other people. And he would sacrifice himself for that. He loves to see people happy, loves to see people smile. He brings energy to the room.”

Brooks understands that his journey won’t always be easy. “Things are going to get hard,” he says. “Of course, things are going to get hard just because that’s life itself. Honestly, I’m thankful for what I’ve been through. It’s taught me so much and it’s opened my eyes so much. That’s the way I know I can live in peace.” ▣

Elizabeth Foy Larsen is the senior editor of *Minnesota Alumni*.

### Suicide prevention and support

If you or someone you know is in crisis and in need of immediate assistance, the following resources can help:

- \* National Suicide Prevention Lifeline at 1-800-273-TALK (8255)
- \* Throughout Minnesota: call \*\*CRISIS (\*\*274747)
- \* Crisis Text Line: is available for free, 24/7 by texting MN to 741741
- \* The Trevor Project at 866-488-7386
- \* Minnesota Farm & Rural Helpline at 833-600-2670



# UNDER PRESSURE

The U of M's PRISMH initiative addresses a dramatic increase in the need for student mental health services. By Andy Steiner

**THERE'S NO WAY TO GET AROUND IT:** It's a hard time to be a University student. Just ask Mackenzie Callaway, who's earning her Ph.D. in biomedical engineering at the U of M's College of Science and Engineering.

"I think there are just a lot more stressors for young people these days," Callaway says. "There's climate change, the economy, politics. There is an increase of students who are homeless or facing food insecurity. And on top of that there's Covid-19. There are so many things happening in the world right now. It's a strain on our collective mental health."

The collective strain that Callaway mentions is top of mind for University of Minnesota President Joan Gabel, who, from the first days of her administration, has identified student mental health as a central focus. To emphasize that, in February 2021, Gabel announced the creation of the President's Initiative for Student Mental Health (PRISMH), a systemwide effort designed to bring together University services, programs, policies, and academic practices to address student mental health by using a public-health approach grounded in data, practice, and research.

The PRISMH initiative will focus on creating a centralized listing of the mental health supports already existing at the University while also identifying key new areas for inquiry, research, and partnership. Two respected members of the University community, Maggie Towle (B.A. '81), senior associate vice president

for student affairs, and Tabitha Grier-Reed (M.A. '99, Ph.D. '04, Ph.D. '05), professor of family social science, are leading the effort. Both Grier-Reed and Towle say they realize that they have their work cut out for them, but are excited to take on the challenge.

To give a sense of the level of need among students, Towle points to the semiannual student health survey released by the University's medical center for students, Boynton Health. "In the past years, we've seen the mental health [concerns] numbers go up," she says. "In the last survey, for instance, 42 percent of our incoming class has a preexisting diagnosis for mental illness. That number has increased every year."

Grier-Reed has also seen signs of strain in the students taking her classes, which, during spring semester, were all held virtually. "I'm seeing more D and F grades than I would typically see," she says. "I'm seeing more incidents of academic dishonesty than I would typically see." She chalks some of that up to the, "cognitive strain of being on the internet all of the time," which puts psychological pressure on students who are already experiencing decreased social support.

Echoing Callaway, Grier-Reed adds: "I could say that the last several years it's been a very difficult time for students. We've been seeing lots of racial trauma. The last two presidential election seasons have been pretty traumatic, not to mention the pandemic, where people are isolated from each other. For the most part, we're social creatures, so the current state we're in puts pressure on all of us."

### **STUDENT-CENTERED**

Gabel's focus on student mental health was inspired by her early interactions with students, Towle says. "Even before President Gabel arrived on campus, she was hearing from students about their concerns around access to mental health resources." Gabel, Towle adds, took what she was hearing from students seriously: "By the time of her inauguration week, she'd made mental health the big theme. She had public forums around mental health and did some fundraising, too. The issue clearly became a top priority."

Lauren Meyers, a senior finance major in the Carlson School of Management, describes her journey through the University's mental health care system as "a wild goose chase," that sent her from one source of care to the next and then back again.

"I felt like I didn't have the tools and information to know where I should start," Meyers says. When she was seeking

**In a sense, Towle says, the ultimate goal of PRISMH is putting an end to the frustrations encountered by students like Meyers: "We want to limit the hurdles, to make caring for your mental health as easy as caring for your physical health."**

treatment for depression and anxiety, she discovered that it took serious work and commitment to get the help she felt she needed. There was no clear centralized source to explain different mental health resources already available for students.

"For me, one of the biggest takeaways I had from this experience was that when you're a student at the University, getting the help you need takes a lot of work. It can be really frustrating. There are already so many barriers to admitting that you want or need help for your mental health: It shouldn't be hard to figure it out once you've made that step."

Grier-Reed recalls that when President Gabel approached her about heading up the initiative, she explained that the initiative's priority would be to create a clearinghouse of sorts, a centralized place where all mental health resources across the University system would be easily accessible. This felt like an exciting—and worthy—challenge.

"The University is a big place," Grier-Reed says. "It is resource-rich. I have no doubt there are a lot of exciting initiatives and resources that already do exist and are being developed as we speak. It is going to be important to learn what those are and find a way to elevate them in a format that is easy for students to access. We also have to identify gaps—and come up with ways to fill them."

In a sense, Towle says, the ultimate goal of PRISMH is putting an end to the frustrations encountered by students like Meyers: "We want to limit the hurdles, to make caring for your mental health as easy as caring for your physical health."

While there is much excitement around its potential, PRISMH is still in its infancy. "We haven't really formed yet," Grier-Reed notes, adding that the initiative has many stakeholders with many priorities and that updates on the



Maggie Towle



Tabitha Grier-Reed

project will come as the group learns more. “We haven’t really developed a plan of work. We haven’t named a committee,” she says. But the work is beginning and important change, she believes, is on the horizon.

“I’m a hopeful person. For the most part, my students, even those that aren’t excelling at the moment, they’re still showing up for classes. They are trying to get to a better place.” This, Grier-Reed, believes, is “a microcosm of what we’re trying to do as a society. I’m hopeful that on balance, we’re moving in the right direction.” The PRISMH project, with its focus on highlighting and developing mental health care options for all, will represent essential progress toward that goal. ▣

Andy Steiner is a freelance writer in the Twin Cities.

## Top of Mind Podcast Highlights Student Mental Health

Sometimes the most important conversations can be the most difficult. In the past, talking about poor mental health or mental illness was generally considered taboo, something that could negatively impact a person’s social life or reduce their prospects in school or work. Then young people slowly began opening up about their mental health journeys, and the world began to take notice.

By sharing their struggles, these young mental health crusaders are working to reduce stigma and discrimination against mental challenges. This new reality inspired University Relations writer and editor Rick Moore to create a podcast called Top of Mind that highlights the issue of mental health at the U of M, through interviews with students, staff, and faculty. The podcast also addresses trends in student mental health and the services and programs offered to students.

The podcast’s heavy focus on student stories was intentional, Moore says. He wanted his listeners, many of whom are students, to be inspired and comforted by the words of their peers. The young voices in Top of Mind, Moore explains, “normalize and destigmatize mental illness. If students are listening to the podcast, they can say, ‘I’m not so unusual,’ and get the help they need.”

So far there have been two episodes of Top of Mind, with more likely on the way. “In my original design for the podcast, I envisioned it as being either one episode, or two or three, but not one that goes on forever,” Moore says. But the student voices he’s collected have been so compelling that his plans may change: “What they’re saying is important. Now I think it may go on for a while.”

You can listen to the podcast at [twin-cities.umn.edu/news-events/top-mind](https://twin-cities.umn.edu/news-events/top-mind). —AS

## New Emergency EmPATH Unit Designed for Those in Mental Health Crises

The emergency department (ED) is probably the worst possible place to go when a person is in the midst of a mental health crisis, but the reality is, that’s where most folks turn when they desperately need help.

“In general, mental health crises do not occur during convenient weekday office hour times,” says Lewis Zeidner, M Health Fairview’s system director for clinical triage and transition services. At M Health Fairview Southdale Hospital alone, he says, more than 2,500 patients a year turn to the ED when they are experiencing a mental health or addiction crisis. “As a result, many patients first access care for their mental health and addiction needs through a hospital emergency department.”

While in recent years many emergency departments have worked to improve the mental health care they provide for patients, Zeidner explains there still challenges, including the reality that EDs are designed to focus on physical trauma and other urgent medical conditions, not mental health. The fast-paced, loud environment can often even exacerbate mental health conditions.

By design, ED staff are generalists, trained to respond to many different medical issues, but few have specialized training in treating people in a mental health crisis. Another inten-



tional element of EDs is their speedy response to physical symptoms, but people in a mental health crisis may need more time to discuss their symptoms and care needs.

This spring, in response to this care mismatch, M Health Fairview has created an EmPATH (Emergency Psychiatric Assessment, Treatment, and Healing) unit at M Health Fairview Southdale Hospital designed to address the unique care needs of people in mental health crisis. There are a few EmPATH units in hospitals around the country, but Fairview Southdale's is the first in Minnesota.

Zeidner explains that EmPATH units provide a quiet and comfortable environment—the opposite of a busy ED. And rather than being generalists focused on speedy response to physical traumas, all EmPATH staff—physicians, therapists, and nurses—are trained as mental health professionals. They work at a pace designed to help patients get the focused help they need without creating further agitation or anxiety.

Treatment spaces feel almost home-like, with natural light, comfortable seating, and quiet sensory rooms.

“The timeline for care is not rushed,” Zeidner says, “and [it] can easily take a couple of days to ensure that patients have the time required on a timeline that fits their needs.”

While hospital care is appropriate for some people in mental health crisis, admission to the hospital can be an expensive and unneeded

the crisis, and with support, many can quickly return to that level of functioning,” Zeidner says. “The model seeks to maintain patients’ agency as an adult while being supported in managing their symptoms and life stressors.”

The Southdale EmPATH unit is designed to serve adults age 18 or older. Because they know that younger people can also experience mental health issues, M Health Fair-

**Zeidner explains that EmPATH units are “designed specifically to serve patients in a mental health crisis,” so the environment they provide is quiet and comfortable**

option for many others. Care in an EmPATH unit reduces hospitalizations through a model that relies on a specifically designed physical space to help inspire calm and help patients explore new ways of managing their symptoms and life situations.

“The EmPATH model starts with the understanding that most patients were functioning day to day prior to

view decided to create an additional unit more suitable to the needs of younger patients. Next year, the system will open two more EmPATH units on the Fairview campus, one designed to serve adolescents and children, and other focused on adults. The units will be open to any patients as long as they are medically stable. —AS



## ‘MOM, SOMETHING IS REALLY WRONG WITH ME’

After my younger sister died, I would be diagnosed with major depression during graduate school. A caring therapist and the drug Prozac helped me come through it. By Elizabeth Foy Larsen

Above: Minnesota Alumni Senior Editor Elizabeth Foy Larsen (M.F.A. '02), pictured in back, and her siblings as children. After her sister (in pink in front) died of leukemia in 1984, Larsen would suffer through a mental health crisis and major depression in graduate school.

At right is an excerpt from her in-progress memoir, *Thaw*, about realizing she needed help.

**THIRTY YEARS AGO**, the bookshelf in my Chicago apartment held practically every book I'd ever owned; all the novels I'd studied in college; my childhood copies of *Little Women* and *Black Beauty*, and *The Handmaid's Tale*, personally signed by Margaret Atwood.

When I first started my English doctoral program at the University of Chicago, I had lovingly arranged all of them alphabetically on a set of cinder block shelves. Years after my sister, Mary Michael, died from leukemia when she was 16 and I was 20, books were precious to me, a predictable and safe retreat. I could expand my understanding of the world without having to leave the downy nest of my bed. At the start of the semester, I'd eagerly lugged even more bags of books home from the campus bookstore and set them in piles according to course.

At first, my school workload felt manageable. But as the quarter progressed, I started to fall behind. By midterm, I realized that I'd never come close to denting those piles of books, and the thought filled me with dread. Where reading had always been my solace, it was now, for reasons I didn't understand, my tormentor. My brain couldn't focus on the sentences and paragraphs; letters felt like they were sliding off the page.

There were so many words. And I couldn't catch them as they fell.

**SHORTLY AFTER MIDTERMS**, I flew to Boston to visit my boyfriend.

When I fell into his arms at the airport, he was visibly shocked at how loosely my jeans hung on my hips. While I'd noticed I'd lost a little weight, when we got to his house, the scale showed I was down 20 pounds.

I told him I'd been studying so hard that I must have forgotten to eat. But hanging out in the kitchen later with his roommates, I could also hear there was something off about the way I was talking. My responses sounded like they were on a time delay.

Later, when I looked in the mirror, I was shocked to discover how grey and dull my skin was and that my normally curly hair had lost its spring. I also couldn't relax my shoulders, which were perpetually hunched. I was 25, but I had the physical and emotional vitality of dead grass. I was both exhausted and sapped *and* twitchy and anxious. When I woke up, which was probably 20 times a night, my body no longer knew how to ease itself back to sleep.

After boarding my return flight to Chicago, I buckled myself in and looked up at the sky through the rain-streaked window. Since my sister had died, my fear of flying had switched from anxious to petrified. I pressed the call button simply to inform the flight attendant I was afraid. I was overcome by how alone I felt, and how terrified I was to go back to Chicago.

After a few minutes, the man sitting next to me had to fold up his paper to allow me to get to the aisle, where I apologized as I brushed past the flight attendant, who tried to talk me out of abruptly disembarking because it would delay the flight finding my checked luggage.

"I'm sorry," I said. "But I just can't."

I was heading to the baggage claim when I saw my boyfriend standing in the corridor, his hands in his pockets. He'd been waiting until the plane took off.

"I had a feeling this might happen," he said.

That my boyfriend had worried I wouldn't be able to handle a two-hour flight should have been a warning to both of us that I was not OK. But the truth was, we had no idea that my brain was so sick.

**BACK IN CHICAGO AGAIN**, I was sitting on my peach futon couch when I picked up the latest copy of *Vanity Fair*. It was mid-December and my apartment was so cold that the linoleum floor tiles squeaked when I stepped on them. I was behind on my assignments and struggling. I couldn't get through even a single paragraph.

**When I looked in the mirror, I was shocked to discover how grey and dull my skin was and that my normally curly hair had lost its spring. I also couldn't relax my shoulders, which were perpetually hunched ... I was both exhausted and sapped and twitchy and anxious.**

As I flipped the magazine pages, I saw an essay by William Styron. It was called "Darkness Visible," and was about his personal battle with mental illness.

For a few moments, my brain absorbed Styron's words:

"In truth many of the artifacts of my house had become potential devices for my own destruction. The attic rafters (and an outside maple or two) a means to hang myself, the garage a place to inhale carbon monoxide, the bathtub a vessel to receive the flow from my opened arteries. The kitchen knives in their drawers had but one purpose for me."

His descriptions seemed terrifyingly close to whatever was happening to me. I'd gotten to a place where I couldn't look at my chef's knife without imagining its blade carving a red line the length of my wrist. I'd stored the knife in the back of the kitchen drawer because even the sight of its sharpened edge felt like a cannon exploding in my chest.

I called my mom and told her that while I would finish the quarter, I was dropping out of graduate school and moving home.

"Mom, something's really wrong with me," I said. Then I asked her to find me a therapist.

The next day, I drove my station wagon home to Minneapolis, through a blizzard that lasted the length of Wisconsin. I was soon living in my mom and stepfather's basement.

I spent every morning under the covers, listening to the B-52s, their relentlessly happy melodies a reminder of the person I used to be, a person who would dance on beds, on tables, on any surface that would hold me.

**Eight days after I started Prozac, my sleep switched from a jangled and caffeinated trance to something that, if not exactly restorative, at least resembled the lights-out, REM slumber I associated with going to bed.**

A therapist who had worked with my mom after my sister died referred me to another therapist, who I started seeing three times a week. I measured my days by those appointments, telling myself that once I got through them, I could have dinner and go back to the basement and my music.

At our first session, my therapist took her seat in an overstuffed chair across from a too-soft couch that folded up around me when I sat down. I informed her that I didn't plan on staying in town; as soon as I felt better, I was moving back to New York.

She stopped taking notes and looked up.

"You'll be able to move back to New York, if you want to," she assured me. "But have you ever considered the possibility that if you can live here and be happy, you will be able to be happy anywhere?"

She told me she had considerable experience with "clinical depression," and she could tell from my appearance—was it the shoulders? the dead eyes?—that I was dangerously depressed, along with all the other warning signs; weight loss, sleeplessness, thoughts of suicide.

"But I'm not suicidal," I insisted. "I'm too afraid of dying to kill myself."

"I'm not saying you have made a plan," she said. "But you're having fantasies about knives, which can be the mind's way of imagining a scenario where you don't feel so awful."

She then mentioned that there was a new drug that had recently come on the market. It was called Prozac, and unlike the old-school medications, it helped lift depression without debilitating side effects. It was, she insisted, a true breakthrough. She went on to explain how not being treated for depression is like being diabetic and not taking insulin.

"But I'm not going to take medication," I insisted. "I'm not that bad."

**A MONTH LATER**, I was on my way to another therapy appointment. There had been a snowstorm earlier in the week; the snowbanks on the wider streets were at least four feet tall.

I was taking a right turn on a well-traveled parkway when a passing car slammed into the front of mine. I knew immediately that the accident was my fault. I was too distracted, too unsettled to notice that the car didn't have a stop sign.

The driver was shockingly kind.

"Things happen" he said, holding up his hands.

My insistence that things weren't *that bad* evaporated the moment I slammed into that sedan. I was 30 minutes late to my therapy appointment. Once I settled onto the couch, I trembled so violently that my therapist handed me a blanket and instructed me to hold it tight around me, like a self-hug.

"I think it's time to consider Prozac," she said.

This time, I agreed. I understood I needed more than just talk therapy or lavender oil or a full spectrum lightbulb popped into a desk lamp. I was desperate for science to rebalance my brain chemistry.

Eight days after I started Prozac, my sleep switched from a jangled and caffeinated trance to something that, if not exactly restorative, at least resembled the lights-out, REM slumber I associated with going to bed. My days still revolved around therapy, but I no longer faced the nights with dread.

Midway through week four of my new drug regimen—I now marked days from the time I started taking Prozac—I found myself thinking, "*It's so beautiful out today.*" There had probably been 30 days with the same exact conditions that winter, but the only difference was that now I could see it.

I took Prozac for three years and did both talk therapy and psychoanalysis for almost two decades. All these years later, it's reassuring to know this combination worked for me. I have not suffered a major depressive episode since that awful winter, but if that ever changes, I know where to find the help I need. ▣



Elizabeth Foy Larsen

**If you or someone you know is in crisis:**

- \* [National Suicide Prevention Lifeline at 1-800-273-TALK \(8255\)](#)
- \* [Throughout Minnesota: call \\*\\*CRISIS \(\\*\\*274747\)](#)
- \* [Crisis Text Line: is available for free, 24/7 by texting MN to 741741](#)
- \* [The Trevor Project at 866-488-7386](#)
- \* [Minnesota Farm & Rural Helpline at 833-600-2670](#)





## THEN CAME THE ‘WONDER DRUGS’

In the past three decades, mood-altering medicines have revolutionized mental health care, but quick fixes remain elusive. By Burl Gilyard

**IN 1988, THE ANTIDEPRESSANT PROZAC** was brand new to the market, and within a few years, it seemed like everybody had a prescription.

Because Prozac became so widely used, it seemed to make people more open to talking about mental health. But at the same time, it also lulled some into believing all you need to do for mental health challenges like depression is pop a pill. Some even derisively called Prozac the “happy pill” because it works as a selective serotonin reuptake inhibitor (SSRI), the first of a new class of drugs that affect a neurotransmitter in the brain. SSRIs increase the level of serotonin, which can boost a patient’s overall mood.

“When Prozac came on the market, it was kind of this breakthrough moment that there was something that could treat depression but didn’t carry with it this heavy side effect profile,” says C. Sophia Albott (M.D., ’11), an assistant professor of psychiatry and behavioral sciences at the U of M Medical School and a psychiatrist at M Physicians St. Louis Park Clinic. “That really ushered in the current era of antidepressant medication. Almost all of the medications that have come to market since Prozac have been variations on a type of medication that acts on certain brain transmitters.”

Doctors and pharmacists don’t always use brand names for drugs, but may instead refer to the generic names of these SSRIs, the most commonly



C. Sophia Albott

**“I think psychotherapy is a really important piece [to treatment],” says Albott. “I think it’s really important these days to have someone to be talking to about our emotions. I think our brains need interaction with people.”**

prescribed class of medications for depression: fluoxetine (Prozac), sertraline (Zoloft), escitalopram (Lexapro), citalopram (Celexa) and paroxetine (Paxil). Originally approved by the Food and Drug Administration in 1987, Prozac—or fluoxetine—has proven broadly useful. It has since been approved for other conditions including obsessive compulsive disorder, bulimia, and panic disorder. It can also be used in combination with another medication, Zyprexa (olanzapine), to treat mania or depression stemming from bipolar disorder.

But despite the wide range of applications of these drugs, no single medication is magic. “If you have a holistic approach to treatment, I never say ‘this pill is going to be the only thing that we’re going to rely on,’” says Mark Schneiderhan, associate professor in the Department of Pharmacy Practice and Pharmaceutical Sciences at the U of M-Duluth. “The person’s going to have to do things like get out of the house, exercise, try to do their part.... They may have to stop smoking, they may have to change their lifestyle as far as diet.”

The once-in-a-lifetime conditions of the pandemic—which have brought about extended periods of isolation combined with fear of contracting the Covid-19 virus, possibly mixed with economic stress—have driven an increase in people grappling with mental health issues.

From August 2020 to February 2021, the Centers for Disease Control and Prevention (CDC) found the percentage of adults reporting recent episodes of depression or anxiety increased 14 percent to a total of 41.5 percent. The largest increases were seen in younger adults aged 18 to 29.

Albott says she has seen an uptick in patients since the start of the pandemic.

“We have seen more difficult-to-treat depression in our clinic over the past year,” she says. “The wait list to get into our clinic is really long.” She believes that the most effective first-line treatment is a mix of medication and

therapy, since therapy offers what a medication can’t: human connection.

“I think psychotherapy is a really important piece. I think it’s really important these days to have someone to be talking to about our emotions,” says Albott. “I think our brains need interaction with people.”

The trend today towards personalized medicine includes finding the best medication for a patient. Personalized medicine refers to doctors analyzing a patient’s genes to gauge what drugs might be most effective, as well as which medications might be less effective. It’s something of a new medical frontier. “Having a personalized approach to medication treatment might be something to think about,” says Schneiderhan. “Right now, it’s mostly used when things fail.”

Schneiderhan stresses that just a mild improvement for a patient is not a success. “One thing that we have to do is [not] settle for just improvement of depression,” he says. “We want to shoot for remission ... just ‘OK’ is not good enough. I think there’s a lot of stigma towards depression and suicide still. Tremendous stigma. That makes it hard to talk about.”

Albott specifically works with patients who have already tried medications and therapy and are not feeling any better; they experience what’s called treatment-resistant depression. “Up to one-third of people who attempt treatment with medications and therapy don’t respond,” says Albott.

One of the novel treatments offered to that group involves no medication at all and sounds a bit like science fiction, something called transcranial magnetic stimulation (TMS). In this treatment, magnetic fields stimulate parts of the brain which are underactive when people are depressed. The noninvasive procedure does not require sedation.

TMS was initially approved by the FDA in 2008; the University of Minnesota opened its clinic in 2015. Trying this treatment is a big commitment, however: Patients must report to the clinic five days a week for eight weeks for sessions that range from 10 to 40 minutes.

“It’s a completely different way of thinking about depression,” says Albott. “When people are done, they are good to go. We’ve had a lot of success with it.” ■

Burl Gilyard (B.A. ’92) is a Minneapolis-based writer.



Mark Schneiderhan



## WILL THE KIDS BE OK?

After a year of enforced distance learning, educators worry about the long-term effects on childrens' mental health. By Elizabeth Foy Larsen

**BEFORE THE COVID-19 PANDEMIC** sent students at Folwell Performing Arts Magnet into distance learning, school counselor Jeanette Vyhanek (M.A. '17) had plenty of opportunities to support the social and emotional well-being of kids at her Minneapolis school, which serves grades 5-8.

Vyhanek usually met regularly with teachers to get feedback on which students were struggling and would then set up weekly one-on-one sessions with them. She helped friends process and resolve the social dramas that are part and parcel of being a young teen. And she was available for spontaneous conversations when a student pulled her aside in the hall.

That all changed on March 18, 2020, when Minnesota Governor Tim Walz signed an executive order mandating that schools across the state shift to online learning. The Folwell school—and many others like it—remained empty for nearly a year.

During that time, Vyhanek was forced to try to establish and maintain her essential relationships with students as just a face on a computer screen, sometimes with little success. Kids were so overwhelmed with emails that Vyhanek's requests to schedule appointments got lost. Teachers had a hard time determining how students were faring because so many of them showed up for class with their video functions turned off.

"It's been an extremely difficult year," Vyhanek admitted in late February. "For the students I've been able to get ahold of, they are overwhelmed," she said. "They miss their friends. They miss school. And they are afraid of getting Covid."



Jeanette Vyhanek

**WHILE MANDATED DISTANCE** learning for kids arguably helped slow the pandemic's spread and protected vulnerable older adults, it also exacted a cost. The pandemic also has laid bare the vital role that schools play in nurturing and maintaining children's mental health.

As Minnesota and the rest of the country begins its slow climb back to quasi-normal as vaccinations grow and the pandemic slows, educators and others who work with younger students are beginning to assess the toll this past year has taken.

Educators have long known that for some students, the structure of an in-person school day can be a safe haven from a chaotic and unpredictable home life. For others, it's the place where they gain self-esteem by discovering what they're good at, be that poetry, scoring goals, or memorizing lines for a play. And challenges with anxiety or depression or more serious mental health conditions are often first flagged by teachers, who have more experience with what's developmentally appropriate than parents. Schools are also a key setting for spotting potential signs of child abuse. (While reports of child abuse declined during the pandemic, emergency room visits showed an uptick in the kinds of injuries consistent with child abuse, according to the Kaiser Family Foundation.)

### **Measuring the Cost of a Pandemic School Year**

In the first quarter of the 2020-21 school year, nearly half of secondary students in St. Paul Public Schools—who were in distance learning until April 2021—failed a class, an uptick of more than two and a half times the rate of the previous year. Students of color were more than twice as likely to fail a class as their white classmates.

Far from being purely an academic evaluation, experts say these failing grades tell stories of underlying emotional distress and feelings of isolation. In fact, a report from the Centers for Disease Control and Prevention showed that in the first half of 2020, hospital emergency departments reported a rise in visits from kids for mental health needs, including suicide attempts. Overdoses were up, as were reports of depression and anxiety.

In routine times, teachers refer at-risk students to school counselors, social workers, or the nurse. Those trained professionals then connect families with mental health resources, including counseling and diagnostic testing, which are often provided through the public school district. But enacting those same safeguards became difficult if not impossible during the height of the pandemic. And while not all kids suffered equally—some students with social anxiety, for example, found online school less stressful—the full fallout of our pandemic school year on overall student mental health may not yet be apparent.

Even in a normal year, 13.2 percent of adolescents between the ages of 12 and 17 will experience a major depressive episode, according to the National Institute of Mental Health. Vyhanek and her colleagues at Folwell say that during this coming school year, they will be watching students for signs of social anxiety, increased substance use, and whether or not their home lives are stable when school hopefully reopens for full in-person learning this fall. (In some schools, even cafeteria workers and custodians are trained to spot suicidal warning signs in kids.)

**WHILE THE STRESSORS** of the pandemic have affected everyone, not being in a traditional school environment in the 2020-21 school year was especially hard on teenagers, some of whom had the added stress of trying to attend online classes while also caring for younger siblings so their parents could work. And at a time when teens were separated from their friends, it became even more difficult to process the situation.

"Adolescence is a time when peers become more important as teenagers are naturally moving away from the influence of their parents," says Carrie Borchardt, M.D., who did her psychiatric residency at the U of M. Borchardt is a retired child and adolescent psychiatrist and president of the board of directors for the National Alliance on Mental Illness-Minnesota chapter.

Meghan Hickey (B.A. '04, M.A. '07, Ph.D. '10), interim director of student services at Robbinsdale Area Schools in Minnesota, agrees. "[Seniors have been] worried about transitioning into adulthood without the last two years of their school experience and all the things they would have had if they'd been in school," she says. "And they [were] worried about not getting to say goodbye to their friends before they go to college."

Fears about the virus have increased anxiety levels for teenagers and younger kids, too. "Our young people are dealing with the same stresses as adults," Hickey says. "They're worried about getting sick. They are worried

about their family members getting sick. They are worried about what all this means.”

While all Minnesota schools were cleared to reopen for in-person or hybrid learning in late February, Borhardt and Hickey say certain milestones have been irretrievably missed during this truncated year. A lack of in-person extracurricular activities during the pandemic meant athletes who would have made a varsity team may not have had a sports season. Graduating thespians missed the opportunity to get lead roles in the school play. Musicians didn't get to play a solo.

While it's easier for an adult to take the long view and understand there will be other opportunities, teenagers just see loss. After all, a year is a very long time to lose for someone who is only 15.

“There's [been] a lot of isolation, students just feeling like they're by themselves,” says Becky Mendoza (M.A. '19), a licensed school counselor at Como Park Senior High School in St. Paul. “That social connection that teenagers got from school [was] just ripped away from them and they're struggling with that.”

As with other aspects of the pandemic, Covid-19 also has taken a disproportionate toll on the mental health of students of color and kids from low-income families. “The pandemic is showing how school districts have become the haves and have nots,” says Alice Kraiza (M.P.H.'18), a project manager who works on trauma interventions in schools for the Child Health and Development Institute of Connecticut. “Some students [had to share] Chrome-



Becky Mendoza

**“It's been an extremely difficult year,”  
Vyhanek admitted in late February.  
“For the students I've been able to get  
ahold of, they are overwhelmed.”**

books with their family members, but there wasn't enough bandwidth to have a telehealth session. The caregiver wants to support the child, but there literally [wasn't] the ability to do it.”

Public health experts have estimated that children younger than 16 might not be vaccinated until 2022, although that too remains uncertain. If true, however, when kids go back to school this fall, masks, social distancing, and quarantines could still remain. Educators don't yet know if what are currently considered high-risk activities, including choir and science labs with a partner, will even be possible. Adults may be planning their post-vaccine futures, but American children will have to wait for the institution that largely defines their young lives to return to normal.

“Students are incredibly resilient, and I have no doubt that they will come out of this time so much stronger than they went into it,” says Mendoza. “But the stress right now is really heavy and hard, and it's going to take some time.” ▣

## Spotting Stress in the Youngest

Unlike teenagers, the most important factor in younger children's mental health—especially preschool age kids—is the relationship between the parents and their child. That's because young children use their parents' emotional cues to regulate themselves. If the pandemic is causing stress and anxiety in a parent or caregiver, it's likely caused stress and anxiety in the child, too. Typical warning signs that a young child may be in distress

include a change or disruption in sleeping patterns, acting out, or being defiant in a way that goes beyond a typical preschool tantrum.

“When a parent thinks 'I can't emotionally support these children who rely on me,'" that's a red flag, says Alyssa Meuwissen (Ph.D. '17), a research associate at the Center for Early Education and Development at the U of M.

When the pandemic started, Meuwissen was seven months

pregnant and the mother of a 2-year-old. Her husband, who is a physical therapist at a nursing home, contracted Covid-19 when their newborn was 6 weeks old.

“To take care of a 2-year-old who couldn't stop talking and do any productive work, it was impossible to feel competent at either,” she says. “And that's what, to me, is one of the biggest issues with this pandemic. Parents [were] being asked to take on even more of their

childcare because there [was] no daycare or preschool, so parents [were] supporting their children 100 percent of the time.”

Meuwissen recommends that parents who feel overwhelmed get support, possibly through Early Childhood Family Education groups, many of which transitioned to online offerings during the pandemic.

You can find these resources at [education.mn.gov/MDE/fam/elsprog/ECFE/](http://education.mn.gov/MDE/fam/elsprog/ECFE/).



## A LIFELONG CHALLENGE

In the past, individuals with severe mental illnesses might face life in an institution. Today a number of programs provide them with support in reintegrating into the community. **By Kelly O'Hara Dyer**

**FOR SOME, SERIOUS MENTAL** health struggles can be lifelong.

The National Institute on Mental Health says that serious mental illness (known as SMI) is “a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.”

In 2019, there were an estimated 13.1 million adults age 18 or older in the U.S. with SMIs, also known as “serious and persistent” mental illness. Examples can include schizophrenia or bipolar disorder.

According to the National Alliance on Mental Illness-Minnesota (NAMI-MN), the four most common mental illness diagnoses for adults are anxiety disorders, major depression, bipolar disorder, and schizophrenia. For children and adolescents, the most common are anxiety disorders, attention-deficit/hyperactivity disorder (ADHD), depression, bipolar disorder, Asperger’s syndrome, and eating disorders. Degrees and expressions of these mental illnesses take a variety of forms.

According to Sue Aberholden (M.P.H. '80), executive director of NAMI-MN ([namimn.org](http://namimn.org)), the biggest challenges individuals with SMIs face are finding stable housing and employment, along with appropriate support services.

“Our mental health system isn’t broken—it was never fully built,” she says, noting a better system would include more efforts to provide early identification and intervention for mental health issues; having enough beds and intensive services to address acute mental health crises; and having better insurance support for long-term treatment. She also notes that existing inpatient beds in Minnesota for individuals suffering from mental health crises are often full to capacity on any given day.

As for supporting individuals with SMIs within the wider community, Aberholden says having multiple options are key.

“For some people, [living in] a corporate foster care setting with a Medicare waiver is going to work,” she says. “For other people, [it’s] several small apartments that are in the same building, while still providing support. For still others, as long as they have housing and someone to come in and check in on them, as with a community support team, they’re fine. But it is really hard.”

One program that exists in Minnesota to help individuals with severe mental illness live more independently is Tasks Unlimited, one of the largest such groups in the metro area.

Founded in 1970, Tasks follows an alternative approach to hospitalization, popularized by social psychologist George W. Fairweather. Known as the Fairweather model, under this approach individuals with severe mental illness live together in small groups, providing support to each other, while also receiving job training or working. (See Bruce Ario’s first-person essay at right about his experiences with Tasks.)



Tasks helps its clients find employment through contracts it maintains for janitorial, office, or remodeling work. Ashley Trepp (M.S.W. '04) is the director of mental health services of the not-for-profit and oversees staff who provide intensive residential treatment services, case management, adult mental health rehabilitative services, and the peer-supported Fairweather Lodge and jobs program. The group also offers a homeless outreach effort and a day shelter to reach individuals not supported through other efforts, and also works with individuals leaving Anoka Metro Regional Treatment Center, Minnesota's largest state-operated psychiatric hospital, through a program called "Whatever It Takes."

"The vast majority of our [work] serves folks with a diagnosed mental illness," says Trepp, noting that schizophrenia and bipolar disorder are common. Tasks assists people who have "enough functional barriers [with daily life] where they are in need of services," she adds.

The group serves nearly 300 clients, with 21 lodges around the Twin Cities metro area. It also has 14 job contracts, both federal and county, in Minneapolis and St. Paul. A number of specialized lodges through Tasks also support seniors or women or individuals convicted of felonies that stemmed from their mental illness. ■

## 'I SAW AN ANGEL'

Diagnosed with schizophrenia in law school, alumnus Bruce Ario writes about his long road back to mental health. By Bruce Ario (B.A. '78)

**JESUS ALWAYS GUIDED** his followers without looking back. Jesus is relevant here because at my most euphoric and lowest points, that's who I thought I was.

After earning my economics degree at the U of M in 1978, I started to have mental health issues, and I became convinced I might be Jesus. After all, I'd had a visitation from an angel—and to this day, I believe that really happened.

However, a Messiah delusion is very common in the mental health field and in psychiatric wards. My psychiatrist in the ward into which I'd admitted myself at the time couldn't see the angel and said she was a delusion. He diagnosed me with schizophrenia, and the medicine prescribed for my condition did alleviate the worst of my symptoms.

Although my diagnosis has followed me over the past 40-some years, I'm still ambivalent about it. (I also had a car accident and a head injury around that time, which may have helped contribute to the ongoing confusion I've struggled with for years.)

With the help of my medication, I managed to get myself together enough to get into law school at the U of M. But after "white-knuckling" my way through two years of it, things began to unravel, I went off my meds, and I started drinking again.

That ended my formal law school career.

**“After leaving school, I felt like I had failed monumentally at life. I had based my whole personality and imagined future on being a lawyer.”**

—Bruce Ario

After leaving school, I felt like I had failed monumentally at life. I had based my whole personality and imagined future on being a lawyer. Unable to even talk about what I was going through with anyone, I went from law student to homeless. I wasn't sure I was up to the challenge of accepting a mental illness diagnosis and I continued to reject it—along with the drugs that helped me manage my symptoms.

I was on a hellacious roller coaster ride.

During this time, I started telling people I was Jesus. Then in 1984, I was arrested for taking off my clothes on a skyway in downtown Minneapolis. I needed the world to feel my “love” and I thought something magical would happen when I disrobed, like a Second Coming, or that I would “arrive” somewhere beyond shame.

After my arrest, the judge ruled that I was “not guilty by reason of insanity.” In return for not going to jail, I was required to accept my diagnosis, and court-committed to a group home.

While there, a psychologist helped me redirect myself and acknowledge my illness.

I very slowly began to accept and integrate my diagnosis into my life. Before that, I didn't have a whole lot of respect for or knowledge of those with mental illness, possibly because I didn't truly respect or know myself. I thought people who had mental health problems were strange, without knowing the influences that made them that way.

In most cases, it's brain chemistry.

By 1988, I'd ended up in a program called Tasks Unlimited that employs and houses people with mental illness. It became the “home” I had searched for on the streets. My mind began to come in from the cosmos and things fell into place.

At times grudgingly and at times willingly, the clients of Tasks started to command my respect. At Tasks, the individuals I worked with and have been supported by asked me to accept their stories of how they too had

been on journeys, and then accepted their diagnoses as illness. I learned much more about living with a mental illness just by observing others. I normalized the situation in my mind. That's recovery.

This road I've been on has been tough. I've had to do many things I didn't want to do, such as accept some of my ideas as illness and take medication. But lest my life sound too harsh, today I am also auditing courses in pursuit of my lost “third year” of law school (although I won't be able to get a J.D. because too much time has passed). I've also developed joy from loving family, friends, and a church behind me. This has given me what I need to facilitate stability.

I've become a supervisor in two federal government mailrooms; run seven marathons; traveled on mission trips to Haiti, India, and Sierra Leone; own a fully paid-for condo; attained a purple belt in karate, and my proudest achievement, published four novels, and become an advocate for the Fairweather model of recovery, which is what helped me.

I came into contact with the Fairweather Program in 1988 through Tasks. In the 1960s, George “Bill” Fairweather, a California psychologist, developed the concept of the Lodge, a group home that functions like a family or a commune, where four or five people with a mental illness live together and become employed in the community. Fairweather's theory was that individuals with mental illness can recover with the support they give each other, and the recovery they experience would be superior to the traditional methods of treating mental illness.

Through long arduous talks with the people at Tasks and my church, I found my life again. I began to share my knowledge of mental illness. I found many places to speak about Fairweather, including NAMI-MN, a grassroots mental health organization.

As a now 65-year-old, recovery for me has been a lot of looking back, and I've left no stone unturned. Recovery is also believing in a future, and I figure I have some quality time left before me. ■

Bruce Ario has written *City Boy*, a memoir; *Help from Above, Push from Below, Fight for the Middle*, a story of Tasks; *Everyone is a Star*; and *Changing Ways*, a story of growth. You can learn more about him and his writing at [bruceario.com](http://bruceario.com).





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# Haunted by the Holocaust and Other Tales

Minnesota Alumni's quarterly roundup of notable books.

By Lynette Lamb



Lynette Lamb (M.A. '84) is a Minneapolis writer.

**L**auren Fox (M.F.A. '98) was always aware of a tragic backstory behind her grandparents' move from Germany to the United States in the 1930s, but she never knew the full extent of it. Eventually, while in graduate school at the U of M, she unearthed some correspondence between her grandmother and great-grandmother and asked a German professor to translate it for her. Fox's maternal grandparents had managed to leave

Germany, but their senior family members were compelled to remain there as life became increasingly dangerous for Jewish citizens. Although her grandmother tried everything that she could think of to obtain visas and travel permission for her parents, in the end nothing worked.

For 20 years Fox struggled with how to use those letters—desperate, heartbreaking—in her writing. After rejecting the idea of a memoir, she has now beautifully incorporated excerpts in her latest novel, *Send For Me* (Knopf). In it she tells the story of Annelise, who with her husband and young daughter, left behind all she knew in Feldenheim, Germany, for the chance to start a new life in Milwaukee.

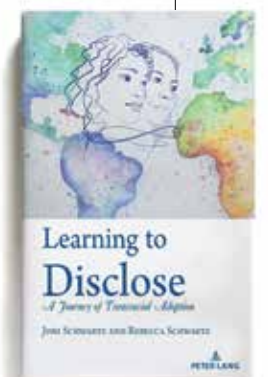
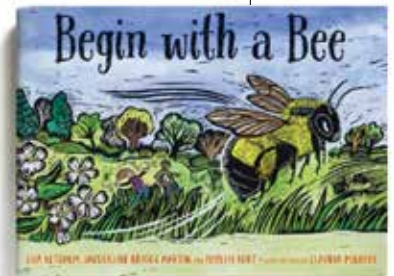
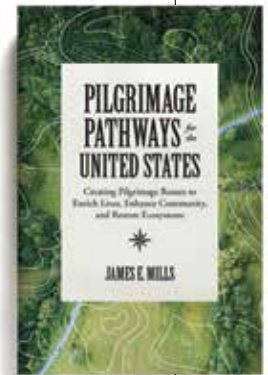
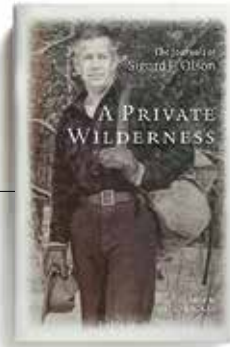
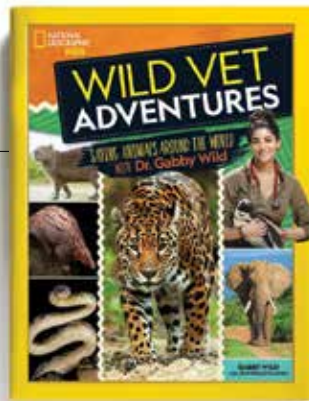
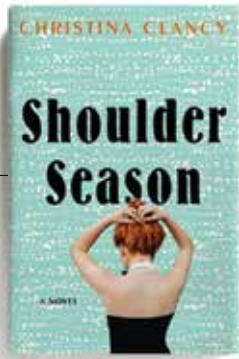
The book skillfully braids together the stories of Annelise, a baker's daughter who

fled Germany with her small family in 1938, and Clare, her all-American granddaughter, who is trying to find the right work and the right man in modern-day Milwaukee. Fortunately, the sections about Annelise are far more numerous than those about Clare because they are also far more compelling and vividly written.

Fox is a talented writer and she skillfully evokes both the increasing terror of 1930s Germany and the terrible slog of immigrants trying to forge a new life in a strange land. This book is a page-turner and a literary triumph, yet its most dramatic and moving bits are the real letters from Fox's great-grandmother. Her pain in being separated from her only child and grandchild and her growing desperation at being caught in Nazi Germany come through so clearly in these excerpts: "I live constantly in my thoughts of you," "If only I could see her for five minutes," "I think that things don't look too good here," "For now I have nothing more to say. I can't get my thoughts together properly."

## And the rest ...

For a novel set closer to home, check out the highly readable coming-of-age novel *Shoulder Season* (St. Martin's Press) by **Christina Clancy** (B.A. '91). Its protagonist is the appealing Sherri Taylor, a small-town girl who lands a job as a Playboy Bunny at the now-defunct Playboy Club in Lake Geneva, Wisconsin. Although she has been told she isn't college material, Sherri turns out to be a thoughtful, poetry-quoting organist who is shaking her



(bunny) tail for the money. She ends her summer job with far more than cash, learning some tough life lessons along the way.

To enter the lively world of a real young woman (with far more vocational direction), look no further than **Gabriela Zonenshine** (M.P.H. '21), author of *Wild Vet Adventures: Saving Animals Around the World With Dr. Gabby Wild* (National Geographic Kids). Dr. Wild (Zonenshine's *nom de plume*) earned a Doctor of Veterinary Medicine degree from Cornell University and now travels the globe as a wild-life veterinarian for National Geographic. This richly photo-illustrated book is an animal-loving kid's delight, complete with sections on beasts from around the world and such compelling chapters as "My Scariest Story" (doing dental work on a jaguar).

For the voice of a man who spent his life in more familiar wild country, seek out *A Private Wilderness: The Journals of Sigurd Olson* (University of Minnesota Press), edited by **David Backes**. Backes previously wrote a well-received biography of Olson, also published by University of Minnesota Press, called *A Wilderness Within*. Sigurd Olson spent his life living on the edge of the Boundary Waters Canoe Area in Ely, Minnesota, teaching at the community college, advocating for BWCA preservation, and writing the books that made him famous. These journals represent his early literary efforts, before publication of his seminal work, *The Singing Wilderness*, in 1956.

The humble bumblebee is every bit as endangered today as the BWCA was in

Olson's time—and today. To educate a child about the importance of these pollinating insects and our own responsibilities in the natural world, there is no better book than *Begin With a Bee* (University of Minnesota Press) by **Liza Ketchum**, **Jacqueline Briggs Martin**, and **Phyllis Root**, with colorful and charming illustrations by Claudia McGehee.

Saving the BWCA and the bumblebee are important ways to maintain vital ecosystems. A rarely considered new way, argues **James E. Mills** (M.A. '84, Ph.D. '92), is to create American pilgrimage routes. In *Pilgrimage Pathways for the United States: Creating Pilgrimage Routes to Enrich Lives, Enhance Community, and Restore Ecosystems* (North Atlantic Books), Mills asks why our younger nation has no treks to compare to Spain's Camino de Santiago or India's Banaras. While not going so far as to stipulate specific paths that might be built, he does suggest principles, considerations, and possible obstacles to undertaking such an enterprise.

Another kind of exploration can be found in *Learning to Disclose: A Journey of Transracial Adoption* (Peter Lang) by **Joni Schwartz** (B.S. '76) and Rebecca Schwartz. Written as a form of mother-daughter dialogue between Joni and Rebecca—who was adopted from Haiti at age 9—this book takes a deep look at the evolving personal and racial identity work required of a Black woman raised in a white home, as seen through the lens of one family. ■



# Hmong Activist Gives Back

Alumna Pakou Hang embraces ‘the arena of possibility.’ *By Lori Ferguson*

Above: Pakou Hang, front row in glasses, poses with some members of the Vote Run Lead staff.

**P**akou Hang (M.A. '09) was just 15 days old when her parents immigrated to the U.S. from Thailand. She was a fifth grader when her parents relocated to St. Paul. “I grew up with parents who didn’t speak or read English, and so, like many first-generation children of immigrants, I frequently acted as an interpreter and in many ways, behaved more like a parent than a child,” she says.

The experience would prove to be a potent object lesson in the power of using one’s voice, and when coupled with Hang’s Catholic school education, it gave rise to a skilled activist. “I was taught primarily by nuns, so I grew up surrounded by female leaders,” Hang says. “The church’s emphasis on social justice had a profound impact on me; parables like the Good Samaritan are deeply resonant.”

These forces influenced Hang as she pursued her education, studying revolutions in Latin America while working toward a bachelor’s in political science at Yale University and exploring political psychology and voting behavior while earning a master’s in political science at the U of M. In the years since, she has sought to effect change in society politically and economically, always with the goal of empowering others.

Hang cut her teeth at Boston-based KLD Research and Analytics, Inc., a firm that advises clients on socially responsible investments. “My time at KLD was pivotal for me as an activist,” she says. “I had amazing mentors. Libby Edgerly taught me to write effectively, and Steve Lydenberg, a cofounder of the Domini 400 Social Index [which helps socially

“The importance of giving back is something I learned from my parents; it’s an essential part of the fabric of Hmong culture.”

Pakou Hang

conscious investors weigh social and environmental factors in their investments], really opened my eyes to the power of socially responsible investments.”

Hang ultimately returned to the Twin Cities and immersed herself in civic life. In 2002, she ran her cousin Mee Moua’s successful state Senate campaign and served as deputy political director for Senator Paul Wellstone’s reelection campaign. In November 2011, she joined forces with her brother, Janssen, and a group of Hmong farmers to create the Hmong American Farmers Association (HAFA), where she served as executive director for the next eight years.

“HAFA grew out of my 2011 Bush Leadership Fellowship,” she explains. “I wanted to explore the challenges and opportunities facing Hmong farmers like my parents following the great recession of 2008. Many Hmong people had been working in manufacturing and when those jobs went away, they fell back on farming.” With HAFA, Hang realized that long-term access to land was the key to farmers’ financial viability. Thus began HAFA’s six-year quest to find land to purchase. That journey is nearing its end; the organization is now finalizing plans to purchase 155 acres just 15 minutes outside of St. Paul.

“Purchasing this tract of land is a game changer for farmers, not only in their ability to provide for their families by raising and selling crops but also to build intergenerational wealth,” Hang says. The land purchase illustrates the power of community and demonstrates how working together lifts everyone, she adds. “I could have hoarded my knowledge and experience and only helped my family, but

instead I shared it and the entire Hmong community has benefited. The importance of giving back is something I learned from my parents; it’s an essential part of the fabric of Hmong culture.”

Now Hang sees the opportunity to help another constituency through her new role as chief program officer for Vote Run Lead, a nonprofit that trains women to run for office in the U.S. “I loved my time with HAFA, but just as the land has seasons, so do I, and I feel like it’s time to enter a new season in my professional life.” Hang cofounded Vote Run Lead in 2012 and welcomes the chance to return there. “Rejoining the organization was as much a homecoming as leaving HAFA was a departure.”

Minnesota is currently the epicenter of the awakening of racial justice for the U.S., Hang observes. That, together with the pandemic-induced shift to constituency-focused leadership, leaves Hang feeling she’s in the right place at the right time. “I’m rediscovering that there are many ways to get to social justice,” Hang says. “For some it’s in the streets, for others it’s at the polls, and for yet others, it’s in casting votes as a company shareholder.”

Hang plans to support the next generation of women leaders, particularly those from immigrant communities.

“I believe that women are at the forefront of the push to forge a better democracy, one that we all deserve,” she says. “I’m grateful for the chance to bring my knowledge and experience to Vote Run Lead. It’s exciting to work in the arena of possibility.” ■

Lori Ferguson is a freelance writer based in Sarasota, Florida.



## Baseball in the Books

### Alumnus Scott Bush helms the Society for American Baseball Research.

*By Jon Caroulis*

It was an offer he couldn't refuse.

While Scott Bush was a student at the U of M in 2004, Mike Veeck, legendary owner of the St. Paul Saints minor league baseball team, came to speak in one of his classes. Bush listened as Veeck gave the class his email and invited anyone who wanted a job or internship to contact him. Veeck promised to reply.

"I thought it would be stupid not to take him up on the offer," says Bush (B.S. '05). That summer, Bush would intern with the club. It was the start of a career in baseball that culminated in Bush taking the job as CEO of the Society for American Baseball Research (SABR) in 2018, a research organization based in Phoenix that works to spread the history of the game.

Bush says those early days of working at the Saints were like nothing he had ever experienced. "I hadn't been

exposed to them prior to that; it was real eye-opening," Bush says. "There appeared to be no rules, [and] it made it such a joy every day. Everybody had the freedom to express themselves with new ideas."

The St. Paul Saints are notable for a variety of crowd-pleasing antics, including having a trained pig deliver balls to the pitcher, offering seat-side massages to fans, and creating corny but cute 7th inning stretch diversions that have included both food and pillow fights. One idea Bush had that summer in the same vein came from the story of the Seattle Mariners fans who were asked to leave a game for wearing shirts that said, "Yankees Suck." Since the Saints were holding an "Evil Empire" night, "we sold shirts that said 'Sankees Yuck,'" Bush says.

After his start with the Saints, Bush later worked in California for the Fresno Grizzlies for a few years, then with the

“I thought it would be stupid not to take [St. Paul Saints owner Mike Veeck] up on the offer.”

Scott Bush

Stockton Ports for a season before returning to the Saints. When Bush learned the SABR leadership position was open, he applied, believing it was “a great opportunity to challenge myself in a new way, [and] apply what I learned from minor league baseball.”

Founded in 1971 by a group of baseball writers and fans who were interested in both statistics and baseball history, SABR is celebrating its 50th anniversary this year. At their initial organizing meeting at the National Baseball Hall of Fame in Cooperstown, New York, the 16-member founding group decided SABR’s mission would be to foster the study of baseball as a significant American social and athletic institution, and to accurately record baseball history and research.

Today SABR produces three journals, has a book publishing division, and fields 33 committees that conduct research on everything from the Negro Leagues to 19th century baseball, as well as statistical analysis, women in baseball, baseball in the arts, and more. Since becoming CEO, Bush has helped grow membership—which includes individuals interested in baseball research and professional baseball players or executives—by more than 20 percent to about 6,800.

Bush grew up on a farm in Russell, Minnesota, and says wanting a “bigger” collegiate environment is what led him to the U of M. “I have always been a huge sports fan, so I wanted the ‘Big School’ experience of attending major college sporting events,” he says. “I [initially] wanted to become a mechanical engineer and the [U of M’s program was] highly

regarded across the country, so I felt like it was the perfect fit.”

While the engineering dream was ultimately not to be, Bush’s interest in sports became more focused during college. He transitioned programs and colleges within the University and graduated with a sport management degree from the College of Education and Human Development and a management minor from the Carlson School. He was able to accomplish this in part, he says, because of Jo Ann Buysse, then a senior lecturer in the Kinesiology department and now a professor emerita.

Buysse was influential in a number of ways, Bush says. “First, she was willing to admit me to the program, despite the fact that I’d missed the application deadline by weeks. But more importantly, she made me question my own views on equality in sports and society. Her ability to use sports—women’s sports in particular—to showcase how power structures are maintained was a powerful lesson to learn at that age.

“The University of Minnesota provided a terrific infrastructure to start building my own professional network,” Bush adds. “Specifically, it led directly to my first jobs in baseball, which put me on the path that I’ve been so fortunate to follow. Without those entry-level opportunities, I may not have found the immediate footing you need in an industry with no shortage of people to enter the workforce.” ■

Jon Caroulis is a freelance writer from Jenkintown, Pennsylvania, and a columnist for the website ballnine.com.

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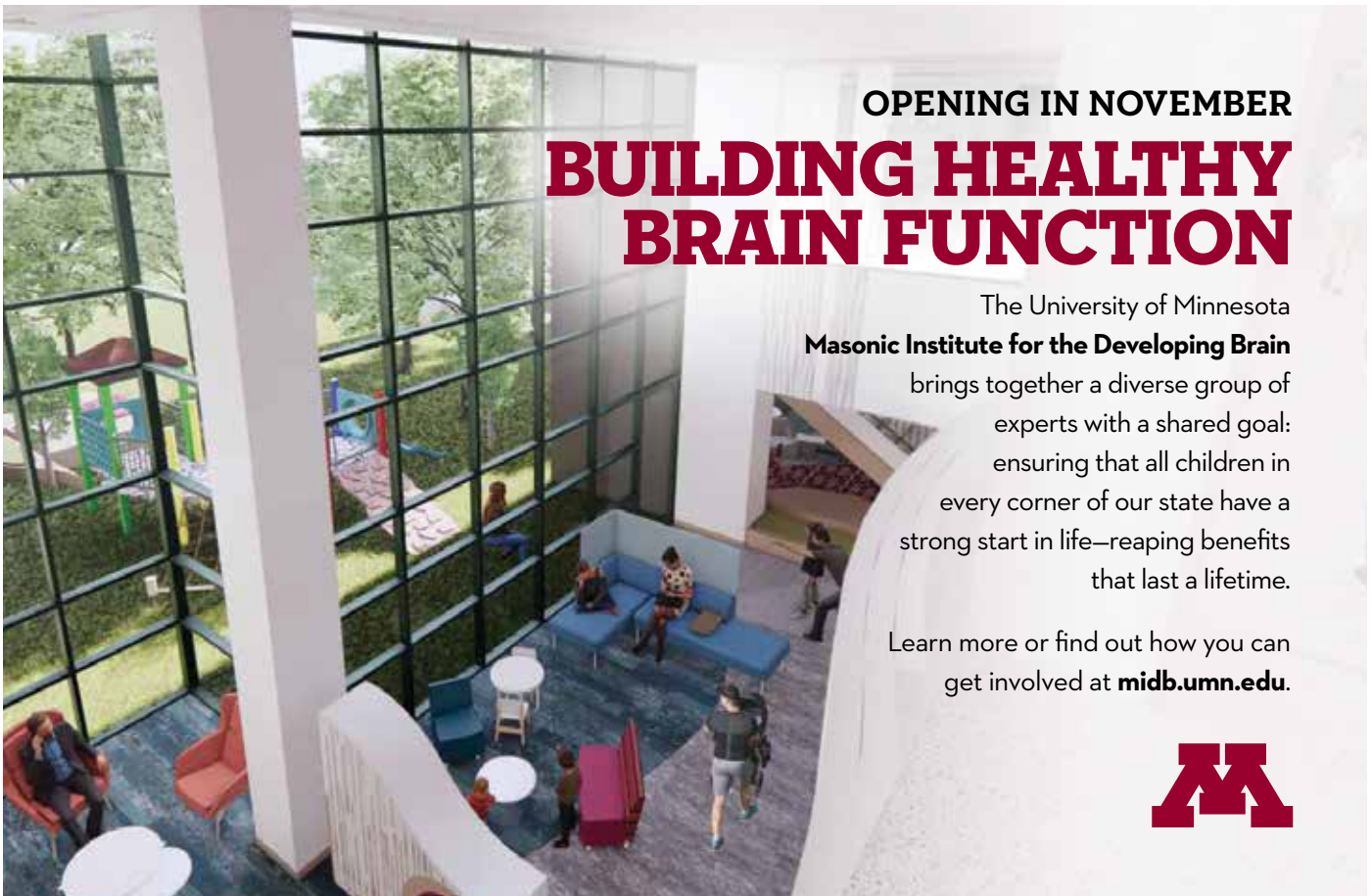
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Stay connected.

# ALUMNI NEWS & EVENTS

## DEAR ALUMNI AND FRIENDS,

This is a time of anticipation. Efforts to mitigate the Covid-19 pandemic are showing promise, and some activities that were paused over the last year have resumed. I know many of you have missed gathering in person, and I hope your summer is filled with opportunities to reconnect with loved ones and take part in activities that bring you joy.

The Alumni Association is already looking ahead to fall and planning events and resources for the alumni community. Over the last year and in light of the pandemic, we expanded our digital capabilities to help alumni continue learning, growing, and staying connected. Everything from Career Month programs to Minne-College and this year's Annual Celebration were offered online, and we were thrilled to see participation grow.

What we learned from this is that expanded digital efforts can help us make our programming even more accessible to our global alumni community. That's why we will offer a robust slate of resources this fall both virtually and in person (when public health guidance allows), to help alumni gain career momentum, explore entrepreneurship, or participate in a wide range of other activities. This hybrid combination will let you take advantage of more Alumni Association resources than ever before, in a way that matches your needs best.

As we look ahead to fall, our thoughts naturally also turn to Homecoming, a time of reconnection. I'm always struck by the things that bring alumni back to their alma mater, be that shared memories, deeply meaningful traditions, or old friends. In fact, Homecoming encapsulates all the best of what we've missed out on over the past year. While we can't say definitively what form our celebrations will take right now, be assured that we will celebrate together! This fall, no matter where you are in the world, the Alumni Association will offer opportunities for you to take part in the 2021 Homecoming festivities.

We will share more details about the Alumni Association's fall plans soon. Until then, Ski-U-Mah!



Warmly,  
Lisa Lewis  
President and CEO  
Life Member and Alumni Leadership Circle Donor  
University of Minnesota Alumni Association

“WE’VE LEARNED THAT OUR DIGITAL EFFORTS CAN HELP US MAKE OUR PROGRAMMING EVEN MORE ACCESSIBLE TO GLOBAL ALUMNI.”



## GOLDEN BOOK BAG EVENT

The Alumni Association held its first-ever members-only Golden Book Bag event on May 20.

Featuring conversations with U of M alumni authors and hosted by Lynette Lamb, books editor for *Minnesota Alumni* magazine, this inaugural discussion and reading featured Eric Utne (B.A. '72), author of *Far Out Man: Tales of Life in the Counterculture*, published by Random House.

Utne founded *Utne Reader* magazine in 1984 and helmed it until 2000. He has since worked in a variety of fields as a social entrepreneur.

Watch for information on future Golden Book Bag events coming soon!

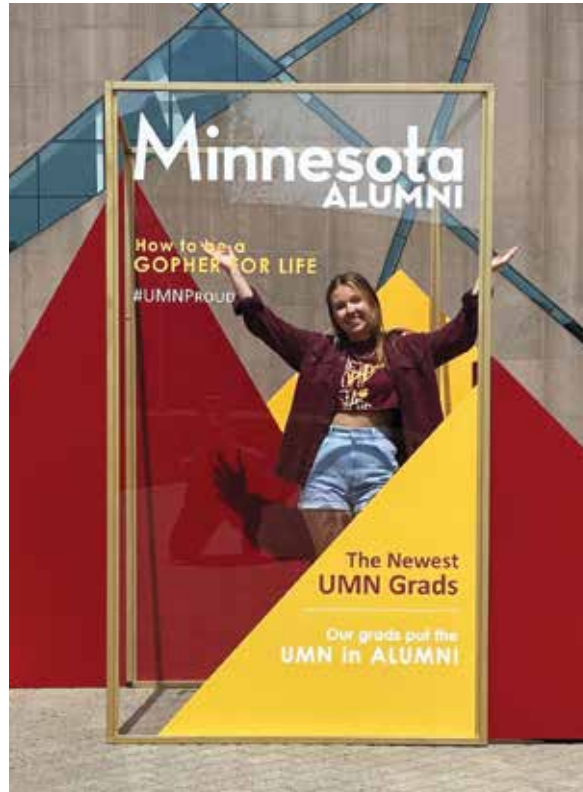
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## CONGRATULATIONS CLASS OF 2021!

Welcome to the UMN Alumni Family!

Commencement season is a meaningful time for graduates and their families. While Covid-19 meant most official celebrations were conducted virtually again this year, the Alumni Association created fun and safe opportunities for graduates to commemorate this time and for alumni to show their support, including a giant Graduation Photo Opportunity inspired by *Minnesota Alumni* magazine, a virtual photo booth, greetings from alumni, career events, unique gifts from the Minnesota Alumni Market, and more.

Read about all the ways the UMAA bolsters success for new grads at [UMNAlumni.org/RecentGrad](http://UMNAlumni.org/RecentGrad).



## SHENZHEN ALUMNI

On March 27th, the Shenzhen Alumni Network held their themed Spring Tea with Chinese Custom Dress. The event was attended by alumni and also special guest UMN Professor David Pui.

## WOMEN IN POWER SERIES

The Alumni Association recently hosted its first Women in Power Series, in collaboration with The Women's Center. This three-part series was designed to empower women with information about the gender pay gap, strategies for self-advocacy, and how to successfully ask for a salary increase. With 20 participants ranging from students to retired professionals, the candid conversations that took place at the virtual event demonstrated

the benefit of multigenerational knowledge sharing. Participants had the opportunity to hear from three distinguished alumnae: Anitra Cottledge (M.A. '07), the director of the U of M Women's Center, Nancy Burke (B.A. '67, M.A. '91), career coach and coauthor of *Power Your Career: The Art of Tactful Self-Promotion at Work*, and Julie Ha Truong (B.A. '03, M.P.P. '06), CNM certified coach and founder of Leadership Savvy.



## UMAA WORKS WITH U OF M TO HELP GRADUATES LAND FIRST JOB

While the current economy and job market remain volatile and incredibly tight due to Covid-19, career leaders from the University and the Alumni Association decided to work together to start a new Entry-Level Job Fair for alumni who received their degree from the U of M system in 2020-21.

The event will be held June 9 and aims to bring together 100 employers and more than 300 job seekers.

The Job Fair will connect recent graduates who are entering the workplace for the first time with a broad range of employers who have full-time entry-level employment opportunities. Job seekers can network with potential employers through 10-minute one-on-one sessions and group information sessions.

Unlike many other fairs, this event is free to employers, which opens up opportunities for smaller organizations, start-ups, nonprofits, and other organizations with limited budgets to participate.

This works to further the Alumni Association's focus on bolstering student success and career engagement opportunities for students and alumni.

Learn more at [z.umn.edu/entrylevelfair](http://z.umn.edu/entrylevelfair).

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More offers listed on page 50.

# MAROON & GOLD



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## A SPECIAL WELCOME to our newest Life Members!\*

By joining more than 21,000 loyal and enthusiastic UMAA Life Members, you are changing lives and creating possibilities for the U of M community, including students and recent graduates. Your membership accelerates careers, creates local and global connections, supports alumni-owned businesses, sparks learning, and so much more. Thank you.

Murtaza Ali	John Dickhudt	Randolph Jones
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*\*Reflects January 12 to  
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# Pets and Mental Health



Marie Louderback (D.V.M. '07) is a veterinarian at Minnesotans Supporting Companion Animals for Seniors and the Disabled (MnSCASD), a nonprofit clinic she founded to help provide affordable care for the pets of seniors and the disabled. For more information, please go to [MnSCASD.org](http://MnSCASD.org).

Illustration by James Heimer

By Marie Louderback

**E**very Wednesday and Sunday I get a call from an older gentleman letting me know that he is OK and his cat Frederick is OK. He calls because he is afraid that if something happens to him, Frederick will be alone without food and water for upwards of a month. He has no visitors or family to check in on him—or his beloved pet. He is alone except for his best friend: Frederick.

As a veterinarian I know firsthand how much the human-animal bond can help many conditions, including our mental health. When you pet a cat or a dog, your blood pressure goes down. Some dogs and cats can sense when their owner is about to have a seizure or when their blood glucose is elevated and will direct the owner to sit down so that they can take their medication, or at least be safe if they pass out or have a seizure.

Likewise, pets can help reduce the effects of anxiety and phobias on our bodies. Pets can help calm an owner so that he or she can take a bus through crowds to get to work, or fly across the country to visit friends and family, or shop in a noisy store without triggering post-traumatic stress disorder.

One of my clients has a child with autism who, after getting a cat, was finally able to fall asleep to the sound of the cat purring.

A better night's rest made it easier for this child to concentrate in school and at therapy sessions. And for this child, his cat is as important as the medication he's given daily—even though the kitty wasn't

trained to provide certain supportive skills, but simply gives them naturally.

We understand the effect medication has on our bodies. Insulin reduces blood glucose, blood pressure medication lowers blood pressure, anti-seizure medication minimizes seizures. But it is harder to quantify the effects a pet has on our well-being.

Likewise, you never know what circumstances brought a pet to their present owner. Sometimes a pet arrives after a close family member passes away unexpectedly. This pet then remains the only connection left to the deceased person and gives comfort to its owner just by being there.

For me as a vet, to be able to care for this pet allows me to indirectly care for the family, as well.

If you have a pet, you don't need a study to tell you that your dog or cat or bird or whatever improves your well-being, and perhaps by extension, your mental health.

This past year, the Covid-19 pandemic has shown the devastating effects isolation has on dementia patients and older people living alone. No visitors, no connections, no conversations. Older adults who had a pet to talk to and to care for during this difficult year experienced at least a little bit of normalcy.

That's because pets respond with love and support when there is pain and loneliness. ▣



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