Sabrina Madison-Cannon, Dean

MEETING MINUTES January 11, 2023

Faculty in Attendance: Abbott, Boss, A. Brown, K. Brown, Brunkan, Cherry, Crumb, Dossin, Esquivel, Fine, Ghillebaert, Gries, Grossman, Hatakeyama, Henniger, Kim, Krueger, Kyr, Landreth, Llinás, Madison-Cannon, Mockli, Nobile, Ortiz, Pack, Paul, Peña, Pologe, S. Rodgers, Sasaki, Silveira, Stanley, Stolet, Straka, Strietelmeier, Vacchi, Wachter, Wiltshire, Wolf.

Not in Attendance, but Excused: Bellona (teach), Castro (teach), Cordova-Arrington, Ho (teach), Honka (teach), Koenigsberg, Kruckenberg (teach), Mockli (teach), Moore (rehearsal), Phillips, Ramos-Kittrell, L. Rodgers, Schaffer, Wallmark (teach).

Staff in Attendance: Bates, Benefiel, Bostwick, Boyd, Cagno, Dunn, Frazer, Gorman, Hinojosa, Hsieh, Koch, Rich, Roberts, Stevens, Taflinger, Van Ert, Walton.

Call to Order

Dean Sabrina Madison-Cannon welcomes faculty and staff the SOMD meeting and calls the meeting to order at 3:10 p.m.

Guest Presentation: Student Wellbeing

Madison-Cannon welcomes Dr. Mariko Lin, who is the Assistant Director & Education and Prevention Outreach Director for University Counseling Services. Dr. Lin joins us today to present information, resources, and guidance for faculty and staff in supporting students.

Dr. Lin is joined by colleagues from counseling center:

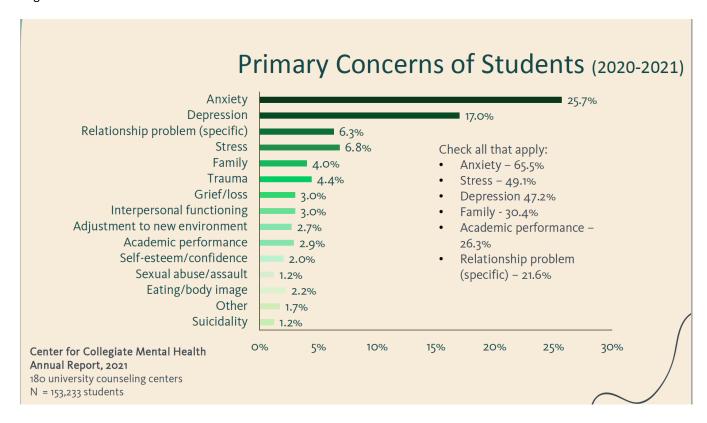
Juliene Grace Fresnedi, Counseling Center doctoral intern | fresnedi@uoregon.edu),

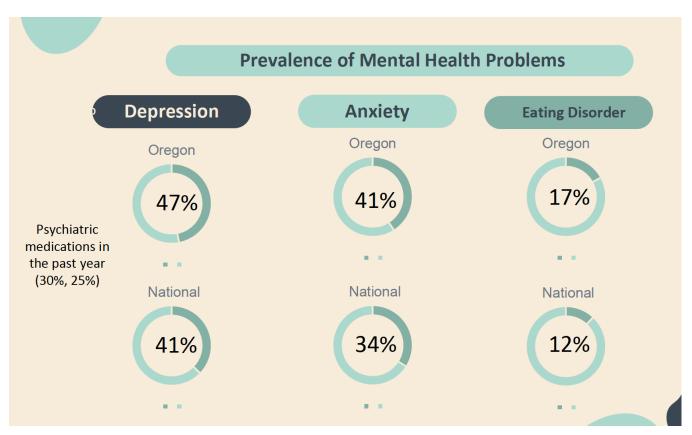
Rachana Patel, University Health Services, Community Health Specialist | rpatel@uoregon.edu)

Lin shares her slides and an overview of today's presentation: student mental health statistics, how to support and approach students, making referrals, and counseling services and resources.

Mental Health Statistics (slides on next pages)

- Data shows it's not just one thing impacting students, it's a handful of things like anxiety, depression, relationship issues, eating disorders, trauma, etc.
- Data comes from the UO healthy mind study and students opt in to respond to the survey.
- UO students are experiencing mental health issues higher than the national average.
- Students are being affected, then it impacts their academic progress creating a domino effect.
- 57% (that's 14,000 students) report having experienced struggling with mental health issues.
- 14% (that's 3,000 students) report having experienced suicidal thoughts.
- Take away: a fair amount of our students are struggling.





Quantifying the Need for Support

	2021	Total Students
Estimated proportion of students "experiencing symptoms of at least one significant mental health problem, such as depression, anxiety disorders, suicidal thoughts, self-injury, or eating disorders."	67% (2019-46.9%)	14,617 (2019-10,655)
"Seriously thought about attempting suicide, past year"	14%	3,052
"Made a plan for attempting suicide, past year"	7%	1,526
"Attempted suicide, past year"	1%	218

Faculty question asking for clarification regarding the comparison data and where the data used for the national average comes from.

Lin replies the national average data comes from a study out of University of Michigan which surveys about 100 schools.

Madison-cannon follows up inquiring if the data could be skewed because it relies on students to self-identify and there might be a stigma around reporting mental health issues.

Lin shares that the culture at UO lends itself to students feeling more comfortable discussing and reporting their mental health concerns. But she can't speak to that regarding the national data, so it is a possibility.

Signs to Look Out For

When you see a student and something seems off or something that is out of the norm for that student, that's always a sign of struggle. Some examples include:

1. Academic/Work

- Excessive absences or tardiness
- Missed, late or incomplete assignments
- Repeated requests for special consideration
- Bad or worsening grades
- Falling asleep in class
- Problems staying focused or paying attention

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2. Behavioral

- Withdrawing from friends, family, peers, instructors
- Change in personal hygiene or dress
- Tired appearance
- Changes in eating or sleeping patterns
- Mood swings, change in personality
- Taking excessive risks, being reckless (increased alcohol use, for example)

3. References to Suicide

- Verbal or written references to suicide or death
- Talking about being a burden
- Feelings of hopelessness
- Overt references to suicide
- Seeking out things that could be used in a suicide attempt, such as weapons or drugs

When having a conversation with a student:

- Primary goal is to convey understanding and concern. Show that you care. See how the student is
 doing, see if they need help, refer students to resources. Ask students, "how can I support you?"
- Second goal/s:
 - See how the student is doing. Instead of rushing to figure out a solution/problem solve, sometimes they just want somebody to listen to them.
 - Assist in identifying support.

Faculty and Staff Consultations

If you're working with a student that you're concerned about, counseling services offers consultations with faculty and staff. Counselors are available to talk through situations with you on the same day.

- 1. Call Counseling Services: 541-346-3227
- 2. Indicate your role on campus
- 3. "I'd like to consult about a student"

Communication Tips. Having conservations with students around mental health.

- Convey a sense of interest and caring.
- Acknowledge observations but avoid judgements and blame. For example, "I noticed you're
 missing class a bit more, and I just want to check in to see how you're doing".
- Listening carefully and sensitively. Listen to hear, you don't always have to listen to respond or problem solve. If all you do is listen, that's great!
- Encourage students to share their story; It's okay to ask how they are doing and okay for them to share their story.
- Empathetic reflection shows that you understand. Reflect back the words you hear and respond vs provide solution: "how are you feeling about that".
- Role model self-care and vulnerability. If you feel comfortable, it's okay to self-disclose that you struggled in college. Don't take up the whole conversation but instead use it for the purpose of building connection.

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Faculty: how do the consultations interface with the "report a concern to the dean of students".

Lin shares that students, faculty, and staff can all contact counseling services for consultations; these are confidential and not reported to deans of students.

Faculty: how successful are you at treating all of the students who come into the office? Are you able to meet with all of the students who ask for help?

Lin says they are understaffed like most areas on campus. They have contracted with an outside company to help with the overflow of student appointments. They have also implemented a system to limit the number of appointments to six per student, then for long term care they have a network of resources and counselors to refer students to.

Beverly Taflinger shares that as an advisor she hears comments from students that counseling services are already booked up. At least that's their assumption. How do you recommend responding to students?

Lin: we schedule the first appointment within the week. It could be a wait to get ongoing therapy, but there shouldn't be a wait to get in for initial consultation.

Faculty: I had one student who needed this help and I referred her to your office. She's been in for the short-term appointments but now she's getting referred out and is having trouble getting outside therapy.

Lin: we have two case managers who help students find help outside of campus. We have a database of over 200 therapists and our case managers can work with the students, their insurance, and their needs to find the right fit. Follow-up with me afterwards if you have a particular student who is waiting for help.

Faculty: several of us work one on one with students. There is a fine line between recognizing the problem and prying. What advice do you have for walking that fine line? Or is it best to just contact you right away?

Lin: it's still important to have the personal relationship with the student if you feel comfortable talking with them. The fine line is if the student only feels comfortable coming to you and it's becoming too much and they aren't seeking other resources as needed. If you see it bubbling up, refer them to us.

Resources

1. Ways to Report Students:

Report an Academic Concern: https://advising.uoregon.edu/facultystaff-resources#AcademicConcern
Office of Academic Advising. Report when there is a lack of communication, lack of engagement, missing class, not turning in assignments. The advising team has their own case manager, and she can escalate the student if it ends up being a mental health concern

Dean of Students Community Care and Support Form: https://dos.uoregon.edu/

Puts the student on the radar of other people who can help (Counseling Services, Dean of Students, Res Life, etc.). Can be helpful for trickier situations: 1) resistant to getting help, 2) might not follow through with your referral, 3) may get to UCS and then got follow through.

Best practice – let the student know you are submitting a concern or submit the concern with them.

Do this so the student doesn't feel like you are betraying them and going behind the back.

- Kognitio module: https://counseling.uoregon.edu/kognito
 Online module anybody (and everybody) should look at. It uses simulated conversations to prepare you for real-life situations and conversations.
- 3. **TEP Student Wellbeing Toolkit**: https://teaching.uoregon.edu/resources/student-wellbeing-toolkit
- 4. **Mental Health and Wellness statement for Syllabus:** https://provost.uoregon.edu/standard-university-syllabus-language

Services

- **Free.** No out-of-pocket costs or insurance needed. Services are paid through the university fees students pay.
- Confidential. Everything they say stays in the room.
- **Accessible.** Same day appointments or within the same week consultation appointments. Either in-person and telehealth appointments.
- Individual Therapy. Students receive up to six sessions,
- **Group therapy**. Support from peer perspectives with hared identifies (survivors, parents, non-traditional students, etc.): https://counseling.uoregon.edu/group-therapy
- **Case Manager Support.** Referrals for long-term care, answer insurance questions, find in-network providers, connect with lost cost/no-cost services, identify additional university support services.
- **Let's Talk.** One on one consultation. No paperwork. Easy check-in. Staffed by counselors from a variety of underrepresented groups: https://counseling.uoregon.edu/letstalk
- Additional services. Consultations about students of concern, online self-care kit, outreach and education

After hours Support and Crisis Line. 541-346-3227. Any time Counseling Services is closed a mental health professional is available to provide support and connect you with resources.

Counseling Services webpage for faculty/staff: https://counseling.uoregon.edu/faculty-staff-resources Includes access to the Zoom "Office hours with Counseling Services" for faculty/staff

Lin's presentation comes to an end, and she opens the floor for questions from the group.

Faculty expresses concern about requests for accommodations and how they've increased during the pandemic.

Lin agrees that there has been an increase over the last several years. And she acknowledges that it can be hard to balance the accommodations with wanting to be equitable to the whole group, especially when students are having delays getting for diagnoses and their accommodations in place. AEC offers temporary accommodations while students get official diagnosis.

Question and clarification about eligibility for counseling services. Students have to be registered in classes for a degree program to participate in all of the counseling services. But Counseling Services will still talk with all students and help refer them to resources.

Faculty shares that they have used after hours line. It works and has been very helpful.

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Madison-Cannon asks if the new hires coming in from the current searches will bring the office up to be fully staffed?

Lin kindly jokes back, what is fully staffed? But on a serious note, no, these hires will not bring us up to being fully staffed like we were pre pandemic, but we are seeking funding for additional staffing.

The team adds that a crisis doctor and RN positions have recently been approved by HR. They hope to have these positions in place by fall 2023.

Faculty asks what we can do to help?

Lin responds that we can help advocate for student wellbeing by continuing to let the Provost's Office know we need resources at an institutional level. And asking questions like, how can we work to integrate mental health into core curriculum?

Take Aways for the Group:

- Take the Kognito module: https://counseling.uoregon.edu/kognito
- Let's all be vulnerable and nurture the need for connection.
- Success is that students know you care AND that they can come to you for support.

There are no more questions or comments from the group. Madison-Cannon thanks Dr. Lin and her colleagues for their time.

Updates and Announcements from the Dean's Office

- Communications office is putting together a communications guide for faculty and staff. It will provide
 guidance on when to connect the communications office, services provided, timeline/turnaround time
 for services, etc. They hope to share this resource out soon. Thank you, Josh and the comms team for
 putting this together.
- 2. Reminder: **Trotter Visiting Professorship proposals are due February 15**th. Dennis is chairing the TVP committee. Thank you, Dennis.

Madison-Cannon asks if there are any additional updates or announcements for the good of the order.

Adjournment

There are no additional updates or announcements form the group. Madison-Cannon thanks the group for their time and the meeting was adjourned at 4:00 p.m.

Minutes submitted by Tiffany Benefiel, Dean's Office January 13, 2023