BEYOND AWARENESS: STUDENT-LED INNOVATION IN CAMPUS MENTAL HEALTH



Collegiate Mental Health Innovation Council 2018 Summary Report and Program Highlight



ACKNOWLEDGMENTS

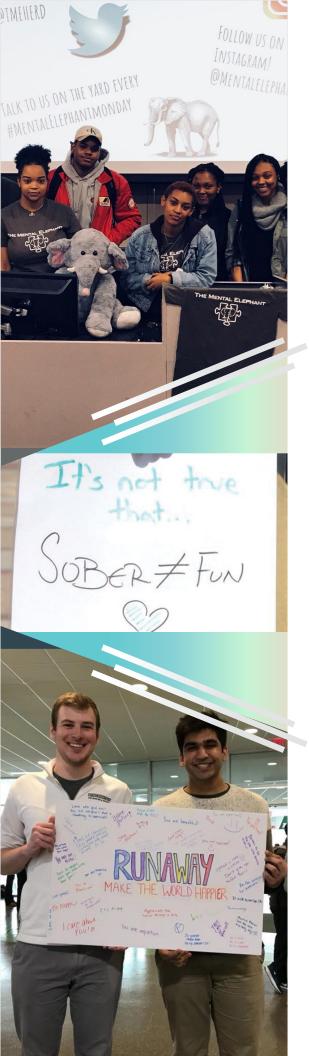
Mental Health America (MHA), formerly the National Mental Health Association, was founded in 1909 and is the nation's leading community-based non-profit dedicated to helping all Americans achieve wellness by living mentally healthier lives. Our work is driven by our commitment to promote mental health as a critical part of overall wellness, including prevention services for all, early identification and intervention for those at risk, integrated care and treatment for those who need it, with recovery as the goal.

MHA dedicates this report to the student advocates and youth leaders across the country and globe who are working to improve the wellbeing of their peers and communities. Their leadership and creativity will continue to shape and transform the way we engage and support youth and young adults by creating and improving services and supports to meet the wants and needs of their peers in a changing world.

This report was researched, written, and prepared by Kelly Davis, Taylor Adams, and Danielle Fritze, along with the support of the Collegiate Mental Health Innovation Council 2017-2018 members.



500 Montgomery St, Suite 820 Alexandria, VA 22314-1520 www.mentalhealthamerica.net Copyright 2018 by Mental Health America, Inc.



CONTENTS

- 4 Introduction
- 5 Collegiate Mental Health Innovation Council
- 6 Disability Supports
- 7 Peer Support
- 9 Technology
- 10 Conclusion
- 11 Member Programs

12 Live Free Madison

A collegiate recovery program supporting students in recovery from addictions at the University of Wisconsin-Madison by Carter Kofman.

14 BetterMynd

An online counseling platform started at Colgate University by Cody Semrau.

16 Buddy Project

A non-profit that matches teens and young adults to buddies with similar interests at Drexel University and campuses across the globe by Gabby Frost.

18 Black Mental Health Ambassadors

A group dedicated to advocating for the mental health needs of the Black communities at Emory University by Jalyn Radziminski.

20 Off-Campus Therapy Stipend

A university and student-funded program dedicated to giving financial support to students seeking mental health services off-campus at Georgetown University by Kenna Chick.

23 Project Lighthouse

A peer-to-peer chatline that provides support to students in need at Georgetown University by Kenna Chick.

25 Wolverine Support Network

A student-run peer support program that provides weekly peer support groups with bi-weekly stress busting events at University of Michigan and expanding across the US by Sam Orley and Max Rothman.

27 The Mental Elephant

A series of digital outlets and community based-events used to promote and improve mental health at East Carolina University and across the country by Miana Bryant.

29 Mental Health Ambassadors

A student organization that uses dialogues, outreach, resource publications, and training to improve mental health and foster inclusivity and accessibility at the University of North at Carolina Chapel Hill by Priya Sridhar.

32 Runaway App

A social entrepreneurial venture that uses an app, workshops, in-person events, and a positivity zone to improve mental health and make the world happier at State University of New York at Binghamton by Satvik Sethi.

34 2-Credit Promoting Wellbeing Course

A two-credit course dedicated to providing students with opportunities to develop skills to support mental health, wellbeing, and academic success at University of Illinois at Chicago by Leah Goodman.

36 Additional Student Leaders In Mental Health

37 Helmi Henkin

The University of Alabama

39 Maggie Musso (nee Skoch)

University of Notre Dame; Stritch School of Medicine at Loyola University Chicago

41 Sources

INTRODUCTION

oncerns about mental health in higher education have grown rapidly and gained attention in recent years. Research, reports and media have illustrated an increasing demand for supports and services on campus, but many colleges and universities struggle to meet the needs of their students. For students, this can mean not knowing how to get help, asking for help and getting wait-listed for services, or receiving inadequate supports in order to navigate recovery and succeed in school.

Addressing mental health on campus is important, as college is a critical transition in the lives of students. It is a time of self-exploration, personal growth, and newfound independence. Students develop an identity, engage with the world around them, and make decisions that shape the direction of their lives. Earning a college degree is also increasingly a requirement for employment, and substantially improves the lifetime potential earnings of students.^{iv}

For all the valuable parts of college and the college experience, there are also many challenges. A shift in social supports, concerns over time management, and the pressure to determine the direction of one's future are parts of the common narrative. But in addition to these challenges, many of today's college students are dealing with other stressors.

These concerns and more are occurring in the broader context of changes in technology, the opioid crisis, rising reports of isolation, and increases in suicide.xxixii The world has become more complex and competitive, and the pressures for perfection and performance, combined with uncertainty and lack of a supportive community, contribute to increased distress among college students.

While it can seem overwhelming, there is good news in college mental health. First, the increased demand for services and disability supports on campus is, in part, due to more students with mental health-related disabilities enrolling in higher education. Second, the rise in students seeking help means efforts to normalize discussion of mental health are succeeding. Lastly, young people are mobilizing to act in support of their peers.

The growing demand for services and reports highlighting an increase in rates of depression, anxiety, self-harm, and suicidality among students make it clear that it is time for action.** As leaders work to address broader issues and specific campus policies and practices, it is essential to emphasize the growing wave of student leadership around campus mental health. After all, who better to help improve and challenge the traditional assumptions about what is best for college students than the students themselves?

MENTAL HEALTH AMERICA'S COLLEGIATE MENTAL HEALTH INNOVATION COUNCIL

While awareness campaigns and policy changes are important parts of supporting mental health and wellbeing on campus, new programmatic solutions led by students offer important perspectives and ideas about how to best meet the needs of their peers. In a world of limited resources, student leadership can make all the difference in creating alternatives and supplements to traditional services, such as working with counselors and psychiatrists or attending group therapy.

With an understanding of the effectiveness of peer support, the influence of community, and the impact of the consumer voice, Mental Health America (MHA) created its inaugural Collegiate Mental Health Innovation Council (CMHIC) in 2017. CMHIC is dedicated to discussing the latest issues students face when balancing higher education with mental health issues, and highlighting student-led innovation on college campuses that address these concerns. CMHIC consists of student leaders who have created programs or lead advocacy on campus that fill gaps in traditional mental health supports and services in their communities.

CMHIC members were selected from applicants across the country for their inventive ideas and programs. Through CMHIC, MHA:

- Convened a select group of students and recent graduates with diverse backgrounds, locations, and experiences in monthly virtual discussions over a 6-month term;
- · Identified students' perceptions of problems and solutions to address issues commonly reported on college campuses; and
- Continues to promote solutions and implementation of student-led solutions across additional campuses through this summary report, web content, and technical assistance.

The following report incorporates research, members' perspectives, and members' programs. The report highlights three topics that have the potential to make a large difference in college mental health: disability supports, peer support, and technology. Information about CMHIC members' programs are referenced throughout the report and all members' programs, including summaries and implementation strategies, are included as guides for implementation on other campuses.

It is important to note that the report focuses on programs at four-year colleges and universities. Programs should be created and modified to meet the unique needs and resources available for the 42 percent of undergraduates enrolled in community colleges.**

MEMBERS OF MENTAL HEALTH AMERICA'S FIRST COLLEGIATE MENTAL HEALTH INNOVATION COUNCIL

Carter Kofman University of Wisconsin-Madison (WI)

Cody Semrau Colgate University (NY)

Gabby Frost Drexel University (PA)

Helmi Henkin The University of Alabama (AL)

Jalyn Radziminski Emory University (GA)

Kenna Chick Georgetown University (DC)

Maggie Skoch University of Notre Dame; Stritch School of Medicine, Loyola University Chicago (IL)

Max Rothman University of Michigan (MI)

Miana Bryant East Carolina University (NC)

Priya Sridhar University of North Carolina at Chapel Hill (NC)

Sam Orley University of Michigan (MI)

Satvik Sethi State University of New York at Binghamton (NY)

Leah Goodman, OTD, OTR/L University of Illinois at Chicago (IL)

DISABILITY SUPPORTS

tudents with mental health disabilities can and do succeed in higher education, yet colleges often fail to provide them with adequate resources to support their participation. As a result, students with mental health-related disabilities are more likely to drop out of school compared to their peers.^{xvii}

In addition to the emotional and social consequences of school dropout, the increased costs of higher education create serious burdens for those with student loans. Once students are no longer enrolled in school, they often soon must make payments on whatever debt they have accrued. Even if they stay enrolled, lack of supports and appropriate accommodations mean that many students with mental health disabilities lose scholarships or financial aid because they have not met academic requirements or do not complete their degrees within a certain number of semesters.*

While varying degrees of disability supports are available, there are several barriers, identified both by CMHIC members and the research, to engaging with them. To start, many students do not know that they may be entitled to reasonable accommodations when their challenges substantially limit their ability to meaningfully participate. Even if students are aware, they may not know how to navigate the process of connecting with resources and getting appropriate documentation.xix Often students are struggling or experience a crisis before they are connected to disability supports, making it more challenging to stay engaged with their academics.

Additionally, identifying as a person with a disability can feel confusing or even shameful for students, especially if they are unsure about how family members, friends, professors, and others around them may respond.** They may look at their peers and feel pressure to "handle it" on their own. For some students, the official documentation process causes concerns about who will have access to this information and how it might affect their futures.**i For others, lack of affordability or availability limits their access to mental health professionals to complete the necessary documentation required to receive accommodations.**ii

In their 2017 report, <u>Mental Health on College Campuses: Investments, Accommodations Needed to Address Student Needs</u>, the National Council on Disability gives a thorough description of disability issues on college campuses and specific recommendations for a number of actors on how to address them. Recommendations include improving leave of absence policies, addressing concerns about losing financial aid and scholarships, and better engaging students around their rights and resources.*

In addition to the changes needed from policymakers, federal agencies, and school officials, students can play an active role in improving disability supports. Students can advocate for or create disability-focused programs that educate their peers on their rights and connect them with the best information, tools, and resources. By creating a community and sharing skills that support short- and long-term development, students who are at a higher risk of leaving school can feel supported and empowered with what they need to thrive and contribute to their campuses and communities.

A specific example of a disability supports program was created by CMIHC member Leah Goodman, OTD, OTRL as a doctoral candidate at the University

Students with mental health disabilities can and do succeed in higher education, yet colleges often fail to provide them with adequate resources to support their participation.

of Illinois at Chicago. As an individual with lived experience of mental health challenges, she noted that higher education often fails to equip students with the tools to succeed in life and that schools were especially failing individuals with mental health disabilities.

In response, Leah developed a 16-week course focusing on wellbeing and disability in higher education that students could complete for academic credit. In line with reasonable accommodations often offered for students with disabilities, assignments did not have fixed due dates, and attendance policies were flexible. The course focused on the day-to-day needs of students and helped them develop skills that enhanced their academic success and overall health. It offered tools for self-care and opportunities for reflection, including what it means to identify as someone with a disability.

An education-based support program that focuses on skill-building and disability like Leah's course can easily be tailored and replicated on other campuses. While offering academic credit communicates the importance of student wellbeing and allows students to prioritize their work, costs and investments in this type of program can vary widely, depending on factors including whether the class is offered for academic credit or whether students or faculty are facilitating it.

In addition to creating specific resources for students, schools may consider using students as navigators for disability supports. The documentation process, coordination of supports, and discussion with relevant campus officials can be intimidating and confusing. The support of a student who has experienced the process and is familiar with the resources can empower other students to better advocate for themselves and get connected to the resources that schools already have available to them.

PEER SUPPORT

eer support has been shown to improve mental health and wellbeing, reduce substance abuse and misuse, keep people more engaged in self-care and wellness, improve self-esteem, and reduce depression and hospitalization rates.xxiv

On campus, peer support is especially important as college is often a student's first time away from home and may come with the loss of supports on which they had come to rely. Even for students who are not moving away from home or who stay closely involved with their support systems, the unstructured nature of college, a new social environment, and the demands of school, work, socializing, and any other concerns can be overwhelming and isolating.

This sense of isolation can be overwhelming and can be further compounded by social media that can make it seem like everyone around them is thriving and having fun, Add to that the perceived and real stigma and discrimination around struggling with mental health, and students often feel alone, and that there is no one with whom they can safely share their experiences.

Peer support not only shows students that they are not alone, but also offers them the opportunity to connect with others who understand. A peer with shared experience can provide hope through their own demonstrated

recovery and ability to listen without judgement. This lived experience often also means that they are familiar with on-campus and off-campus resources that can be considered for students interested in exploring what is available to them.*xv

A culture and community of support where a student does not have to hide challenges and have fun can be key to wellbeing. An example of this type of program, led by CMHIC members Max Rothman and Sam Orley, is the Wolverine Support Network (WSN) at the University of Michigan. WSN trains student leaders to run support groups on campus and matches students with groups that meet weekly throughout the semester. WSN also offers biweekly "kick back" social events, like bowling or watching movies, for students to enjoy on the weekends. Through this model, they have impacted the lives of over 600 students at the University of Michigan. They have since launched The Support Network, a nonprofit dedicated to expanding the WSN model to other colleges and even high schools.

An example of peer support specific to students in recovery from addictions is Live Free, the Collegiate Recovery Community at the University of Wisconsin-Madison, chaired by CMHIC member Carter Kofman. Live Free is a student organization that confronts addiction through education, outreach, and access to recovery resources. The community strives to create environments and resources for and by students in recovery from substance use disorders and other addictive behaviors. In addition to offering monthly wellness workshops and community outreach, Live Free hosts weekly recovery support meetings, including a family and friends meeting and a rainbow meeting for LGBTQ students.

Peer support programs create supportive relationships and spaces to talk about issues students are facing. For those who are not comfortable discussing these topics with their friends, who want outside perspectives, or who lack social supports, peer support programs create a platform for support when students might otherwise keep their struggles to themselves. Programs that incorporate group meetings and outside social events, like WSN or Live Free, help address social withdrawal and isolation and create rewarding communities where students can help themselves and others.

In addition to socialization and connection, peers can provide a source of accountability and support on other issues. They can reach out when a person may not be doing well and often have specific training on referring and helping others find resources on campus or in the community. They can provide more practical but high impact supports like walking with people to appointments, practicing discussions with professors, and giving wake up calls and check-in texts.

Peers can also be a great source for psychoeducation and skill-building courses. While not trained as clinicians, peers can fill a need for supports by sharing information about mental health, mental health challenges, resources, and self-care. They can also offer specific trainings and workshop to address multiple dimensions of college life like time management and resiliency.

An example of peers in this capacity is led by CMHIC member Priya Sridhar through the Mental Health Ambassadors at University of North Carolina at Chapel Hill. In addition to providing on-campus resource publications, hosting outreach events, and promoting mental health awareness, the Mental Health Ambassadors at UNC offer 30-45-minute trainings with visual presentations, handouts, and procedural learning tools. Examples of their popular presentations include: Stress Management, Suicide Awareness, Healthy

Peer support not only shows students that they are not alone, but also offers them the opportunity to connect with others who understand.

Relationships, and Conflict Management. They promote their workshops not only to students interested in mental health but also to other student organizations and community groups.

Through community, day-to-day supports, and skill building, peer support programs keep students connected and help improve all aspects of their wellbeing. It is important to note that programs like WSN at University of Michigan and Live Free at University of Wisconsin-Madison operate with the support of dedicated staff. This means they require varying degrees of financial and institutional support from their universities.

While universities may be reluctant to shift resources away from existing counseling services, investing in peer support programs can actually improve their ability help as many students as possible. By offering different options for support, students can choose what best fits theirs needs. With some students selecting peer support programs, counseling centers can reach more students looking for counseling.

For students who may already receive on-campus or off-campus resources, peer programs create social supports and reduce isolation for students during the many hours of the week they have outside of appointments with professionals. For those who would not turn to traditional services or who are from margalinzed communitites who are underrepresented among counseling center staff, they provide a different opportunity for engagement. They may even be the extra support a student needs to avoid a crisis.

The programs also help confront the reality that many students have limited financial resources. As we work on addressing the broader issues that contribute to lack of access to services, peer support programs create support options at no cost to students and social options for those who may otherwise go without them.

TECHNOLOGY

ollege students rely on technology to keep in touch with friends and find information about mental health.xxvi Therefore, using technology to support student mental health is a perfect example of meeting students where they are. While many look to technology, especially social media, as a reason for isolation, it can also serve as a source of connection and a way to shape services to better meet the wants and needs of the campus community.

Incorporating technology can improve access to services students are looking for on campus, particularly counseling. Beyond just a shortage of providers, CMHIC members noted additional issues students encounter when reaching out for this type of support. Many students lack transportation or face other time pressures that make it challenging to get to on- or off-campus appointments. For on-campus appointments, students may not want to be seen accessing mental health services, and, if off-campus services are available, they are often cost-prohibitive. Additionally, the lack of diversity among providers makes students from under-represented communities less likely to utilize both on- and off-campus resources.

Virtual counseling platforms have the potential to address these problems in a way that is more cost-effective for students and universities. Local providers can negotiate specific rates and work with school insurance and school budgets to offset the costs of services, making them more affordable for students. They also create convenient, private support that fits easily into the busy lives of students. XXVIII, XXXVIII

An example of this type of platform is BetterMynd, created by CMHIC member Cody Semrau. BetterMynd works with counseling centers to contract with local providers who offer virtual counseling for students.

BetterMynd is also an example of how schools can address the lack of diversity among providers. CMHIC members expressed that there is a lack of minority representation and cultural diversity among providers on their college campuses. Students may not identify with staff at their counseling center, but through BetterMynd and similar platforms, they can connect with a provider in the community who they identify with or feel may better understand their specific background and struggles.

Technology can also be used to connect students to support from their peers. CMHIC member Gabby Frost created the Buddy Project using Twitter to connect young people who are struggling. Started when she was 15 years old, Gabby wanted to create a "buddy system" to address the distress she was observing in her peers. The Buddy Project connects individuals looking for support to another person with shared interests and has currently had more than 250,000 people sign up for buddies. As a college student, Gabby has combined her project with promotional campaigns on campuses around the world that share messages of hope, stories, and promote the connection of people, including using their online matching program.

Another option for supporting college students using technology is through mobile apps. CMHIC Satvik Sethi created the Runaway App, which works to promote happiness and connection among college students. In addition to hosting events and workshops for students on his campus, the Runaway app offers a positivity zone focused on curated content to promote wellbeing, combined with an anonymous chat feature where users can connect with trained listeners from around the world.

Whether it is extending traditional services, connecting students with peers, or sharing inspirational content, student-led use of technology improves the accessibility of mental health support on campus by going where students are spending their time and creating more options for engagement that are responsive to student needs.

CONCLUSION

he members of CMHIC are a small portion of the growing number of students mobilizing to improve their campuses and to create more inclusive environments where people have access to whatever supports that will help them thrive on campus and in their futures. By innovating and sharing their successes and struggles, students are helping others around the country and the world to address gaps in resources and assumptions about what they want and need. The following highlights of CMHIC members' programs and advocacy are just the beginning of a movement toward student leadership that creates the best outcomes for everyone in higher education.

Using technology to support student mental health is a perfect example of meeting students where they are.

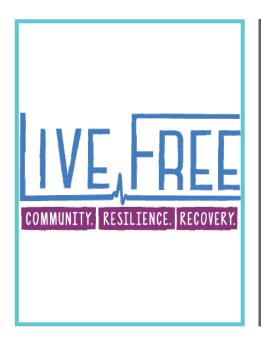
MEMBER PROGRAMS

LIVE FREE MADISON

ive Free is a student organization whose mission is to confront addiction through education, outreach, and access to recovery resources. The group aims to bridge the gap between traditionally discontinuous education for students in recovery or seeking recovery from substance use disorders and other addictive behaviors. Too often, students must choose between their education and their recovery, putting one in jeopardy to pursue the other. Moreover, many students are unaware of recovery resources, both on and off campus, which include a range of support groups, individual counseling, recovery housing, and employment services.

Live Free is a community of students who regularly meet to discuss the challenges and opportunities of being a college student in recovery. Its weekly "All Recovery Meetings" are built on a peer-support model and run in round-robin style. The meetings do not require membership and are intended to complement existing support groups. The group is open to anyone who is in or seeking recovery from addiction and cooccurring disorders. The group sets a list of intentions for meetings which guide conversations.

Additionally, Live Free offers a valueadd to the campus community by offering education and training programs such as: Narcan Trainings, Language Best-Practices, "What It Was Like and What It's Like Now," "What Recovery Looks Like," and a range of open-dialogues which aim to catalyze action by the community. One example of an open-dialogue focused on Recovery Housing which presented facts around the lack of recovery-specific housing on, and around, campus as well as state legislation that required universities to offer such programs, followed by a discussion around how UW-Madison could be a part of the future of Recovery Housing for students living with addiction.



FAST FACTS:

Live Free trained over 100 students in Narcan training in two months.

Live Free met with state legislators to influence legislation that mandates recovery housing for institutions of higher education in the state of Wisconsin.

Live Free brought young people in recovery from around the country to the University of Wisconsin-Madison to speak about their experiences and how hope is a part of their lives.

Live Free partners with a local high school to present to and meet with students in recovery and who have an interest in elevating wellbeing in their school.



CARTER KOFMAN www.livefreemadison.org

Addiction and recovery look different for everybody. We need to show as many faces of recovery as possible so that everyone knows that this disease does not discriminate and that someone has felt how you are feeling and has found a solution.

GETTING STARTED

Live Free was founded by a group of students who saw a lack of awareness and resources on campus around addiction and recovery and decided to change it. We began as a student organization with just a few members and a vision of making a difference, eliminating the choice students have to make between their recovery and their educations.

Over the course of several years, campus advisors and administrators suggested we apply for funds Campus leadership may be through segregated tuition fees open to a select group of student organizations which offer a unique and significant value to the campus and community.

After a long process of learning, writing, talking to advisors, and applying, we were granted over \$50,000 to move our mission forward. The grants covered the costs for parttime student employees, Live Free events, and opportunities for greater reach and resource dissemination. The process repeats every year we need to prove our value and meet expectations to continue the requested funding.

Through significant mentorship and research, we were able to move forward on a three-point path - paid staff, physical space, and continuous funding.

Staff is essential in our ability to serve the campus and community. This is not solely a job for students who also need to focus on their educations and recovery. Thus, it is crucial to have dedicated professional staff that help move the program forward.

Creating a physical space for this community is essential to creating an atmosphere of inclusion - especially when the campus has limited spaces dedicated to students who choose not to drink or use drugs. We

were able to secure a suite in the Student Activity Center and market to students that our office was a space for those in recovery.

A plan for continuous funding allows for the mission of similar programs to move forward year to year. Without it, large-scale programming and reach is even more challenging, though possible, as seen in our first year of existence.

POTENTIAL BARRIERS

reluctant to acknowledge or be involved with programs like Live Free because it makes real the fact that addiction exists on campus. Fortunately, we paved our way by connecting with the right people. That one person in the Dean of Students office who wants to create hope, that one academic advisor who wants to help students outside of their educational paths, and that one international recovery figure who will work at the highest levels of the university to drive change from the top were the people we had to find - and it took a while. Once we found them, doors were opened that made Live Free realize its full potential.

Attracting student members was an ongoing challenge - recovery is largely anonymous, and addiction is isolating, both of which make it difficult to find students open to join the community. To confront this, it was crucial that we spoke around campus. We spoke in classes, to administrators, to parents, and to the community all to show them that this disease exists on campus and that Live Free is a solution to working towards recovery and receiving an education.

BETTERMYND

BetterMynd is an online therapy platform that allows college students to have live videotherapy sessions with licensed mental health counselors right from their smartphones, laptops, or tablets. BetterMynd's mission is to make mental health resources more accessible to every college student who is struggling with a mental illness.

Across the country, colleges are seeing a significant spike in the number of students seeking mental health counseling services on their campuses, with 30 to 50 percent increases being seen annually. In part, this may indicate a positive trend of reduced stigma in seeking help. However, most colleges are struggling to keep up with this growing demand. Short-staffed counseling centers lead students to wait several weeks to get an appointment, and too many students are left behind.

BetterMynd is changing this narrative by giving students access to a diverse network of licensed mental health counselors who have extensive experience working with college students. After a student logs into their college's BetterMynd portal, they can search through the available counselors to find someone that best fits his needs. Students can find a counselor who specializes in their specific mental health issue, who shares a similar racial or cultural background, or who fits into their schedule. By giving students a private and secure way to access additional counseling resources. more students can receive the help that they need.

BetterMynd partners directly with college administrations and their counseling centers, developing a solution that meets the specific needs and demands of each particular campus. Each college who partners with BetterMynd has their own unique portal that

shows a message tailored to their students, as well as information about on-campus and emergency resources.

Ultimately, BetterMynd is designed to supplement a college's oncampus resources to reach more students and provide additional options for getting help. For those students who are uncomfortable walking into a counseling center, who want to have night or weekend therapy sessions, or who cannot wait several weeks to talk to someone, BetterMynd provides students with a real solution that may keep them enrolled in school, or maybe even save their lives.



FAST FACTS:

BetterMynd is the only teletherapy platform that focuses exclusively on college students.

During BetterMynd's first pilot at Colgate University, over 8 percent of the student body registered on the platform.



CODY SEMRAU www.bettermynd.com facebook.com/bettermynd twitter.com/bettermynd info@bettermynd.com

The mental health of a college student is an integral part of his or her academic and personal success; it is imperative that colleges invest in the mental health of their students to aide in that success.

GETTING STARTED

I founded BetterMynd after graduating from Colgate University in 2014. While a student there, I began experiencing my own mental health issues. I was at a point where I knew I needed to get help or I was going to have to drop out of school.

I worked up the courage to walk into that building everyone on campus knew as the Counseling Center and then sat in the waiting room across from classmates struggling with their own mental health issues. It was an awkward and uncomfortable experience, and one that forced me to confront the very real stigma that mental illness has in general, but especially on college campuses.

Luckily for me, I was able to get the help I needed, and I went on to earn my college degree. But it was my first-hand experience of seeking counseling, and the intense stigma that came along with it, that inspired me to create something that made it easier for other students to get the help that they need.

It may come as no surprise that half of college students with a mental health condition do not reach out for help. The main reason? Stigma. Further, 80 percent of the college students who complete suicide every year had never received any form of treatment. Asking for help is hard, which is why I am trying to make it easier through BetterMynd.

In Fall 2018, BetterMynd is expanding to additional college campuses so that even more students can receive the help they need.

POTENTIAL BARRIERS

As a relatively new and fast-growing space, online healthcare (also known as telehealth) has numerous regulations that can make it complicated to start a new program. Each state has its own specific laws regarding administering telehealth. Therefore, students looking to implement a telehealth program on their campuses should do in-depth research on their state and local laws as well as speak with a healthcare lawyer before creating their own program.

All colleges have limited resources and competing priorities, which can make it difficult to get a new or expensive program adopted by a college administration. Students should think about how they can create a program that is costeffective and save the school time and money. By speaking with your college's administration about your idea, you can better understand what their priorities are and determine how you can create a program that benefits both the administration and its students.

BUDDY PROJECT

uddy Project is a non-profit global organization and movement that aims to prevent suicide and self-harm by pairing people with buddies and In March 2017, Buddy Project raising awareness for mental health. Buddy Project provides positivity, companionship, resources, education to reduce the stigma of mental illness, bullying, and negativity on social media with a primary focus on children, teens, and young adults. By introducing these concepts at an early age, hope promotes empathy, compassion, and awareness of mental health issues. Buddv Project is a 501(c)(3) organization that supports mental health and recovery centers throughout the United States. Since April 2013, Buddy Project has been pairing teens and young adults with a buddy of similar age and interests, and is currently creating an app to match these individuals. As of

August 2018, over 225,000 people have signed up to be paired with a buddv.

launched its international Campus Rep program for middle school, high school, and college students so that students who are passionate about mental health advocacy can make a change on their school campuses. Buddy Project's presence is mainly virtual, and allows others to spread its mission to their peers in person. The first group of campus representatives who participated in the 2017 cohort was composed of about six to eight students. Our representatives engaged with other students to create and display signs with statistics or empowering phrases about mental health. During the summer of 2017, Buddy Project revamped the program and added new tasks for the representatives to

engage on campus. The Campus Rep program received over 1,000 applications and appointed 250 representatives for the 18 school year. Representatives created videos and photographs to spark a conversation about mental health as well as hosted fundraisers to support Buddy Project.

The Campus Rep program helps fill the gaps in positive peer support at all types of schools. If students know that there are others who care about mental health and inclusion, they do not feel as alone. They could potentially make a new friend who is supportive and caring. Reps create a positive peer support community and start conversations at their school campuses. Having this type of presence on campus is needed for students going through mental health conditions.



FAST FACTS:

So far, the Buddy Project has paired over 225,000 people.

The Buddy Project had over 250 Campus Reps for the 2017-2018 year.



GABBY FROST www.buddy-project.org facebook.com/buddyprojectorg twitter.com/projectbuddy instagram.com/buddyproject

If students know that there are others who care about mental health and inclusion, they do not feel as alone.

GETTING STARTED

Buddy Project started as a social media movement in April 2013 and was established as a non-profit organization in July 2015. We began as a way for people to make new friends who share similar interests and advocate for mental health on our Twitter page.

I was inspired to create Buddy Project when I noticed friends from school and online were experiencing mental health conditions. After encountering three girls on Twitter who expressed suicidal thoughts, tweeted them support and encouraged others to do the same. I thought about what I could do to make a change, and how I could create a positive peer support system online for those who did not have supportive friends or family.

In the first day of creating this platform, 3,000 people registered for a buddy through an online Google form.

launched. I met with other teens who ran their own nonprofit organizations, and I was inspired to turn Buddy Project into a 501c3. We began fundraising for mental health facilities in the United States at the end of 2015 when we received our When brainstorming events and articles of incorporation. Since then, activities to host on campus, it is we have raised over \$45,000 for our organization.

POTENTIAL BARRIERS

Some issues students may face include student involvement and retention, students willing to speak up about mental health, and the creation of new ideas for events and activities.

discussion mental health on your campus

can be tough. Mental health and suicide are taboo subjects, and students may be hesitant to talk about these stigmatized issues. An excellent starting point is to assemble a reliable group of people who believe in your mission, are willing to openly talk about mental health and market your cause on campus. As you build your student organization, other students will become more comfortable speaking out and excited about engaging to help with your movement. If you're having trouble finding people, try to expand your efforts to social media by creating an Instagram or Twitter account to post about mental health awareness. Follow all types of student organizations at your campus on social media and try to actively engage with them.

Host regular meetings and other events for members to interact with and find connections with others involved with the organization. Build a team of people you trust and who identify with the cause to help run the organization and prevent Two years after Buddy Project burnout. It is important to prioritize your mental health needs above all else. Mental health advocacy can be physically and emotionally exhausting, and it is okay to take breaks as needed.

> encouraged to seek inspiration from mental health organizations on other college campuses. Research the events that these groups are hosting to spread awareness and educate people in an engaging and relatable way. Your first few events may have a smaller turnout or require less planning and effort. You can use these events as an opportunity to learn what works and what does not work for your campus culture before you commit yourself to larger activities.

BLACK MENTAL HEALTH **AMBASSADORS**

lack Mental Ambassadors' (BMHA) mission is to advocate for the mental health needs of the Black communities at Emory limited to the clinical mental health University and the community conditions like depression and at large, to connect them with anxiety. Environmental factors such spiritual, mental, and emotional as food access, financial stability, resources, and to ensure they are housing, a sense of belonging to a supported through programming community, relationships, or being

Health and outreach initiatives. BMHA is a first-generation college student a program of Emory's Counseling and Psychological Services. BMHA believes mental health is not

can affect a student's mental health. BMHA strives to serve not only students of color who live with clinical conditions but also the wholistic well-being of students by promoting resources and creating those community connections.



BLACK MENTAL HEALTH AMBASSADOR

FAST FACTS:

Black Mental Health Ambassadors held the first ever University-wide Black Mental Health Week.

In just its first year in operation, BMHA won the Jermaine Pearson Award from Emory's Black Onyx Awards. It is awarded to a new ingenious and irreplaceable part of the community. As an innovator and risk taker, the recipient promotes the success of everyone around them and is instrumental in helping the community thrive.

Each meeting is a team of five to seven Black Mental Health Ambassadors and advisors from the Emory's CAPS professionals. The collaborative efforts of a small team create community-wide impacts.

The logo is a puzzle piece that has different shades of Black and Brown. One piece is still disconnected, but you can see where it fits. This symbolically shows the different shades of people of color. It also shows that mental and emotional health is an important link to a full heart and healthy life of both the individual and the community.



JALYN RADZIMINSKI bit.ly/BMHAEmory facebook.com/EmoryBMHA

If students know that there are others who care about mental health and inclusion, they do not feel as alone.

GETTING STARTED

In Fall 2015, universities across the nation engaged in grassroots activism in the Black Student Movement. Each participating university had a list of demands to make campuses more inclusive of Black students - especially during the political climate at the time. At Emory University, there was a surge of activism fatigue and general exhaustion navigating the political climate of violence against Black bodies on campus and the nation at large. In response to racist hate speech on campus, students hosted a peaceful protest called, "The Black Wall of Love." The Black Wall of Love focused on the community healing together as a peaceful response to racist hate speech on campus. On one side of the wall. Black students, staff, and faculty posted affirmations for their community. On the other side of the wall, Emory community members who did not identify as Black wrote messages of love, support, and solidarity. This protest unified students, faculty, alumni, and staff from all offices ranging from campus life to the spiritual and religious life. It sparked the conversation needed for better responsive and preventative practices for people of color on our college campus. After the Wall of Love. the Black student demands were officially drafted. Mental health was addressed in Demand #3:

"Due to the systematic oppression faced by Black students throughout the world colorism, racism, classism, mass incarceration, police brutality and all other injustices, we need psychological services that cater to our unique psychological needs. Emory University prides itself on being responsive to the whole Emory University student (spiritually, physically, mentally, and emotionally), therefore, in order to include the Black student, we demand for the Emory Psychological University Counseling and Services (CAPS) to provide unique and alternative methods of counseling for Black students if they prefer to receive them. CAPS does not take into consideration that our psychic health is compromised due to systemic oppression (social, racial, economic, gender, etc.). These alternative counseling

methods include: Black spirituality methods, Black counselors, and counselors of color."

From the joint efforts of students, staff, and faculty, Emory University hosted its first ever school-wide Racial Justice Retreat to address different issues on campus. As a result of the Racial Justice Retreat working group on Demand #3, Black Mental Health Ambassadors was founded in Spring 2015. Today. Emory's Black Mental Health Ambassadors program operates in partnership with Emory's Office of Counseling and Psychological Services (CAPS) as a volunteer outreach organization. Students recognize it not only as a resource, but a legacy of racial justice and mental health.

POTENTIAL BARRIERS

BMHA was inspired by activism on campus and is a response to Emory's unique climate and institutional structure. It may not perfectly translate to another campus. It is essential to listen to the community needs if another campus or school are interested in incorporating this idea. It would be good if more campuses incorporated health resources designed specifically for people of color. Media that discusses mental health is often dominated by white-cisgender peoples. Representation would positively impact any campus if it is done in a way that the community needs and wants.

BMHA is a program of Emory's Counseling and Psychological services. This allows us to have professional guidance in every program we execute for the community, as well as the ability to request funding through the office. Our initiatives serve as preventative work and destigmatizes the office. Some campuses may find this sort of group housed elsewhere. On Emory's campus, this is the best place to exist.

OFF-CAMPUS THERAPY STIPEND

n the 2015-2016 academic year, Georgetown University's Counseling **Psychiatric** Service (CAPS) served 1,808 student clients, which is a number that has grown every year for the past 11 years. While CAPS made significant strides towards improving the student experience in recent years, such as significantly lowering its cost to \$10 per psychotherapy session, it is ultimately a short-term service. Students who are currently receiving services will eventually be referred to counseling services off-campus in the Washington, DC area, where the average cost per session ranges from \$150 to \$225. Although students at Georgetown University are required to have health insurance, the costs of high deductibles and/or co-pays prove to be obstacles for students who are seeking care. In addition, although there are low- or no-cost providers in the area, these providers lack the specific specialization that students who are referred off campus for

more serious mental illnesses from the university. may require, or the providers may have month-long wait lists. This gap in care is often detrimental to students' health.

Georgetown University's Jesuit value of Cura Personalis emphasizes the importance of caring for the whole person, including one's mind, body, and soul. Currently, unlimited systems such as the gym and Campus Ministry exist for students to care for their bodies and souls, respectively. CAPS itself is a helpful service for students who have never had therapy before. However, many students' qualms regarding seeking CAPS treatment are related to its shortterm feature. Students are referred off-campus because one semester is not enough time to heal, or they require more specialized treatment or extensive care for serious mental illnesses (SMIs). These students have the greatest need, and therefore, require the highest amount of care

The Off-Campus Therapy Stipend program offers individuals without means to support themselves access to care through financial support from Georgetown University. Essentially, students who require additional financial assistance while seeking mental health treatment can apply to the Off-Campus Therapy Stipend, with their application reviewed by a committee of faculty members. In this iteration of the pilot program, the student will receive up to \$500 to get them started with care. This program aims to ensure that students can have access to mental health services, especially the specific population that has a high need of service. This is especially important for students who have special circumstances, such as a parent losing their job, or students seeking services independent from their parents due to cultural stigma.



FAST FACTS:

1,808 Georgetown students utilized CAPS' service in 2015-2016.

The petition to offer off-campus therapy stipends received more than 1,400 signatures from Georgetown students, administrators, and faculty within ten days.



KENNA CHICK saxafund.org/off-campustherapy-stipend youtu.be/aUN FYDTb7g

Two thirds of students who are struggling do not seek treatment.1 For some, cultural stigma and financial difficulties are obstacles. Georgetown University's Off-**Campus Therapy** Stipend helps students receive the help they need.

1 American College Health Association Spring 2015 assessment

GETTING STARTED

up an appointment with the Counseling and Psychiatric Service (CAPS) at Georgetown University Washington. DC. She first experienced suicidal ideation at 15 and needed support in her transition to college. "I only knew that I wanted everything to end. So I could stop hurting," she said. "My freshman year was a difficult adjustment, but with CAPS' assistance. I made it through. I was able to be successful despite my mental illness," she said.

But shortly after receiving service, she was referred off-campus and was unable to continue to afford the specialized care that helped her. As I spoke with more students dealing with similar obstacles. I realized barriers to access are systemic and Once the proposal was finished, I needed to do something to help.

My mission is to create a world that does not stigmatize mental illness but rather provides enough support to ensure that students with mental health conditions succeed and flourish.

The first step towards that vision: While CAPS increase access. made significant strides towards improving the student experience, it is ultimately a short-term service. Students who need prolonged intensive care are referred to external services in the Washington. DC area. Although all students have health insurance, the exorbitant costs of off-campus support often hinder students' abilities to seek out care.

With that, an initiative to create a pilot program that subsidizes offcampus mental health care was born.

After being appointed the Chair of Georgetown University Student

Association's Mental Health Policy Coalition, I connected with key I met Elizabeth* after she set administrators and gathered a team of students to serve on the Coalition. We worked together to develop a proposal - that included information about a budget, the average cost of therapy in the Washington, DC area, and the departments best equipped to provide us support. We met with various administrators, such as the Director of CAPS, CAPS' Case Manager, and the Assistant Vice President and Vice President for Student Health, for their input. While student mental support varies among universities, I urged the University of the timesensitive nature of the initiative. When it's difficult for students to get through the day, every second matters.

> we introduced it to the community by engaging students through a petition. Within a week, we received over 1,400 signatures, which we presented to Office. President's along with a passed Senate Resolution in support of this program. To further demonstrate student support, we started a photo campaign and created a fundraiser through SaxaFund, a fundraising platform run by Georgetown students. After a series of negotiations, the Off-Campus Therapy Stipend received administrative support and \$10,000 in funding from the University in February.

POTENTIAL BARRIERS

The most common reaction we received when advocating for this proposal was that although the idea itself was significant and essential. the University lacks the financial resources to be able to implement the program. We addressed this by explaining that this proposal is only

for a pilot program, which functions they needed. Without the numbers, on a smaller scale and requires less money and resources, and therefore. we will be using the information gathered from this program in order to measure how scalable it is. The difficulty of this route is that the pilot program itself may be approved, but the continuation of the program is not guaranteed. As a result, the bulk of the work then falls to creating favorable metrics of success to ensure the longevity of the program.

The second issue one may face is the lack of numerical data on the target population. The population that benefits from this program are specifically students who cannot afford to continue mental health care in the Washington, DC area. While some of these students are referred off campus specifically through CAPS, until the case manager was hired last summer, there was no data collection and follow up on those students. CAPS did not keep track of whether the students who were referred out were able to receive the treatment that

estimating the budget needed to completely fulfill the gaps in mental health care was difficult. We managed by using the idea of the pilot program to target a smaller population in that iteration of the project.

The most difficult issue to tackle is the belief some administrators hold that a university is not entirely responsible for the student's well-being. However, as mental wellness and college stress is becoming a more common topic. administrators are forced to tackle the implications of rising mental health needs of its student population. With that, they may be more open to new ideas. At Georgetown University, one of our core values is Cura Personalis. or "care for the whole person," which includes the mind, body, and soul. Bringing in the importance of these shared values helps convince the administrators to how relevant this program is to their larger vision for the University.

PROJECT LIGHTHOUSE

Project Lighthouse is a peer-topeer support chat line developed with the help of the Georgetown Counseling and Psychiatric Services (CAPS), the Office of the Assistant Vice President for Student Health, and Health Education Services (HES) for the purpose of providing an anonymous, in-browser platform for Georgetown University students to voice their concerns or struggles to a sympathetic ear, discuss available resources, and develop wellness plans. Students who are facing issues ranging from general stress to thoughts of self-harm to suicide crises can chat with Project Lighthouse's service providers, or "peer supporters," who are trained in skills such as unconditional positive regard, active listening, and empathy.

Project Lighthouse's peer supporters come from a place of understanding and common experience. Youth are more likely to respond to resources that are created by youth, for youth. Although some information about mental health and mental health resources are available online, some students still

hold reservations in seeking out help. One of the largest obstacles for people seeking mental health care is the pervasive presence of mental health stigma. Stigma can also compound mental health care access issues. Not only can it be difficult to access treatment due to systemic barriers (e.g. cost, lack of quality services and available clinicians), but often, stigma can prevent youth from seeking mental health care at all. Especially in a pre-professional environment such as Georgetown University, many youths may feel pressured to maintain an image of perfection, which they would consider to be sullied if they reached out for mental health support. Moreover, students of col- 3. Provide or must often confront familial perceptions and misgivings around mental illness; the stigma can prevent them from attempting to access any care at all. Therefore, as 4. Project Lighthouse is anonymous, students generally feel more comfortable educating themselves on mental health and voicing their concerns over resources and confidentiality laws. Additionally, having a chat in real time often mitigates

feelings of loneliness and isolation rampant on this campus.

Project Lighthouse is currently in the process of upgrading its services to include a comprehensive mental health toolkit that guides a Georgetown student on his/her mental health journey. The goals of the toolkit include the following:

- 1. Educate Georgetown students (Hoyas) about the resources available on and off campus:
- 2. Provide quick and clear information on different types of the most common mental illnesses through the "Mental Health Glossary";
- Provide a Georgetown University-based self-care tips and tricks page to help students cope with the campus stress culture;
- 4. Reassure Hoyas that they are not alone by sharing stories of hope, resilience, and recovery in the Empowerment blog; and
- 5. Empower Hoyas to advocate on behalf of themselves and their peers by sharing advocacy events and opportunities.



FAST FACTS:

In the 2017-2018 academic year, Project Lighthouse had 63 active peer supporters.

In the 2017-2018 academic year, Project Lighthouse welcomed a training class of 10 individuals.

Project Lighthouse received 141 chats in the Spring semester.

Project Lighthouse on average received 9 chats per week during the Spring semester.



KENNA CHICK www.projectlighthousegu.com facebook.com/ProjectLighthouseGU

No one should face mental health struggles alone. **Project Lighthouse** is an anonymous support chat line for Hoyas to talk to trained peer supporters about strugales, resources, and wellness plans.

GETTING STARTED

On January 13, 2016, the Georgetown University Student Association Mental Health Committee announced the creation of Project Lighthouse. Project Lighthouse drew its inspiration from the long wait times of the University's Counseling and Psychiatric Service (CAPS) and the increasing need for mental health support. Project Lighthouse fills the existing gap in mental health services by directly connecting students to peers and focusing on the initial symptoms of mental illness. Through the theory of task-shifting, Project Lighthouse gained support from CAPS as a resource that could lessen CAPS' existing workload. Project Lighthouse then acts as a safety net for students who do not see their issues as serious enough to warrant a CAPS visit. Students of the Mental Health Committee researched other schools with similar existing initiatives, drawing its inspiration from Cornell University's Empathy, Assistance, and Referral Service.

After gaining support from Student Affairs and CAPS, Project Lighthouse worked to create its curriculum with input from these offices and Georgetown's Health Education Services. Its curriculum also drew from mental health professionals on campus. Starting January, the first Another possible obstacle is funding. training class learned about peer support skills, campus resources, and the campus climate. Upon their graduation in April, they were inducted as the first class of peer supporters: Class A. With the chatline now manned, Project Lighthouse launched its services in April 2016, receiving 25 chats on the first night.

POTENTIAL BARRIERS

Concerns over the safety of peer support and funding were the obstacles faced when implementing Project Lighthouse. Administrators felt uneasy over the fact that there would be students gathering to discuss sensitive topics such as mental illness and suicide. Therefore, we advertise our services as peer-topeer support instead of peer support so that students without direct lived experience are able to become "peer supporters." Additionally, to gain credibility, we had our supportive administrators approve of curriculum. These advisers included the Director of the Counseling and Psychiatric Services, the Assistant Vice President of Student of Affairs, and Director of Health Education Services. Through this arrangement, the President of Project Lighthouse also meets with the Assistant Vice President of Student Affairs biweekly in order to give updates on Project Lighthouse and mitigate concerns over the handling of more sensitive topics, such as suicide crises. We have also developed suicide/crisis protocols for our peer supporters to follow, which include contacting the University EMT services and calling CAPS' 24-hour Emergency hotline for support.

In the beginning, the most obvious costs included purchasing the domain for the website, the actual website's design, and the chat service. To begin, Project Lighthouse utilized the generous donation of its founder to launch the service. Project Lighthouse then applied to become a campus organization and now receives funding from the University. Project Lighthouse also applied to outside grants to expand its services. As the organization grew, money for events and advertising became more necessary.

WOLVERINE SUPPORT NETWORK

The Wolverine Support Network (WSN) was founded by a group of students who recognized the social stigmas, financial burdens, and timing inconveniences associated with discussing student mental health and well-being. Research and personal experience indicated that in times of crisis or celebration, students prefer to turn to their peers. Prior to the 2015 launch of WSN, there was not a student-led resource, rooted in a consistent group setting, with deliberate mental health and well-being dialogue.

Wolverine Support Network (WSN), sponsored by University of Michigan's Counseling and Psychological Services (CAPS), empowers University of Michigan students to create a resilient community and support each other's identity, mental well-being, and day-to-day lives through weekly, peer-facilitated groups and bi-weekly stress-busting events.

Today, WSN has flourished into a community of 600+ students that serve as mental health advocates and a consistent, comfortable and

cost-free resource for each other. Weekly Groups (of 6-10 students) are intended to be an accessible and inclusive space, where students are welcome and encouraged to share anything they wish. The Weekly Groups are not subject-specific, and members are placed at random. Timing accessibility is achieved by holding Weekly Groups at 30+ times and locations across the university's south, central and north campuses. Financial accessibility is achieved by having all Weekly Groups and stress-busting "Kickback Fridays" as cost-free to all students.

Weekly Group Leaders are trained facilitate an environment that fosters meaningful, honest, personal, empathetic, respectful, and completely safe dialogue and engagement. The Leader training includes sessions with CAPS (including QPR Suicide Prevention Training), Multi-ethnic Student Affairs, Intergroup Relations and several other on and off-campus resources to ensure all members of Weekly Group feel included. Each group is confidential, which leads to increased levels of student comfort. These groups exist in the

absence of technology which may otherwise be distracting.

Kickback Fridays are bi-weekly, stress-busting community events open to the entire University of Michigan student body (including students that have not signed up for Wolverine Support Network). These events range from Potluck Dinners to Game Night, and serve as an alternative, sober and fun environment to build high-quality connections with peers. Each semester, there are six different Kickback Friday events.

While various other mental healthrelated resources exist, research shows that undergraduate students provide the most potent source of influence on fellow undergraduate students' affective and cognitive growth and development during college. Thus, the model capitalizes on peer-to-peer influence with the goal to inspire increased selfawareness, vulnerability and selfcare. This holistic model for peer support helps address, promote and improve student mental health and well-being by challenging stigmas and feelings of isolation



FAST FACTS:

Approximately 600 students signed up for Weekly Group and 75 individuals were trained as student Leaders in 2017-2018 academic year.

WSN received interest from more than 45 high schools and colleges in this Wolverine Support Network model, and The Support Network now has 3 existing pilot programs.



SAM ORLEY



MAX ROTHMAN www.umichwsn.org www.TheSupportNetwork.org facebook.com/umichwsn twitter.com/umichwsn instagram.com/umichwsn

Innovative student-led efforts can help alleviate social stigma as well as accessibility concerns.

GETTING STARTED

Ignited by the loss of two fellow students at the University of Michigan to suicide, incumbent Student Body President Bobby Dishell. SAAC President Cooper Charlton, Emily Lustiq, and Elizabeth Pratt developed a resolution. Simply put, their solution was honest and open peer-to-peer dialogue. Parents Diane Orley and Linda Aikens, in partnership with the George Orley Mental Wellness Initiative, assisted the founding leadership team in moving WSN from an idea to a reality. Moreover, this model of Peer Support Groups on the University of Michigan Ann Arbor campus would not have been possible without the hard work and support of our University's Counseling and Psychology Services (CAPS) Director, Todd Sevig. Sam Orley, WSN's 2017-2018 Executive Director, is leading the expansion process and vision of The Support Network, with Max Rothman, WSN's 2017-2018 Director of Program Development.

Network has aimed to be the sustainable peer-to-peer organization on college campuses. The model-inspired by a peer support program at Harvard-Westlake High School in Los Angeles, Californiahas been retrofitted for a collegiate environment. Our organization is rooted in the following values and pillars upon which we execute the programing of The Support Network:

Values: Inclusivity, Empathy, Mindfulness. Courage. Accountability, Confidentiality

Pillars: Peer Support, Community, Mental Health & Wellness. Social Capital

Programming Elements: Weekly Group, Kickback Fridays, Campus Relationships, Expansion

POTENTIAL BARRIERS

The model for Wolverine Support Network is unique and only currently exists at a few universities across the country. WSN does not endorse students hoping to launch this model without backing from a university counseling or health promotion department.

The largest barrier students are likely to face when considering the launch of a student organization with this model is the liability and resource constraints of the university. This can potentially limit the bandwidth of counseling or health promotion department staff, and thus the oversight of the organization's yearlong training. To overcome this barrier, it is suggested that interested student(s) create a petition for the counseling department in defense of peer support groups. While the peer support model is highly proven as effective, there continues to be some legal concerns for universities.

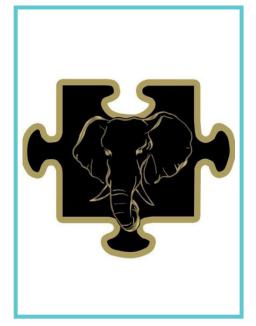
Another implementation concern Since its inception, The Support that may arise is a student's hesitancy to join a Weekly Group. Like any organization, this will require effective marketing and outreach. Specifically, it is important to clearly articulate the purpose of the Weekly Groups as well as the benefits that may arise from attending Weekly Groups.

THE MENTAL ELEPHANT

events used to promote mental TME's YouTube channel features a has received the 2017 NAACP health across the country. TME is documentary series that focuses Black Excellence Organizations a monthly newsletter subscription on mental health issues as well as of the Year Award as well at the with information about mental behind the scenes videos of the East Carolina University A.L.A.N.A. health and current events in the entire brand. Offline, TME volunteers Emerging Leadership Award. health industry. TME's website, collaborate with organizations thementalelephant.com, provides and businesses throughout the

is a series of digital outlets materials to the community to community-based promote mental health awareness. In recognition of its efforts, TME

he Mental Elephant (TME) interactive tools, resources, and community to host events based on selected mental health topics.





FAST FACTS:

The Mental Elephant Herd celebrates their birthday every year on January 7th.

TME received the 2017 NAACP Black Excellence Organization of the Year Award as well as The East Carolina University A.L.A.N.A Emerging Leadership Award. In 2018, TME was nominated for The NAACP Black Excellence Organization of The Year and Event of The Year award.

Our current Elephant Herd consists of 200 elephants across the nation.

Along with mental disorders we host events and volunteer with autism therapy centers around the community.



MIANA BRYANT www.thementalelephant.com twitter.com/TMEHerd bit.ly/HaveYouHeardTV

College students suffer from high rates of stress, depression, and anxiety among other mental health conditions that can have debilitating effects on a student's day-to-day life. Students NEED to know that they are not alone and that many students across the country feel the same way and want to help.

GETTING STARTED

After my diagnosis with Major One of the biggest issues students Depressive Disorder as a college freshman, I was inspired to create TME. I felt better with treatment, but I still felt isolated and confused about my diagnosis. This disillusioning but common feeling is why I decided to form a group of students that have also been diagnosed with a mental illness and would benefit from support and guidance. The original idea was a simple group chat but after I discussed it with my mentor, it developed into an entire organization that spread awareness of disorders and gave students resources and better access to treatment. With the support of friends, TME continues to grow strong in fulfilling its purpose to provide support for students living with mental health conditions.

POTENTIAL BARRIERS

may face when trying to implement anything relating to mental health is the lack of conversation and understanding today. A lot of students and youth may not understand the importance positive mental health, and how it can actually affect your life so they may not see a reason for the program. The best way to address this would be to begin with educational and interactive items and events. It will be easier to have people support you if they understand the importance and need for the program.

MENTAL HEALTH AMBASSADORS

ental Health Ambassadors (UNC-CH MHA) help students support students through dialogue, outreach, and resource publications. It is the only selective mental health organization at the University of North Carolina Chapel Hill which requires applicants to fulfill the 9-hour Mental Health First Aid USA course and trainings in presentation delivery. One of the main tenants of UNC-CH MHA (and its partner chapters across the state of North Carolina), is to disseminate 30 to 45-minute interactive skills trainings/presentations. Skills training has been shown to increase baseline/average mental health awareness, empower students to individually reflect, and equip students to support one another through positive coping strategies, dialogue, and knowledge of resources. During the semesters, and particularly during stressful exam periods, UNC-CH MHA hosts outreach events consisting of quest speakers and relationship-building activities for students. Resources published by UNC-CH MHA are centralized on the Campus Health

database and seek to improve awareness of and engagement with services. Ultimately, UNC-CH MHA aims to create mental health dialogue and actions that foster inclusivity and accessibility to students on campus.

No support group for mental illness currently exists on campus. Additionally, there are no other mental health organizations on campus which utilize a structured application and training course process. The program provides succinct information on everyday life skills and concerns (i.e. stress, healthy relationships, dealing with conflicts) to new and existing students on campus. It aims to bridge the gap between mental health awareness and action through a multifaceted mission. UNC-CH MHA serve as a support network to the undergraduate student population, encouraging students to approach freely and openly to chat or seek guidance from UNC Counselina and Psychological Serivces (CAPS). UNC-CH MHA is intended to serve

as allied members of the student body as displayed by stickers and shirts with the UNC-CH MHA logo and MHFA certification.

The program envisions a campus where every student department and living community has a resident UNC-CH MHA. Essentially, every major department would have an Ambassador liaison who briefs with the Counseling and Psychological Services, who knows how to address mental health crises, and who can disseminate preventive resources and positive coping strategies through skills presentations. aims to make students feel a sense of beloning and support. Another goal is seeing students more aware of psychological services available to them on campus. This will allow them to balance their mental well-being and their academics. UNC-CH MHA helps remove the stigma surrounding conversations regarding mental health. students feel more comfortable discussing their coping and helpseeking strategies.

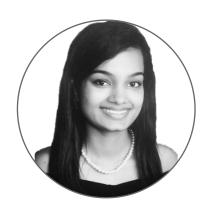


FAST FACTS:

UNC-CH MHA compiled and published a series of mental health informational brochures in students' native languages.

UNC-CH MHA published and disseminated a series of faculty memos on Chronic Absences, Eating Disorders, Exam Stress, and Student Perfectionism

Frequency of presentations increased 50 percent over the first year, and UNC-CH MHA has hosted more than five major outreach events.



PRIYA SRIDHAR facebook.com/unc.mha

Creativity amongst diverse campus representatives is needed to bridge the gap between students and mental health professionals. Peer to peer interaction is key.

GETTING STARTED

When I was in high school, I struggled to cope with anxiety. The stress and panic that followed took a toll on my physical, mental, and social wellbeing. Thanks to the unconditional support and encouragement of my Christian faith community, I felt empowered and equipped to confront and overcome this adversity. These experiences inspired me to create a network of peer ambassadors on campus similarly dedicated to informing, supporting, and empowering students in mental health.

During the fall of my freshman year, while serving as a Student we selected the second cohort Government representative. perceived a clear need for increased peer support around mental health. Through research and conversations with students and officials at North Carolina State University (NCSU) and Appalachian State University (App State), I discovered both university counseling departments created Mental Health Ambassadors world simulation and application). programs to increase and informalize the reach of professional services. CH from established UNC-CH MHA With the guidance and partnership of App State's MHA, fellow UNC-CH student Agnes Ezekewesili and I cofounded UNC-CH's MHA during the spring of our freshman year.

We became chartered as an official university organization, and our first cohort of ambassadors was selected and trained in Mental Health First Aid during the same semester. UNC-CH MHA has an executive board including the following positions: President. Vice-President. Treasurer. Coordinator, and Special Events Administration contacted of 17 additional Ambassadors who health task force. assist with outreach events and give presentations on campus. Each Ambassador brings unique opinions,

experience, and passion which all serve as assets to our team. We also work closely with the Counseling and Psychological Services (CAPS) on campus. The director of CAPS serves as our faculty advisor, and a representative of the School of Social Work facilitates our MHFA trainings.

In the fall of 2018, we applied UNC-CH MHA for a fellowship with the center for public service, which has provided us with active mentoring and funding resources. We also spent the first semester building with partnerships university departments and piloting our resources. In the spring of 2018, of Ambassadors and are moving towards increasing the frequency anddiversity of our skills presentations. Each skills training/presentation module is approximately 30-45 minutes long, and comes with a visual presentation, handouts, and procedural learning tools (via had discussion, reflection, and real-Presentations are adapted to UNC-Chapters and Psychological Services across the state of North Carolina and have historically garnered positive success.

We have collected feedback forms from our skills trainings, and levels of receptivity and approval by students continue to rate high. We have also received positive verbal feedback during our outreach events and have consistently received hiah numbers of applications Ambassador positions. This past Outreach Coordinator, Presentation year, the University of North Carolina Coordinator. We also have a team CH MHA to contribute to a mental

POTENTIAL BARRIERS

Low Receptivity: One of the biggest challenges we have encountered as a new organization is low uptake of presentations, primarily due to a lack of establishment and publicity. Many departments, student leaders, and professors are unaware of our services, and many students feel unmotivated or self-conscious to attend mental health events without 'urgent cause.'

As a network of undergraduate students with affiliations to various groups on campus, we have leveraged these connections to serve as mental health representatives individually in our known spheres, while promoting the broader mission of the UNC-CH MHA group. We have also spent time networking with administrators and providing pilot presentations to groups such as the Housing Department on campus. This has increased our credibility, transparency, and publicity.

In order to streamline the accessibility and scheduling of presentations, we created a Google Form that allows students and groups on campus to request a presentation, see short descriptions of each one, and select preferred times. Then, we transfer these requests to a calendar of the Ambassadors where two can sign up according to their availability.

To resolve the issue of low student engagement, we recommend a few strategies:

 Framing skills trainings/ presentations as a form of self-care and service to the broader student community; students come not only to help themselves, but to then use that knowledge to help and comfort others. Informal outreach and publicity events associate a friendly face and name to your organization. For example, during our first semester, we would host events such as pumpkin painting, cookie decorating, and coloring to get our 'brand' out there while allowing ambassadors to build relationships with the student body.

Accountability; UNC-CH MHA caps our membership at 20 students. At the undergraduate level, students have classes and commitments at varying times, which can make it difficult to create a shared experience through membership in UNC-CH MHA. Additionally, students tend to overcommit themselves to organizations or apply to groups to build their resume.

We have found that increasing and spacing out the required trainings, with a social period at the end, allows students to get to know one another and understand they are in this service to the campus community together. We want UNC-CH MHA to be service-minded, but also supportive within our internal infrastructure. We have also found that requiring students to conduct a set number of presentations/outreach events each semester to retain membership is a straightforward and feasible goal. We also recommend having a central scheduling database for all Ambassadors.

RUNAWAY APP

Runaway is a social entrepreneurial venture that aims to spread mental health awareness and make the world happier.

Currently the venture is based on three modules:

Hosting events and workshops focused around mental health is the first module. Runaway has hosted a multitude of events on campus, that include educational talks about available services, a panel discussion hosted by mental health experts, and a "Mental Health Fest" that featured student speakers, tables hosted by student groups, and a yoga practice. These events aim to bring people out of their comfort zone and participate mental health initiatives. Events also aim to get students to contribute to the mental health discussion and the breakdown of its stigma. Finally, the events aim to educate by providing participants with knowledge on various aspects of mental health and self-care techniques.

A mobile app, the second module, will allow users to anonymously talk to a highly-skilled and monitored set of volunteers globally. The app will provide users with a platform to talk through their emotions and problems and seek encouragement and solutions. The Runaway App provides users with an anonymous environment to share their challenges, thoughts, and feelings in one-on-one chat rooms with volunteers trained in active listening. This not only provides users with emotional relief, but also allows users to become comfortable with seeking help.

The positivity zone, Runaway's third module, provides users with art, quotes, music, and inspiring stories to bring happiness to their day. During our research, and attempts to find a good source of consolidated positivity, we often came back empty-handed, and so we decided to do something to change that. The concept of Runaway comes from the idea that a happy place should exist for people

to experience a temporary escape. Thus, a page on Runaway's website was etablished to aggregate a variety of content that provide users a positive way to spend their time. A range of new content including printable versions of adult coloring books and games is currently being added.

Binghamton Univeristy is privileged to have a plethora of mental health and student support resources like its counseling center, multicultural resource center, LGBTQ+ support services, and disability services. However, encouraging students to utilize the services offered is a challenge that each of these services face. This is a result of the stigma that exists in our society towards mental health problems. Runaway's modules hope to break the stigma and make the world happier.



FAST FACTS:

Our pilot Student Ambassador program received over 250 applicants in two weeks!

Runaway was accepted to the Koffman Southern Tier Incubator's Accelerator Program.

Our 3 events have seen a combined attendance of over 500 students, faculty, and professionals.

We organized the first of its kind Mental Health Awareness Day at Binghamton University.



SATVIK SETHI
www.runawayapp.com
facebook.com/runawayapp
twitter.com/runaway_app
instagram.com/runaway.app
linkedin.com/company/runaway-app
info@runawayapp.com

It is time people embrace mental health. learn about it, and contribute in making active change. Students remain highly vulnerable to mental health problems, and it is essential to provide them with the resources they need today to ensure a happier tomorrow.

GETTING STARTED

In February 2014, I stumbled across a few images of teenagers self-harming with captions such as "I cannot live anymore" while browsing Instagram. I was hesitant to write something at first, but my instinct was to stop them from hurting themselves. I commented on a few photos. In that one night itself, I discouraged several people from self-harming, completing suicide, and even made some of them laugh as they told me about their lives, hobbies, passions, problems and reasons for self-harming.

I decided to tell my parents and friends about what happened. I was expecting them to be proud of me, but instead, they were angry and told me stop talking to people who could be a negative influence. This made me realize how deeply rooted mental health stigma is in society. I knew that I had to help as many people as I could. I spent more time on Instagram. Twitter and Facebook and came across several people suffering with issues like bulimia, anorexia, broken families, social exclusion, self-harm and their suicidal thoughts. To date I have spoken with over 250 people from all over the world including places like Prague, Sweden, Australia, India, and the United States.

For the last two and a half years, I often thought about ways to build something that would allow me to expand operations, while simultaneously helping more people and working to break down the stigma that surrounds mental health. In 2017, it struck me: an app to let people vent like they do to me on Instagram. I pitched the Runaway App at a workshop in Binghamton, and I was soon invited to the Enactus start-up incubator on campus. Over the summer, I created an internship program that boasted over 50 applicants and resulted in

a team of 12 volunteers to create content for our website and social media accounts. I had no technical knowledge and no resources to hire developers, so I began learning very basic html and created our website and a basic prototype for the app. By the end of the summer, I was fortunate to be connected with a developer in California who believed in the mission of Runaway, and he agreed to develop the app at nocost.

POTENTIAL BARRIERS

The challenges we face are more focused with shaping people's perceptions. It takes perseverance to convince people to believe in your cause: a volunteer team of students, investors invited to events about topics that they might consider taboo, and organizations sought for collaboration. You need to believe in your cause and its mission to convince others that they should believe in it too. Another challenge that one might face is time management. It can be challenging for a student who may be working a part-time job, studying to ace their tests, pursuing a hobby, maintaining a social life, or starting a company with huge dreams. You will have to makes choices and determine what is of the utmost importance to you and prepare your week in advance to accommodate those priorities. Maintaining personal wellness should always be the first priority.

Apart from these challenges, be sure to love what you do. Not a single day goes by when I do not feel happy that I founded Runaway because I love what I do and the impact it has on people. Find what gives you that feeling and run after it

2-CREDIT PROMOTING WELLBEING COURSE

implemented created, mental health and wellbeing of skills that enhance academic population course for college students. The success and overall health. Students needs, particularly surrounding goal of the course was to provide on my campus reported a lack of cultural stigma of help seeking and students with opportunities to develop skills to support mental health, wellbeing and academic unmet need. success. Current services on campus do not comprehensively. My university is a large public mental health and wellbeing. address the unique pressures of college student life. They do not

and focus on the day-to-day needs are first-generation, low-income measured the impact of a 2-credit of students, or the development and commuter students. This support for day-to-day needs, and barriers to the utilization of services. the course sought to address this A course model is accessible to

> institution in a big city that serves diverse students, many of whom

represents unique these students and helps to break down the stigma surrounding



FAST FACTS:

The pilot course included 11 students who demonstrated significant changes in health behaviors and self-efficacy following participation in the wellbeing curriculum.

As a result of the overwhelmingly positive course feedback, the course will now be offered to undergraduates across campus, starting with three sections and plans of expanding in subsequent semesters.

As a result of the course impact and a submitted proposal, campus administrators are now invested in other innovative courses, strategies and services to support student mental health and wellbeing.

CMHIC MEMBER



LEAH GOODMAN, OTD, OTR/L

We need to recognize the breadth of education and evaluate what we prioritize. If we want a successful and healthy population, we need to prepare young people to become that.

GETTING STARTED

As a clinical doctorate student in occupational therapy, I had the opportunity to deeply explore literature and develop my doctoral project. Because of my personal experiences with mental health and an evaluation of the current lack of mental health support in higher education, I wanted to use my doctoral project as an opportunity to address college student wellbeing and equity in academic success. I was able to evaluate the literature, identify unmet needs, build a curriculum to address those needs. and both implement and measure the impact of the curriculum.

Occupational therapists (OT) support people by facilitating engagement in meaningful activities, building healthy habits and routines, and addressing barriers to participation. I wanted to apply my OT lens to the needs of college students. I see a unique value in this holistic perspective to address the unmet needs of students today.

POTENTIAL BARRIERS

Funding: I have been addressing this challenge by trying to demonstrate the financial impact of programming. For my course, I measured the impact of indicators that contribute to academic success and student health. drawing connection between those indicators student retention (which impacts tuition and therefore has a financial impact on the university). I also gained the support of my academic department, which is funding my salary until the university further invests in program development.

Articulating the distinct value your program: Demonstrating that the program is different from those that currently exist and is not a replication of services: Do a needs assessment. If you understand the needs of your campus, you can be sure that your program is addressing an unmet need and not replicating one that already exists. If you design a program that uniquely addresses student needs, be secure and confident in the purpose and mission of the program. If you have clear goals, it is much easier to articulate those goals to campus administrators, potential funders, and other service providers. Try to collaborate with service providers on campus by validating their services and demonstrating how your program can complement their services. You want to collaborate with them, not replace them. The more departments, administrators, service providers, and students who you can collaborate and connect with, the more sustainable and comprehensive your program can

ADDITIONAL STUDENT LEADERS

THE UNIVERSITY OF ALABAMA | TUSCALOOSA, AL



HELMI HENKIN

ABOUT ME

I was President of National Alliance on Mental Illness Chapter at the University of Alabama (NAMI-UA) and served as an officer in various positions in the organization over the course of my undergraduate career. NAMI-UA strived to reflect the national NAMI's key tenets: education, support, and advocacy. Since 2006. NAMI-UA aims to serve as a community for students. faculty, and staff who have lived experience with mental illness, who are affected due to a loved one's condition, or who identify as an ally.

NAMI-UA hosts meetings with NAMI programs such as Ending the Silence and In Our Own Voice presentations on mental and conditions. Additionally. health NAMI-UA advocates in partnership with the Counseling Center for improved mental health services and more funding for mental health services for members of the UA community. This past year, UA hired an Associate Vice President of Student Health and Wellbeing, who began a Student Wellness Council in collaboration with NAMI-UA to better understand student needs.

in health resources. NAMI-UA tabled Walks across the state and lobbied at student health fairs and UA's at the state capital with AFSP as a annual Out of the Darkness Walk Field Advocate. Throughout college, benefiting the American Foundation I served on the Jed Foundation's providing information about NAMI Text Line's Youth Advisory Council. as well as campus and community and I am a Crisis Counselor for mental health resources. Every year Crisis Text Line. Thanks to my varied NAMI-UA hosts the Mental Health mental health involvement, I won Monologues, an event where actors the first-ever NAMI Alabama On perform monologues anonymously Campus Leader Award and was written by students and faculty appointed to the NAMI Alabama detailing their lived experience with Board of Directors, which increased various mental health conditions, my ability to make an impact to raise awareness about mental on the state of mental health in health conditions and encourage Alabama through hosting advocacy reducing the stigma.

I personally participated in mental health advocacy, support and education off-campus that I found Alabama and nationwide and gave rewarding and contributed greatly to my campus work. Through NAMI Alabama. I became the NAMI Tuscaloosa Connection Support ADVICE FOR CAMPUS Group Facilitator, a group open LEADERS to anyone 18 or older living with a mental health condition, and Program Coordinator for Ending the Silence, a presentation for high school students that teaches the signs and symptoms of mental health conditions as well as stigmabusting techniques. I volunteered at

the campus environment, and gaps AFSP Alabama Out of the Darkness Suicide Prevention (AFSP), Student Advisory Council and Crisis trainings and fundraising for their annual walk. Serving in these roles expanded my understanding of mental health-related causes in me the opportunity to make a positive difference in these causes.

Students who are interested in implementing mental initiatives on campus may need to work to gain support from administration.

On-campus advocacy is only

effective to a certain extent because it is ultimately up to the university administration to take steps that will create the change that university community members want to see. Every year, NAMI-UA created a petition in partnership with the Counseling Center listing demands from administration to improve mental health services. such as hiring more counselors, moving the Counseling Center to a building on campus, and adding mental health resource information to our student ID cards or syllabi. Whenever NAMI-UA leadership would reach out to administrative officials to try to set up a meeting and discuss these demands, they were met with radio silence. When UA hired the Associate Vice President of Student Health and Wellbeing, on

campus advocacy organizations felt a glimmer of hope. Dr. Perez has done his best to learn about what students need and want to see in terms of improving mental health services on campus, from creating the Wellness Council to hosting listening sessions at NAMI-UA meetings. As someone who participated in on campus advocacy for other causes where administration is still ignoring students, I cannot understate how much of a difference it makes to have a working relationship with university administrative officials.

UNIVERSITY OF NOTRE DAME | NOTRE DAME, IN STRITCH SCHOOL OF MEDICINE AT LOYOLA UNIVERSITY CHICAGO | CHICAGO, IL



MAGGIE MUSSO

ABOUT ME

As a senior at the University of Notre Dame, I accepted a job as the student intern to Dr. Stackman, the Associate Vice President for Student Services in the Division of Student Affairs. In this new position, I worked collaboratively with Dr. Stackman, the directors of various Health and Wellness departments, faculty, staff, and students to promote mental health at Notre Dame and to bridge the communication gap between students and administrators. I began by completing a gap analysis of campus mental well-being resources, comparing Notre Dame to other Top 20 institutions, and presenting recommendations on how to improve on-campus offerings. As a result, recommendations to improve branding and marketing, parent resources, communications with faculty and staff, and aspects of the withdrawal and readmission process were implemented. To help close the communication gap between administrators and students, I coordinated bi-monthly student meals with Dr. Stackman, providing him an opportunity to receive student feedback and students with the opportunity to Academic Support at Stritch.

develop a relationship with an ADVICE FOR CAMPUS administrator; by the end of the year, we had met with students in all 29 dorms. I also coordinated similar meals with faculty and staff in each college or school to discuss the role they play in promoting mental wellbeing on campus. I coordinated the creation of an orientation program for readmitted students, updated and improved department websites, produced a promotional video for the Health and Wellness departments. Finally, I successfully advocated for the inclusion of health, well-being, and emergency contact information on all student ID cards, which was implemented in the spring of 2017, and created an emotional well-being information booklet that is distributed to every Notre Dame student at the start of the school year.

I am now entering my third year of medical school at the Loyola University Stritch School of Medicine. I have become involved in efforts to improve the well-being of medical students, residents, and physicians. and am in the process of developing a wellness curriculum for medical students with the Assistant Dean of

LEADERS

Involvement is important. but collaboration is essential. Students should pursue involvement in issues related to mental health and well-being in their campus communities. Join relevant student organizations and engage your in conversations mental health. However, don't feel limited to student organizations get to know the key administrators and staff responsible for these issues at your institution. Share your stories and your ideas with them you do not need to be the president of a club or a member of student government to do so. Administrators want to hear from students after all, you are the primary stakeholders in their work. As you begin to build these relationships. assume best intentions - I often encountered students who felt that administrators did not care about or listen to student interests. particularly regarding mental health. I was one such student, until I had the opportunity to get to know the people who care deeply about providing students with the necessary resources to thrive. Administrators are people, too! While I am not suggesting that every administrator is perfect, it is essential to maintain a collaborative spirit and openness to ideas beyond your own.

Speak up. Be patient and persistent, and balance confidence and humility. This work can be frustrating. Lasting change takes time. Students are an active part of a campus community, but only for a limited time before they graduate and move on. Challenge yourself to see the big picture, especially when working with administrators on systemic changes. Recognize the importance of your voice as a student-speak up but remember to balance confidence with humility. You do not know everything! Take the time to listen and reflect upon what you hear. Remain respectful at all times, but do not be afraid to share your story. It matters.

SOURCES

i Center for Collegiate Mental Health. (2018, January). 2017 Annual Report (Publication No. STA 18-166).

ii Eisenberg, D., Ketchen Lipson, S., Ceglarek, P., Kern, A., & Vivian Phillips, M. (2018) Promoting Behavioral Health and Reducing Risk among College Students: A Comprehensive Approach.

iii Center for Collegiate Mental Health. (2018, January). 2017 Annual Report (Publication No. STA 18-166).

iv Carnevale, A. P., Rose, S. J., & Cheah, B. (2011). The College Payoff: Education, Occupations, Lifetime Earnings. https://www2.ed.gov/policy/highered/reg/hearulemaking/2011/collegepayoff.pdf

v Eisenberg, D., Ketchen Lipson, S., Ceglarek, P., Kern, A., & Vivian Phillips, M. (2018) Promoting Behavioral Health and Reducing Risk among College Students: A Comprehensive Approach.

vi Goldrick-Rab, S., Richardson, J., Schneider, J., Hernadnex, A, and Cady, C. (2018) Still Hungry and Homeless in College. http://wihopelab.com/publications/Wisconsin-HOPE-Lab-Still-Hungry-and-Homeless.pdf

vii Pew Research Center. (2017). 5 facts about student loans. http://www.pewresearch.org/fact-tank/2017/08/24/5-facts-about-student-loans/

viii Eisenberg, D., Ketchen Lipson, S., Ceglarek, P., Kern, A., & Vivian Phillips, M. (2018) Promoting Behavioral Health and Reducing Risk among College Students: A Comprehensive Approach.

ix Eisenberg, D., Ketchen Lipson, S., Ceglarek, P., Kern, A., & Vivian Phillips, M. (2018) Promoting Behavioral Health and Reducing Risk among College Students: A Comprehensive Approach.

x US Department of Health and Human Services, CDC CDC/NCHS. (2017). National Vital Statistics System, Mortality https://wonder.cdc.gov.

xi Cigna. (2018). New Cigna Study Reveals Loneliness at Epidemic Levels in America. https://www.multivu.com/players/English/8294451-cigna-us-loneliness-survey/

xii Centers for Disease Control and Prevention. (2018). Suicide rates rising across the U.S. https://www.cdc.gov/media/releases/2018/p0607-suicide-prevention.html

xiii Downs, N. S., Alderman, T., Schneiber, K., & Swerdlow, N. R. (2016). Treat and teach our students well: college mental health and collaborative campus communities. Psychiatric Services, 67(9), 957-963.

xiv Center for Collegiate Mental Health. (2018, January). 2017 Annual Report (Publication No. STA 18-166).

xv Center for Collegiate Mental Health. (2018, January). 2017 Annual Report (Publication No. STA 18-166).

xvi https://trends.collegeboard.org/sites/default/files/trends-in-community-colleges-research-brief.pdf

xvii Lynn Koch Koch, L.C., Mamiseishvili, K., & Wilkins, M. (2017). Integrated postsecondary services and supports for college students with psychiatric disabilities. Journal of Applied Rehabilitation Counseling (48), 1, 16-51.

xviii National Council on Disability. (2017). Mental Health on College Campuses: Investments, Accommodations Needed to Address Student Needs. https://diversity.ucsf.edu/sites/diversity.ucsf.edu/files/NCD_Mental_Health_Report_508.pdf

xix National Alliance on Mental Illness (2012). College Students Speak: A Survey Report on Mental Health. https://www.nami.org/About-NA-MI/Publications-Reports/Survey-Reports/College-Students-Speak_A-Survey-Report-on-Mental-H.pdf

xx Lynn Koch Koch, L.C., Mamiseishvili, K., & Wilkins, M. (2017). Integrated postsecondary services and supports for college students with psychiatric disabilities. Journal of Applied Rehabilitation Counseling (48), 1, 16-51.

xxi National Alliance on Mental Illness (2012). College Students Speak: A Survey Report on Mental Health. https://www.nami.org/About-NA-MI/Publications-Reports/Survey-Reports/College-Students-Speak A-Survey-Report-on-Mental-H.pdf

xxii Disability Rights California and Mental Health Advocacy Service, Inc. The Challenges and Legal Rights of Students with Mental Disabilities in College. https://www.ucop.edu/student-mental-health-resources/_files/pdf/program-sessions-bpc/the-challenges-and-legal-rights-nancy.pdf

xxiii National Council on Disability. (2017). Mental Health on College Campuses: Investments, Accommodations Needed to Address Student Needs. https://diversity.ucsf.edu/sites/diversity.ucsf.edu/files/NCD Mental Health Report 508.pdf

xxiv https://www.samhsa.gov/sites/default/files/programs campaigns/brss tacs/value-of-peers-2017.pdf

xxv California Community Colleges Student Mental Health Program (2017). Disabled Students Programs and Services (DSPS) for Students with Mental Health Disabilities. http://www.cccstudentmentalhealth.org/docs/SMHP-DSPS-Fact-Sheet.pdf

xxvi Ali, K., Farrer, L., Gulliver, A., & Griffiths, K. M. (2015). Online Peer-to-Peer Support for Young People With Mental Health Problems: A Systematic Review. JMIR Mental Health, 2(2), e19. http://doi.org/10.2196/mental.4418 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4607385/

xxvii Levin, M. E., Stocke, K., Pierce, B., & Levin, C. (2018). Do college students use online self-help? A survey of intentions and use of mental health resources. Journal of College Student Psychotherapy, 32(3), 181-198.

xxviii Boydell, K. M., Hodgins, M., Pignatiello, A., Teshima, J., Edwards, H., & Willis, D. (2014). Using Technology to Deliver Mental Health Services to Children and Youth: A Scoping Review. Journal of the Canadian Academy of Child and Adolescent Psychiatry, 23(2), 87-99.