SAGE Presidents’ Call - On Mental Health
February 18th, 2020, 9pm EST
Zoom Link to call in: https://unc.zoom.us/j/134744338

Call started: 9:05 EST

**Attendance:**

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<th>Institution</th>
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<td>Michigan State University</td>
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<td>The Ohio State University</td>
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<td>Stephen Post</td>
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<td>Rutgers University</td>
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<td>Nathaniel Flores</td>
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<td>Dylan Barton, Marie Teemant</td>
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<td>University of North Carolina-Chapel Hill</td>
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<td>University of Texas-Austin</td>
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<td>Samantha Fuchs, Christina Baze</td>
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<td>University of Virginia</td>
<td>INACTIVE, X</td>
<td>Emma Cronin</td>
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<td>University of Washington</td>
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<td>Abbie Shew</td>
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**Agenda**
1. Minutes
   a. Previous President’s call minutes on Labor Organizing
   VC: Use these minutes as a reference for previous discussions from the Presidents.

2. SAGE Mental Health Working Group Co-Chairs
   a. Nate Flores - Rutgers University Graduate Student Association President
   b. Sarah Bork - University of Michigan Rackham Student Government Interim Mental Health Director
   i. Absent due to illness
   ii. sjbork@umich.edu

   Nate: Most striking findings in mental health, how universities are dealing with it, and a few areas that aren’t often mentioned. The two most cited studies on grad mental health - one, in nature, shows graduate students showing graduate students are 6 times more likely than the general public to have mental health issues. Many statistics on demographics, like women, and trans and gender non-conforming students. A second study, in 2018, looked at economic departments specific across different schools. It found a prevalence of anxiety and depression was very high. 11% reported suicidal thoughts within 2 weeks of taken the study. Things can be much worse in individual departments. Our asks are to have mental health data for specific departments that have toxic cultures, not just university-wide. We are seeing in recent years that universities are increasing prioritizing mental health, but movement is slow. CGS is leading a study, by Bererea (sp?), same person of the economic study. University deans and Presidents are reporting that it’s more of a priority, with more funding for resources being diverted. At the same time, there are issues. Number of schools 80% think it’s a priority, but only 40% report it in a strategic plan, and only 35% President’s feel they have the expertise or feel they have the resources. Lastly, there are some other issues. Causes for graduate students, and detection methods for toxic departments. A few policies to look at are conflict management - conflict with students and faculty. Should look at leave policies. If someone has mental health issues, are they able to take time off, or are they required to drop classes. What data does the university collect, and is it fine-grained enough to identify departments. Do faculty have mental health training. Student Affairs is typically considered the overhead. Now there’s a drive to say it’s an academic affairs problem - they have the faculty members who could identify struggling students, as well as the faculty who could be causing those struggles.
   VC: Thank you, Nate, that was excellent.

3. Discussion
   a. Suggested Questions:
      i. What are the resources/initiatives available to students that have been successful?
      ii. What are the major limitations for mental health care at your school? (Limited staff, limited appointments, time, cost, stigma)
      iii. How are issues of mental health communicated by your school’s administration and student body?

   UT Austin: It would be interesting for me to know what institutions do for graduate student needs specifically, and if it’s separate from undergraduate. Here at UT, our graduate education task force recently released a report with a big part was graduate mental health. They wanted to add a graduate student care counselor - someone specific to academic units.
   Arizona, Marie: We are kind of revamping this right now. There’s a one-size-fits-all process, that everyone gets sent to CAPS - counseling and psychological services. We don’t have mechanisms for lower level issues. It’s overloaded. And others don’t feel like they need it, until they really need it and they’re at a crisis level. Very little money was put towards initiatives for mental wellness, but they have identified two people who should be creating solutions for
holistic campus wellness. Dylan can speak to this well, as they have been working with the policy committee. Until recently, there was no mechanism to remove a bad advisor, and they could continue to bring in new phd’s even if it was known they were abusive. So now there are some protections. I’m afraid we’re not a great example of where mental health should be. We have started talking about tracking graduate students specifically. New provost, conversation is starting to turn around.

Maryland: I appreciate hearing what Arizona is going through, that everything is response and not prevention. Hearing about the advisors is a good thing. Because of our high international students (just over a third), they’re especially vulnerable as they don’t have other options for work, can’t work off campus or work over 20 hrs per week. So the same person in charge of the academic status is in charge of their salary and in charge of their degree. So finding the right person to address this is difficult. We’re speaking with the student affairs department best. Right now, there’s an embedded model - different organizations. Health center and psychiatrist, or other center and psychologists. Physics department has their own mental health study, IRB approved, which is awesome.

Arizona: Do you know the cost of that to the department?
Maryland: It’s free. The students are doing it themselves as volunteers. The psychology department wants to do that as well. The physics department wants to improve, so that’s why they’re open to collecting that data.

Chair: At UNC, the provost and Vice Chancellor of Student Affairs around two years ago created a task force for UNC that brought together experts - undergrad, grad, post doc, representatives from campus. They did a nice, wide range analysis of how our university stood against peers. They did well on recognizing the different populations, such as graduate and professional students, and they had a response on that report for us. Mostly prevention, which is great. Our CAPS center is triage and short-staffed. It was an interesting process. I shared that report with the Co-chairs, but I could share that with everyone to push their administrators to open up.

Rutgers, Nate: What was the process by which the task force was created?
Chair: There had been a big push from undergrad and graduate students to focus on mental health. The Vice Chancellor really took on this initiative. Unfortunately, he left his position but the work has continued. He wanted to push concrete goals. And they passed this report to the board of trustees. Departments implemented first aid training that included mental health.

Michigan: Sarah is our mental health director, and she is out sick today, but she has a great understanding of what’s going on at UM. At UM, we have a CAPS model with a central office with counseling. What they’ve been doing is expanding into the embedded counseling model that is specifically trained in the types of issues for master’s and phds that are different from undergrads. The graduate school is doing a two year task force on student health. Student affairs is the undergrad side, and graduate school is looking at the academic side - like training faculty, protecting students from caustic advisors. We’re adding additional counselors. And we ask for that every year, because there are times in the semester when there’s a 3 week wait time. Then there are other times when wait times aren’t an issue. What's interesting is now there’s a lot of student activity in peer support, such as anonymous texting with research showing that students are more interested in talking to peers about initial issues, instead of going to a counselor already. That’s getting off the ground. On the international side, we’ve been trying to push the international center to have an approach, because you can’t just have the American model and have everyone expect to be able to approach it the same way. Having something for other cultures is still ongoing. We just added a fee on campus, but it’s something we’re trying to have for international students.

UT Austin: That’s very interesting. The text hotline. One thing that has been looked into by our Counselling and Mental Health Center is a tool… can’t quite recall
VC: WE have Therapy Assisted Online, which is an app that provides fundamentals for mental health, with the idea that a 60 minute appointment would become 30 minutes of helpful app information and then 30 minutes with a counsellor on your specific issues.

UM: WAisn’t there A&M having an online counseling system? ANYbody have anything like that?

UMD: We have welltrack, but I don’t know much, so I’ll just post the link: https://www.counseling.umd.edu/welltrack/

VC: How about Emma or Stephen, do you have topics you’d like to bring up?

Virginia: We’ve been having a lot of conversations with deans and the provost. Our healthcare provider has agreed to reimburse more for counseling in the area, to take strain off the CAPS system, and provides more perspectives aside from the student model, for people with families. We have also found that stressors are food and housing insecurity. So we have increased our food pantries and are talking with the university about increasing university housing.

Rutgers, Nathaniel: We do very badly with the worst student-counselor ratio, like 1:2000. We have had students discouraged from going to CAPS and encouraged to go to outside places, but in a bad way, like ‘oh, you’re a TA, what if your student sees you.’ But we have had good things like counsellors in our LGBTQ center and the LAthin American Student center. So the resources that are out there are going to communities that have need.

VC: Switching gears to communication.

UMD: Our communication is terrible. It leaves graduate students feeling along, so we try to step in, but the campus is very decentralized.

VC: You recently got a list serve?

UMD: WE had to fight to get that, yes.

VC: Do you have to run it through people?

UMD: Yes, has to go through student affairs. Not graduate school, they were vey opposed.

VC: You might have newsletter with end tail with highlighted resources, like a suicide prevention week, or conflict resolution training, or communication.

UMD: I like that and student affairs will too.

Arizona: We hired a communications director to be able to catch and organize efforts to get things on facebook, in a weekly newsletter. We don’t have a full campus list, but we have a great list of program coordinators. Our list is just based on students who attend our events. The graduate school does only massive communications like elections. Like others, they have concerns about over-emailing. Our communications director this year has been incredible. Also this year we put out a booklet of resources - CAPS, scholarships, food bank, discounts for gas and electric. Really anything and everything, organized by type. Giving that at orientations has been great, along with on the website.

Rutgers: One thing with communication is getting resources to be known, but another type is a positive campaign is destigmatizing. Has anyone done anything like that?

UT Austin: We’ve always coupled resources and communication about destigma.

Virginia: We’re create a wellness lounge where people can be in an area where others are receiving care, but can be more open.

Rutgers: Our mental health committee at Rutgers has shown a few departments that have mood boards, with sticky notes of how they’re feeling. Part of the idea is to normalize feeling very stressed and knowing you’re not alone.

VC: Let’s end on successes. Our 24-hour crisis line has been really used and helpful since it was created. What else do you have to share?

UW: has been hosting a quarterly event for self care. drop-in counseling, yoga, therapy dogs, other campus resources. IT’s an event we’ve done three times already and has gone really well. Good for visibility of resources. Not sure if it’s destigmatizing, but it gets the conversation going with graduate students.
UMich: Because there’s been an ongoing conversation happening at all levels of campus, we have made a specific position for that within our organization to have it in one committee. Wellness events to provide resources and allow people a safe space to relax and reduce stigma of seeking help. Also advocacy, such as the SAGE work, and university advocacy. Bringing those things together makes a coherent mental health position without our organization.

Rutgers: A couple things - we’ve seen increased attention from the graduate school, such as a graduate school faculty code of conduct, creating multiple levels of ombuds people, which didn’t exist before. Good for conflict resolution methods. Another thing we’ve done well in our year in our GSA is increasing discussion. Here are the stats for graduate students as a whole, since many folks know it’s bad and feel miserable, but they don’t have it normalized as something that’s an issue to unite us, and that it’s reasonable with these conditions.

VC: Very striking ‘reasonable to feel anxiety in these conditions.’

UT Austin: One of the things that will be helpful with those conditions are the development of community standards for graduate advisors. Our faculty council at UT Austin has started a task force for creating community standards for how to train students. It’s along with the graduate education task force recommendations for mentoring. There’s also been a big conversation on sexual misconduct, but that’s opening to all sorts of misconduct for behavior for faculty with students. I’m excited to see where the momentum goes.

Arizona: I have one more question - what does the advocacy look like at the federal level? I don’t know that I have heard concrete answers to that yet.

Rutgers, Nate: One of the issues is higher education is flailing on how to respond. Some things that the working group is looking at is influencing administrations. Currently advocating for data collecting as an accreditation standards, such as ‘student outcomes’ and ‘student well-beings.’ Another is organization FARM (?) of accountability for advisors, and also trying to tie that to federal funding. Other areas we’ve looked at it mental health grant programs to be extended to graduate students if they already exist at undergrad.

VC: Some specific bill numbers will be in the draft of the white papers, which you can see in final form at the March coalition call.

Old Business
1. None.

New Business
1. Date/time for next President’s Call
2. Topic for next President’s Call

VC: We have quarterly meetings, so we have one final one for the year. It will be sometime after Day on the Hill. My suggestion that we discuss transitions, of how to successfully bring in new presidents, or actually have those new presidents on the call to introduce them to the activities we do.

Arizona: I second that. Teaching new president’s the types of calls, the general calendar, the work. That is something to reinforce multiple times.

UMich: I also think that’s a good idea and I would get my incoming President on.

Announcements
1. Next regular Coalition call will be March 9th, 9pm EST

Open Forum
UNC Mental Health Task Force Report

VC: Feel free to add further information from your universities and their reports.
Adjourn: 10:01 pm EST