MENTAL HEALTH

TASK FORCES

IN HIGHER EDUCATION

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MENTAL HEALTH TASK FORCES IN HIGHER EDUCATION

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CONTENTS

ACKNOWLEDGMENTS

EXECUTIVE SUMMARY

Over the last decade, national data have shown a rise in college student mental distress, a decline in flourishing, and an increase in demand at campus counseling centers (Healthy Minds 2019; LeViness et al. 2019; Lipson, Lattie, and Eisenberg 2019). In a Pulse Point survey conducted by the American Council on Education (ACE), eight out of 10 college and university presidents indicated student mental health had become more of a priority on their campus than just three years ago (Chessman and Taylor 2019).

Those sentiments are from the pre-pandemic days of 2019. The year 2020 has brought a host of new mental health concerns to our world and our campuses. ACE's July 2020 Pulse Point survey of college and university presidents suggested that an overwhelming majority of presidents agreed there would be an increased student need for mental health services in fall 2020 (Turk, Soler, and Chessman 2020). Preliminary data related to COVID-19 show concerning signs of rising mental health issues and highlight equity gaps related to the mental health of underserved populations (Healthy Minds and ACHA 2020; Czeisler et al. 2020).

College and university efforts to support greater mental health and well-being were already increasing prior to the COVID-19 pandemic. In the past decade, several presidents, chancellors, and provosts appointed mental health task forces and produced public-facing task force reports. This report analyzes and synthesizes 16 of those reports to surface general operating procedures and common themes across task force recommendations. Interviews and insights from 10 task force leaders also inform the considerations.

In reviewing the task forces' structures, charges, frameworks, processes, timelines, and task force leader interviews, the following common ideas emerged:

Scope and Purpose

- The task force name should ideally **communicate its specific focus** on mental health to the larger campus community.
- When the **president, chancellor, or provost appoints** the task force, it sends a message about its importance and assists with campus buy-in across all stakeholders.
- When leaders develop the task force **charge,** it should be action oriented and specify the desired outcomes.
- Task force members will want to **select a framework or model** to guide their work.
- A **focus on equity** is essential to ensure the task force addresses the unique needs of various student populations, including students of color, LGBTQ+ students, and those who are the first in their family to go to college.

Structure

- Leaders will want to ensure a **diverse representation of the campus community** on the task force, including faculty, staff, and students, both undergraduate and graduate. **Consider stakeholders from different offices and departments** across campus, including campus police or security, dining, financial aid, and athletics. Generally, the demographics of a task force should reflect the demographics of the student body.
- Task force leaders may want to consider developing **working groups** to help distribute the work while also bringing important voices to the task force.
- Consider **selecting co-chairs** to lead the task force, this assists with the distribution of the work and brings various perspectives to the table.

- Although determining a **timeline** for the task force depends on the scope and resources of the institution, consensus among task force leaders was that designating **at least 12 months** to conduct a variety of activities is ideal.

Resources

- The task force should be **data driven and evidence based**, utilizing internal and external data to inform the direction of their work. **Access to campus data is essential**.
- Decide in advance how the task force should approach **costs and funding** for the proposed recommendations—consider a partnership with finance and administration throughout the process or at a specified point in the timeline.

Communication

- Leaders will want to consider how they update the campus community on the **progress made** on task force recommendations.
- Leaders may want to consider having a **task force website** as a strategy to centralize the work conducted by the task force, to inform stakeholders about the different mental health resources on campus, as well as to update the community about progress made on recommendations.

The ACE research team also conducted a thematic analysis of all task force recommendations. A total of 469 recommendations for action on student mental health were analyzed across 16 reports.

These 469 recommendations are grouped into three overarching categories:

- Changing the overall campus **culture and climate** to promote, improve, and foster positive mental health and well-being for all community members
- Improving access to **services and support** for mental health
- Making **administrative improvements** that are long-term, sustainable efforts, requiring changes to policies, protocols, and procedures

- To indicate how often a recommendation appeared, each was coded into one or more of the eight recommendation themes listed below, ordered by frequency.

  1. **Improve communication about mental health:** Encourages institutions to improve campus-wide communication regarding mental health and well-being through advertising, messaging, and outreach.

  2. **Create or enhance mental health programs and initiatives:** Focuses on short term or ongoing events and initiatives supporting student mental health.

  3. **Institutionalize structures to support or further work on mental health:** Urges the college or university to sustain work on mental health beyond the duration of the task force by institutionalizing structures and systems.

  4. **Enhance, improve, or create mental health services:** Proposes ways to make counseling or related mental health services more accessible to the campus community. Services are distinctly different from programs as they are structural supports embedded within the institutions.

  5. **Develop new or improve existing policies:** Focuses on institutional policy creation or changes related to student mental health and well-being. Policies are overarching rules and regulations of an institution or department to guide and influence decision-making around day-to-day actions and strategies.

  6. **Develop or improve existing protocols or procedures:** Proposes standardized ways for institutions to respond to mental health crises or issues on campus. Unlike policies, protocols and procedures provide specific steps to be followed consistently and repetitively to reach the desired outcome.

  7. **Provide training around mental health:** Includes professional development and training for the campus community to encourage participants to embed mental health in campus networks and curriculum.

  8. **Hire or create position(s):** Recommends new positions to expand the support for mental health in the campus community.

With ideas, themes, and information from recent mental health task force reports, the ACE research team hopes this report will provide college and university leaders with a guidebook to address mental health and well-being on their campuses, especially in light of COVID-19.

INTRODUCTION

Student mental health concerns have been increasing at colleges and universities across the nation, and in the era of COVID-19, presidents and chancellors increasingly indicate student mental health is a top-of-mind issue (Turk, Soler, and Chessman 2020). This is with good reason: data from March through May 2020 indicate COVID-19 is negatively impacting the mental health of college students due to financial stress, concern about family members contracting the virus, declining academic performance, and difficulty accessing mental health care (Healthy Minds and ACHA 2020). A recent report from the Centers for Disease Control found a significant increase in suicidal ideation among 18- to 24-year-olds during the pandemic and disparities in the mental health of underserved populations (Czeisler et al. 2020).

Before the pandemic, national data showed considerable increases in anxiety and depression within the college student population over the last 10 years (Lipson, Lattie, and Eisenberg 2019), and over 65 percent of students indicated they felt "very lonely" in the past 12 months (ACHA 2019). Many campuses were already seeking the best way to support their community after distressing events such as a student suicide.

To address these issues, some colleges and universities have created mental health task forces.[1] Sometimes convened by the president, chancellor, or provost, these task forces are limited-time working groups charged with evaluating current campus environments and climates around mental health. Ultimately, task forces offer recommendations to create a thriving campus community, taking into account the unique culture of the institution while also using quantitative and qualitative data.

This report is a synthesis of 16 public-facing mental health task force reports. The results were analyzed using two different strategies. First, the team conducted a comparative analysis to review the task forces' structures, charges, frameworks, timelines, and other factors[2]. The team then complemented this review by conducting ten interviews with task force leaders that augmented and added insight into what college and university leaders should consider in an implementation of their own task force. Second, the team conducted a qualitative analysis of 469 task force recommendations, which were included across the 16 reports. Common themes were identified across task force recommendations and the team summarized the more prominent themes conceptualized to address student mental health. Each section also includes insights and observations identified by the research team during their analysis.

All of the reports reviewed were from president, chancellor, or provost-appointed task forces with public-facing reports released between 2010 through 2019. The task forces analyzed were established for a variety of reasons, but all with the common purpose of supporting student mental health and well-being and, in some cases, faculty and staff mental health.

We hope this report provides college and university leaders with a guidebook to help them address mental health and well-being on their campuses, especially in the COVID-19 era.

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1   This report uses the term *task force,* as that was the designated title for the majority of the groups reviewed. One reviewed group was considered a *strategic planning committee.*
2   See Methodology section for more details.

COMMONALITIES ACROSS TASK FORCES

Task Force Name

The task force name sends a message to both internal and external constituents regarding focus and purpose. Word choice and overall intent are important considerations when naming the task force.

Virtually all task forces included the concept of mental health in their names, indicating a clear focus. Three reports included other related concepts in their names, such as "well-being" or "psychological health and welfare." Seven out of the 16 task forces specifically referred to "student mental health" or included the word "student" in their name, indicating students were the primary focus. Nine reports approached mental health more broadly by omitting the word "student," focusing on the mental health of the whole campus community.

Each task force name suggested a specific direction to the larger campus community.

INSIGHTS AND OBSERVATIONS

Task force names reveal a specific perspective on mental health to the larger campus community. Names providing a broad focus can give task force members the flexibility to consider holistic frameworks to guide their work and propose recommendations that impact students, faculty, and staff.

Task Force Appointment and Composition

Task force leadership, membership, and size will vary depending on the needs and charge of the group. A broad spectrum of members sends the message that no matter the position at the institution, supporting and promoting student mental health is a shared responsibility (JED and EDC, Inc. 2011).

Overall, high-level senior administrators such as the president, chancellor, or provost appointed task force members. Two high-level senior administrators jointly appointed the task forces at three reviewed institutions: chancellor and vice chancellor; president and provost; and vice chancellor and provost.

Task Force Leadership

Task forces were led in a variety of ways. One or two people, usually a high-ranking faculty member (e.g., professor, provost) and a high-ranking staff member (e.g., vice chancellor of student affairs, chief of staff), typically chaired the task force. High-ranking faculty members predominantly came from fields like psychiatry, psychology, or neuroscience, while high-ranking staff members came from student affairs or student life. Tables 1A and 1B display the leadership structure and positions of task force leaders, by the public and private sector.

One task force leader identified theirs as a good model, saying, "The concept behind our co-chair model was that it was important that there was someone in charge who understood how the university worked—from the point of view of administration, faculty, and students. And then also someone who really understood suicide and mental health."

TABLE 1A: LEADERSHIP STRUCTURE AND POSITION OF CHAIR OR CO-CHAIRS AT PRIVATE INSTITUTIONS

CONTROL	CHAIR OR CO-CHAIRS	NUMBER OF LEADERS	POSITION OF CHAIR/CO-CHAIRS
Private	one chair and two co-chairs	3	provost (chair); vice president and dean of students; and faculty member (vice chairs)
Private	co-chairs	2	vice president of strategic planning and chief of staff; and vice president of academic affairs and dean of the college
Private	co-chairs	2	professor in the department of mental health; and associate vice provost and dean of students
Private	co-chairs	2	professor of psychology in the college of the liberal arts; and executive director of assessment, technology, and communications in student affairs
Private	co-chairs	2	president; and professor and chair of the department of psychiatry
Private	co-chairs	2	professor of English and former dean of arts and sciences; and professor of psychiatry and pediatrics
Private	co-chairs	2	senior associate dean of graduate medical education; and professor of human and organizational development

TABLE 1B: LEADERSHIP STRUCTURE AND POSITION OF CHAIR OR CO-CHAIRS AT PUBLIC INSTITUTIONS

| CONTROL	CHAIR OR CO-CHAIRS	NUMBER OF LEADERS	POSITION OF CHAIR/CO-CHAIRS
Public	chair	1	chief of staff
Public	co-chairs	2	undergraduate student; and developmental psychology faculty
Public	chair	1	interim vice chancellor for research and professor of psychiatry and behavioral sciences
Public	chair	1	clinical professor in the department of psychology and neuroscience
Public	co-chairs	2	chief of the medical office of the health center; and professor of biology
Public	chair	1	vice chancellor of student affairs
Public	co-chairs	2	executive director of the health center and campus health officer; and professor and special counsel for human relations and diversity from a college
Public	chair	1	assistant vice president of student affairs
Public	co-chairs	2	senior vice president for student life; and interim chair and professor, department of psychiatry and behavioral health

Member selection

Task force members included a variety of campus constituents and stakeholders. All task forces included faculty and staff in their composition and all but one included students. Six task forces included alumni, trustees, or community constituents. Task forces varied in size, ranging from one with 45 members to three with 10 members or less. The average size was about 16 members. See Figure 2 for the distribution of composition across task forces.

In interviews, task force leaders emphasized members should have a broad range of expertise—clinical mental health, student affairs, teaching, and research. Given that students of color, LGBTQ+ students, first-generation students, low-socioeconomic status students, and international students experience greater mental health burdens and more barriers to care (Goodwill and Zhou 2020; Lipson et al. 2019; Lipson et al. 2018; Eisenberg et al. 2011), the task force should include staff with expertise in diversity, equity, and inclusion (Abelson, Goodwill, and Duffy 2020). In doing so, it is incredibly important for leaders to be mindful of inequities present in the emotional labor shouldered by women and people of color (Erickson et. al 2001; Gorski 2019).

Several leaders also recommended including administrative support to take notes, schedule meetings, book rooms, and support the chairs.

Task force leaders emphasized the importance of not only including students from governance organizations but also including students from diverse backgrounds involved in a spectrum of student life offerings, such as fraternity and sorority life, athletics, and student employment. Students not involved in student organizations also bring an important perspective. Two task force leaders suggested including parents of students.

FIGURE 1: OVERALL COMPOSITION OF MENTAL HEALTH TASK FORCES

- 4% Other*
- 29% Faculty
- 25% Student
- 42% Staff
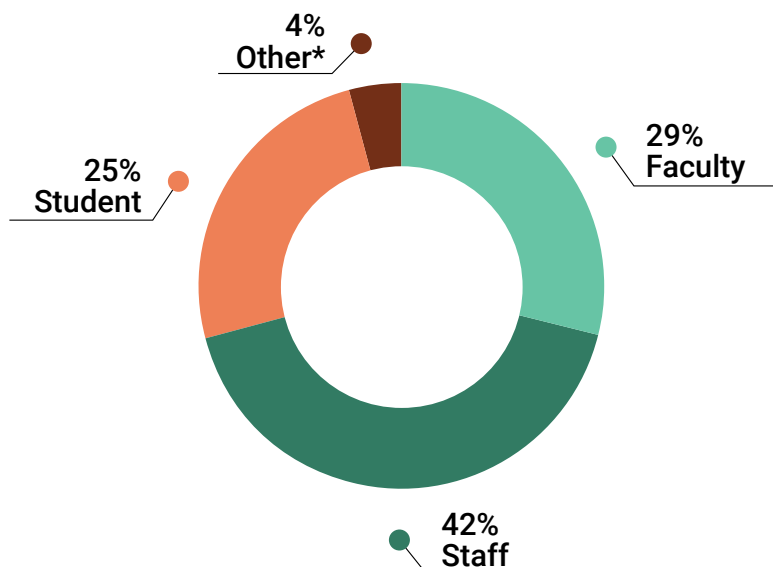
*Other includes alumni, board of trustee members, and community members.

Working groups and subcommittees

Nine of the 16 task forces used subcommittees and working groups to manage their work. Some had as many as 14 working groups and others as few as two. These groups were used to involve more campus community members as well as to divide the work among task force members.

Task force leaders endorsed these structures as a method of increasing community engagement and garnering buy-in from campus constituents. These groups involved campus stakeholders in the work of the task force without needing them to commit to the main task force. These groups also allowed for a multi-pronged approach to the initial charge.

One task force had three working groups: (1) mental health concerns of graduate and professional students; (2) undergraduate students; and (3) different models of care. Another task force had two subgroups with two foci: (1) data and information on the student experience; and (2) information on campus mental health infrastructure and services, institutional policies and procedures, and the larger national context of student mental health. In both cases, these working groups' findings were brought back to the main task force to guide recommendation development.

As campuses adjust to new teaching and learning norms with COVID-19, a subcommittee could be created, or reconvened if the task force has finished its work, to address specific mental health concerns. A task force leader noted, "Mental health task forces could help determine what aspects of the academic experience (moving to an all-online format, for instance, and having to work from their parents' home or from their own apartment) was most disruptive to the mental health of students." On their campus, they surveyed students who registered with disability centers to better understand how to help make the situation more manageable.

Task Force Impetus and Charges

Overall, mental health task forces were created for two reasons. First, campus dynamics linked to mental health spurred action around the topic, including an increase in demand for mental health services (seven institutions) and recent student suicides (four institutions). In other cases, an institution sought cultural transformation to benefit students' well-being, as well as that of faculty and staff. Other reasons included efforts to better understand student mental health, available services, and cultural and environmental factors.

One task force leader commented, "We didn't do this because we had a crisis. We did this because we saw this issue emerging . . . and we wanted to be ahead of it, and we wanted to take a deep look. I think that allowed us to take three years to be thoughtful, and it gave us the time and the space to really be mindful of certain things . . . and build deeper coalitions within staff and across different working units. Not all the presidents are going to have that luxury depending on what the scenario is on their campus."

Virtually all task forces were charged with the following two tasks: (1) to examine the state of campus mental health or current services and (2) to develop recommendations to improve mental health on campus. Six task forces were specifically charged with assessing the state of student mental health by identifying environments across the institution with an impact on well-being and mental health. While five task forces considered such environments to be spaces of student interaction like classrooms, services, and activities, one task force was charged with examining the whole university experience and involving all campus community members in the work. Their chair commented, "We stood up a task force on the student experience. Mental health was certainly one of the precipitating concerns that brought us together, but I think we made an early and smart move that if you just tackle mental health issues absent of looking at your broader cultural context on your campus, then you're missing the full picture. Look systemically at all of the various factors that both impact mental health and that mental health can impact—both positive mental health and when people are struggling or challenged."

Seven task force charges included assessing mental health on campus to ensure the evaluation of institutional policies, practices, and programs related to mental health. Some reports included specific charges about reducing mental health stigma (two), enhancing the college or university experience to ensure student success given the relationship between well-being and academic outcomes (two), and supporting needs related to cultural diversity and identity (one).

Task force leaders consistently communicated the importance of having a clear charge, well-defined scope, and desired outcomes from the president, chancellor, or provost as another important success factor. Some campuses indicated that this clarity existed from the outset, while other task forces struggled without it.

One task force leader spoke to how nuanced a task force goal can be, "Is it understanding the level of service? [Or] is it understanding the underlying factors? Are you looking for an improved service model? [Or] are you looking for a prevention system?"

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INSIGHTS AND OBSERVATIONS

Task force charges should be action oriented and explicitly specify the desired outcomes. Examining the state of campus mental health services and developing recommendations to improve mental health on campus are common charges. However, leaders should also consider specific charges related to reducing mental health stigma, examining the university experience as a whole, and supporting needs related to cultural diversity and identity.

Leaders should consider the following recommendations that emerged from the task force leader interviews and analysis:

1. Focus the charge on campus mental health and well-being rather than solely on suicide prevention.
2. Charges should be inclusive of all mental health efforts on campus, not only one-on-one services with students, such as counseling or advising. This is especially important because a small percentage of students who need support use the counseling center on campus, and a much larger number of students can benefit from support elsewhere on campus. Task force leaders emphasized the importance of looking at how the entire institution impacts students' mental health and well-being.
3. While identifying deficits in mental health services is important, task forces should also focus on how to refine and improve current services and offerings.
4. Equity should be emphasized in the charge to ensure that the unique needs of different campus populations are examined and addressed in the recommendations.

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Task Force Frameworks and Models

Student mental health can be approached a variety of ways, and task forces should consider an evidence-based framework or model before the group begins tackling issues on their campus. Frameworks and models can both guide the planning and execution of the task force as well as keep it focused on the initial charge.

Most task force reports were not explicit about the frameworks or models they used, with only four reports specifying their frameworks. Frameworks mentioned included the Higher Education Mental Health Alliance model, the social ecological framework, and the JED Campus framework (for more on these frameworks,

see Appendix A). Use of frameworks was more often implied, as task force report language alluded to their approach but did not explicitly name their guiding framework. For example, four task forces approached their work with a "holistic" lens—focusing on individuals as a whole and writing about the importance of physical, emotional, social, spiritual, and intellectual dimensions.

INSIGHTS AND OBSERVATIONS

Presidents, chancellors, or provosts do not need to identify a framework or model in advance, but selecting one would demonstrate deeper commitment to the initiative and would further the understanding of what guided the work.

If the campus leader does not identity a framework or model, task force co-chairs and members should identify one at the beginning of their work and use it to guide their approaches to mental health and the creation of recommendations. Many published frameworks and models are informed by public health and psychology.

Frameworks and models can help task forces center equity in their work. The Equity in Mental Health Framework offers recommendations, strategies, and a toolkit to help guide colleges and universities in the development, implementation, and refinement of their on-campus programs to support students of color (The Steve Fund and JED 2017). For more information on additional frameworks and models, please see Appendix A.

Task Force Timeline

Timelines are typically dictated by the leaders appointing the task force and are often included in the charge. Across the 16 reports, the average length of time between creating a task force and publishing the final report was 15 months. Three task forces were given three years to conduct the work, two task forces were given two years, and three task forces had one year. The remaining eight task forces spent less than one year conducting the work.

In interviews, most task force chairs indicated they had sufficient time to fulfill their charge, with a few mentioning they did need to request an extension. Flexibility with the timeline was important to allow task forces to thoroughly complete the charge.

Of course, shorter and longer timelines affect the scope of the task force. Extensive timelines might allow for a variety of activities, including focus groups, survey-data analysis, town hall meetings and rollout sessions, expert interviews, and the creation of a community engagement plan. Given the variety of activities a task force can conduct, determining the ideal timeline is challenging, as noted by one of the task force chairs: "I think you need nine to 12 months to understand the current resources that you have, what are the unmet needs, how can you find the resources to meet those unmet needs? Those are huge, hard questions . . . there are so many questions to answer and as administrators we get pressure from students. They just want us to do something now, but it's hard to get the time to make wise decisions."

FIGURE 2: TASK FORCE TIMELINES

20%
3 years

13%
2 years

20%
1 year

47%
Less than 1 year
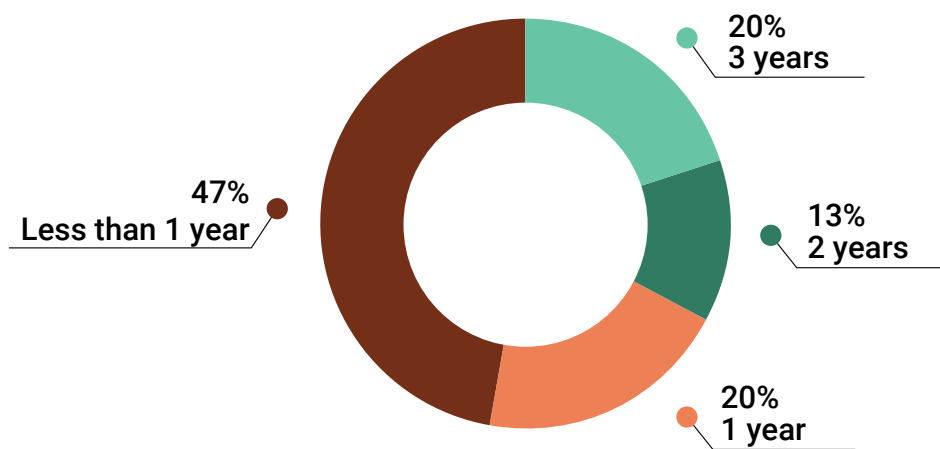
INSIGHTS AND OBSERVATIONS

Although determining a timeline for the task force depends on the scope and resources of the institution, task force leaders agreed at least 12 months is ideal to conduct a variety of activities. If a holistic evaluation of mental health on campus is requested, task forces should be allocated enough time to gather information, synthesize findings, and produce informed recommendations. This timeframe allows task forces to assess the campus and keep members engaged and committed to the work. Task force leaders who undertook longer processes communicated challenges with turnover and waning engagement.

INTERNAL AND EXTERNAL DATA USED BY TASK FORCES

Most task forces began their work by looking at available internal and external data.

Examples of internal data

Mental health status data	Utilization data
• American College Health Association National College Health Assessment (NCHA) data at the institutional level*	• Data from the institution's counseling center(s) on usage, crisis response, and wait times, as well as data reported to the Center for Collegiate Mental Health (if applicable)
• Healthy Minds Survey data at the institutional level*	
• Alumni perceptions, satisfaction, and persistence	• Utilization data from on-campus services and resources (e.g., dean of students office, campus police)
• Institutional exit survey data	
• Data from mental health and well-being questions on institutional surveys like the CIRP, NSSE, CSSE, College Senior Survey	• Student health insurance utilization data

Other internal data on student mental health, including the number of psychiatric hospitalizations, transports to emergency room for alcohol and other drug overdoses, and medical leaves due to mental health issues.

Examples of external data

National data	Peer support programs at
• American College Health Association National College Health Assessment (NCHA)	• Mental Health America
• The Healthy Minds Survey	• Active Minds
• Center for Collegiate Mental Health	

Higher Education Mental Health Alliance

Council for the Advancement of Standards

Positive Psychology Center at the University of Pennsylvania

American Psychological Association, namely *Stress in America: Generation Z*

National Academies reports, e.g., *Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change*; upcoming report in 2021: *Supporting the Whole Student: Mental Health and Well-Being in STEM Undergraduate and Graduate Education*

Association of University College Counseling Center Directors (AUCCCD) Survey

*Institutions can assess the direct impact of COVID-19 on students through the NCHA and Healthy Minds surveys and data.

Task Force Process

Task forces used a variety of structures and processes to address their charges. Almost all task forces used internal and external data to inform their recommendations. Most were also intentional about how they involved students and informed them about the process and outcomes. The majority of task forces engaged the broader campus community through open forums, town halls, and other efforts.

Use data to inform recommendations

Nearly all task forces reviewed national mental health data, as well as institution-specific data from surveys like the Healthy Minds Survey and the American College Health Association's National College Health Assessment. Three task forces developed their own survey instruments to understand the mental health, services, and climate on their campus. Comparing national data and institutional data brought added context to each campus.

All but two task forces did an inventory or review of the mental health and well-being services on their campuses, which included grassroots student mental health promotion groups and counseling services. Data provided information on service usage, average wait times, common presenting issues, types of appointments, and staffing, in addition to persistence and completion.

Not only did task forces collect information and data internally, many task forces looked to the external community to inform their work. Nine task force reports mentioned benchmarking their services, practices, and policies against their peers, local institutions, aspirant institutions, or similarly sized colleges and universities to identify best practices and areas of opportunity in mental health support. Three reports utilized an external review of their campus' mental health services to inform their recommendations. Six task forces spoke with external individuals about work with students, including local hospitals, the JED Foundation, and staff at similarly sized institutions.

Involve and inform students

The task force should prioritize and promote student engagement throughout their process, but several task force leaders admitted student engagement was challenging. The two primary challenges that task force leaders experienced included lack of student participation and students wanting immediate results. One task force leader from a four-year private institution said, "Often what the student leaders were good at was bringing together leaders of other student organizations. And we really just let them talk and share with us what their concerns were. Then we were able to share with them, in turn, what it was that we were working on and how we were proceeding." Several task forces built time into their process to have students review and respond to drafts of their recommendations.

Engage the broader campus community

To gather feedback and information from students and other stakeholders about mental health on campus, 10 task forces utilized focus groups, listening sessions, town halls, and/or interviews. One task force directly interviewed campus mental health service providers while another held public forums for faculty, staff, and students to explore the mental health climate on campus. Some task forces also accepted feedback and ideas through email or designated websites.

Task forces will want to consider different methods for engagement involving campus and community stakeholders beyond students. Leaders reported open forums, town halls, and online forms were also used with these groups. Several task force leaders emphasized the importance of hearing from faculty and staff.

Funding and Costs

Most task force reports did not include the costs associated with recommendations, and did not specify by whom and how they would be funded. A few recommended exploring external funding opportunities like grants, while others spoke generally of needing resources. Only one task force report highlighted expenditures associated with student mental health staffing, showing they had tripled their expenditures.

During the interviews, one task force leader advised working hand-in-hand with the university administration and finance unit when developing the recommendations: "You have got to get administration and finance. They're the ones who are going to put the structure in place to make the pay, to hire the people to do all the things we need to do. . . We may have had some great ideas and great plans, but . . . working hand-in-hand with administration and finance throughout the process . . . is hugely important."

Websites and Updates on Task Force Progress

A mental health task force website contains information associated with the work of the task force, e.g., background, recommendations, steps implemented, mental health resources on campus, advocacy efforts, and news.

Across the 16 task forces, eight had a unique website to share information about their work. Among the remaining task forces without a unique website, three had a designated page that was linked through the provost or president's office websites.

Task force websites typically included information about the formation of the task force, its members, and the recommendations issued. Five task forces went further by including additional information on steps implemented as a result of the recommendations issued.

Two of the eight websites went beyond covering basic information (e.g., background and report) to include information such as mental health resources, events, meeting minutes, advocacy efforts, specific steps implemented, news and articles, suicide prevention hotlines, and other advice for students. The comprehensive character of these websites suggests institutions are using the task force websites as the hub for mental health resources and services on campus.

Task force reports not linked to a unique website or a site within a campus office were found through Internet searches, which led to PDFs of the reports or to university announcements outlining the final task force recommendations.

In some cases, progress made by the task force was included on their website. In a few other cases, recommendation progress was highlighted in their final report. The task forces that shared progress on recommendations either had longer timelines or they began some of the work of implementation while the task force was meeting. All task force leaders reported their task forces' final recommendations were not yet fully realized but progress had been made. Several task forces incorporated structures into their recommendations to support the task force's work. For example, one task force recommended implementing additional committees and another recommended the hiring of a chief mental health officer position to see the implementation of task force recommendations through.

FIGURE 3: TASK FORCE WEBSITES

27%
None

53%
Dedicated website

20%
Designated page

INSIGHTS AND OBSERVATIONS

Leaders will want to think about the strategic use of websites to communicate with students and other stakeholders about 1) updates on task force progress, 2) recommendation implementation, and 3) developments on campus as a result of the task force.

Leaders may also want to request that the task force propose the structures and positions necessary to implement recommendations and to include that in their final report. This request suggests to the task force and the institution that the work of the task force does not end with the final recommendations; it also communicates there is a strong commitment to implement the recommendations to ultimately produce systemic change on campus regarding mental health.

RECOMMENDATIONS

The final recommendations from a mental health task force are typically the final product and provide a path forward to address mental health on campus. Recommendations should be data-driven, action-oriented, realistic, and accessible to a wide range of audiences. This review of task force recommendations offers insight into what presidents, chancellors, and provosts may expect when forming their own task forces.

Overall, task force recommendations varied in length, number, complexity, and topics. A total of 469 recommendations were analyzed from the 16 mental health task force reports. Recommendations were classified into eight emergent themes, and some into more than one theme due to their complexity. These eight themes were grouped into three overarching categories: Culture and Climate (42.7 percent), Services and Support (33.3 percent), and Administration (24 percent).

FIGURE 4: OVERARCHING CATEGORIES OF RECOMMENDATION THEMES
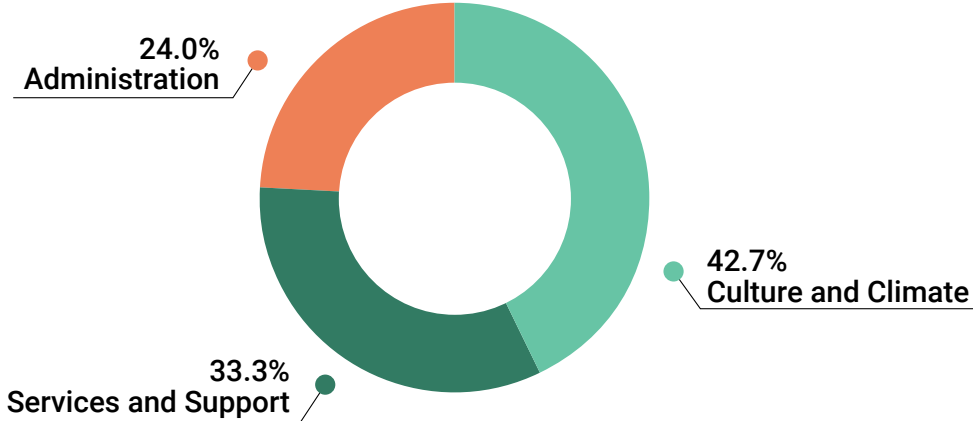
Culture and Climate: Creation of a supportive campus culture and environment

Themes and recommendations in the Culture and Climate category focus on improving the overall campus climate and culture to foster a more welcoming environment that promotes positive health and well-being. Presidents, chancellors, or provosts can expect to see specific recommendations for: raising awareness of mental health resources on campus through improving messaging and campaigning; providing professional development opportunities for faculty and staff around mental health; and dedicating more resources and personnel to support ongoing comprehensive mental health promotion. Three recommendation themes emerged within this category.

1. **Improve communication about mental health** emerged as the most frequent recommendation theme. This theme was present in 19.4 percent of the recommendations across all 16 reports. Recommendations encouraged institutions to improve campus-wide communication about mental health and well-being through advertising, messaging, and outreach. Better communication would serve four main purposes: (1) raise awareness of mental health services, resources, and support on campus; (2) increase or improve mental health promotion and wellness overall;

(3) decrease stigma around mental health and seeking help; and (4) embed mental health messaging into the academic fabric and curriculum.

2. **Institutionalize structures to support or further work on mental health** was the third most common recommendation theme across all three overarching categories, and the second most common within the Culture and Climate category. This theme was present in 12.8 percent of the recommendations in all 16 reports. These recommendations urged support for structures to sustain and further work on mental health for the campus community beyond the lifespan of the task force. Recommendations covered three main types of mental health support structures: (1) building facilities and centers (space expansion); (2) establishing committees or subcommittees to support ongoing work; and (3) supporting future assessment of mental health.

3. **Provide training around mental health** for the campus community was a theme represented in 10.5 percent of the recommendations in 15 reports. Specific training areas included mental health awareness, suicide prevention, mental health services and resources, sensitivity and socio-emotional learning, curriculum development, and crisis response. Some institutions took a holistic approach and provided recommendations to weave mental health education into classroom curriculum and yearly programming (e.g., orientations for students and employee onboarding). Finally, all of these recommendations mentioned specific groups from the campus community who should receive training.

In summary, Culture and Climate incorporates the overall campus culture and environment to promote, improve, and support positive mental health and well-being for all community members.

Services and Support: Action and implementation of mental health

The Services and Support category encompasses recommendations that explicitly mention the creation or improvement of campus programming, services, and hiring. Presidents and campus leaders should expect task forces to recommend ways to improve access to mental health services, information, and resources for their campus community. Examples of these recommendations included the expansion of provider partnerships, hours of operation, session limits, modes of service delivery, and institutional personnel supporting mental health work and services. Three recommendation themes emerged within this category.

1. **Create or enhance mental health programs or initiatives** was the second most common overall recommendation theme, represented by 15.9 percent of the recommendations in 15 reports. The recommendations focused on creating ongoing or short-term events and/or initiatives supporting student mental health both directly and indirectly. Examples of programming or initiatives with a direct impact on students' mental health and well-being included the establishment of stress-free zones (e.g., relaxation pods, games, and therapy animals), suicide prevention for students, and developing faculty partnerships and resources for supporting student well-being. Programming and initiatives with indirect effects included those seeking to increase a sense of belonging, assist with practicing mindfulness, encourage self-care, prevent drug and alcohol abuse, and strengthen community through intentional partnerships and collaborations.

2. **Enhance, improve, or create mental health services** emerged as the fourth most common recommendation theme overall, which included 12.7 percent of the recommendations across 13 reports. Services are systemically embedded in institutions, thus distinguishing them from programs or initiatives. Recommendations in this category broadly proposed ways to increase the accessibility of mental health services for the campus community. Task forces suggested that their institutions should:

   • Enhance how they offer services to students by challenging the institution to create alternative approaches to traditional face-to-face counseling methods (e.g., hotlines, telehealth, texting) and by providing mental health and counseling services at free or discounted rates to reduce the barrier to services;
   • Strengthen partnerships with off-campus providers; and
   • Revise the schedule of services (e.g., extending operation hours, expanding session limits, etc.) to increase equitable access for all students.

3. **Hire or create positions** was a theme represented in 4.7 percent of the recommendations across 11 reports. Four different types of positions were identified: (1) communications positions around mental health to share information about mental health services; (2) counselor or other mental health positions; (3) public health positions; and (4) more racially diverse hires who are culturally competent.

In summary, Services and Support recommendations aimed to create more equitable opportunities for all members of the campus community to find the mental health support within the campuses' existing offices and spaces.

Administration: Institutionalization of policies, protocols, and procedures on mental health

Like Services and Support, the Administration category includes actions that institutions should implement to improve mental health on campus. However, the nature of this category is distinctly different, as it includes more long-term, sustainable efforts requiring institutionalization to take place through policies, funding, and procedures. Presidents, chancellors, and campus leaders can expect to see recommendations around more long-term, sustainable structural changes made by improving institutional policies, protocols, procedures, and practices that both indirectly and directly affect the well-being and mental health of students. Specific examples of policy changes included adjusting restrictive registration and academic deadlines (e.g., withdrawal, add-drop, auto-bump, and overload) to help students manage their workload, minimize stress, and improve work-life balance. Other examples include recommendations to create or examine mental health medical leave policies. Two recommendations emerged within this category.

1. **Develop new or improve existing policies** was a theme present in 12.5 percent of the recommendations and was the fifth most common recommendation theme across 13 reports. Recommendations broadly advised institutions to improve existing or develop new institutional policies to promote student mental health and overall well-being. There were four common types of policies—academic policies, funding policies, insurance plans or providers, and hours-of-operation policies:

   - Academic policy recommendations included changes to course credit hour limits, scheduling, medical leaves of absence, and course overload.
   - Funding policies encompassed those related to financial aid, tuition, and other funding-related areas.
   - Insurance plans or providers included recommendations related to revising and enhancing access to and usage of student health insurance both within and outside the campus's network.
   - Service operating hours suggested changes for when and how frequently services are offered on campus to best accommodate student schedules and needs.

2. **Develop or improve existing protocols and procedures** was a theme included in 11.5 percent of the recommendations in 11 reports. Task forces advised institutions to develop, improve, and evaluate standard ways to respond to mental health-related crises, events, or issues on campus. Protocols and procedures differ from policies as they provide specific steps to be followed consistently and repetitively to reach the desired outcome.

In summary, these Administration recommendations sought to institutionalize policies, protocols, and procedures regarding mental health and overall well-being for the campus community.

The following tables show the distribution of the eight thematic categories across the 16 task force reports, in descending order and by overarching theme.

TABLE 2A: RECOMMENDATION THEME DISTRIBUTION IN DESCENDING ORDER

RECOMMENDATION THEMES	PERCENT OF ALL RECOMMENDATIONS	IN __ OUT OF 16 REPORTS
Improve communication about mental health	19.4%	16
Create or enhance mental health programs or initiatives	15.9%	15
Institutionalize structures to support or further work on mental health	12.8%	16
Enhance, improve, or create mental health services	12.7%	13
Develop new or improve existing policies	12.5%	13
Develop or improve existing protocols or procedures	11.5%	11
Provide training around mental health	10.5%	15
Hire or create position(s)	4.7%	11

TABLE 2B: OVERARCHING THEMES BY RECOMMENDATION DISTRIBUTION

	RECOMMENDATION THEMES	RECOMMENDATION DISTRIBUTION	IN __ OUT OF 16 REPORTS
CULTURE AND CLIMATE	Communication about mental health	19.4%	16
	Structures to support work or further work of mental health	12.8%	16
	Training around mental health	10.5%	15
	Total		**42.7%**
SERVICES AND SUPPORT	Create or enhance mental health programs and initiatives	15.9%	15
	Enhance, improve, or create services	12.7%	13
	Hire or create position(s)	4.7%	11
	Total		**33.3%**
ADMINISTRATION	Develop new or improve existing policies	12.5%	13
	Develop or improve existing protocols or procedures	11.5%	11
	Total		**24.0%**

INSIGHTS AND OBSERVATIONS

College and university leaders should consider the following insights and observations that emerged from this analysis of task force recommendations as well as task force leader interviews:

1. Equity should be centered in all aspects and steps of the recommendation process. While most of the recommendations mentioned improving mental health conditions for the entire student population, less than 3 percent explicitly targeted efforts toward underrepresented populations. Efforts specifically tailored to improving campus climate and mental health for underrepresented students are particularly important. These groups, including students of color, LGBTQ+ students, first generation students, and students living with chronic illnesses, all face specific mental health challenges (Abelson, Goodwill, and Duffy 2020). Too often, interventions aimed at improving conditions for the entire population can increase inequities by eliding smaller groups (Frohlich and Potvin 2008). Therefore, it is crucial that leaders keep equity at the center of every conversation around mental health and at every step during task force work especially when developing recommendations.

2. Final recommendations should identify the responsible parties within the institution who will be accountable for their implementation, as well as what the follow-up process will look like. About 70 percent of the total recommendations analyzed (n=469) neither explicitly stated nor implied which department, units, or leaders would be responsible for implementation. Each recommendation or set of recommendations should include which office or position is responsible for seeing it through. In order to accomplish this, task force leaders must work on gaining buy-in from those parties that will be responsible for achieving the recommendations. For example, during the task forces' convening, leaders could meet collaboratively with the offices or programs responsible for implementing different recommendations to share how recommendations are evolving and solicit their input.

3. Recommendations should include a budget of associated costs and how their implementation will be funded (grants, individual departments or offices, etc.).

4. Recommendations should be further categorized as "short-term" or "long-term/aspirational" to manage expectations from the campus community. A task force should designate targets or benchmarks that align with short-term and long-term recommendations.

5. Following the completion of the task force's work, a complementary structure, such as an implementation team or a mental health and well-being standing committee can help in fulfilling recommendations. Most reports included recommendations for institutions to support and advance ongoing assessment of mental health as well as future committees to continue to support recommendation implementation.

6. The task force should propose in their recommendations how the campus community will be updated once the task force is disbanded and recommendation implementation begins. Ideally, the report would include a communication strategy about how the campus can expect to learn about next steps and recommendation progress.

Presidents, chancellor, and provosts must publicly display support for the task forces' recommendations. Task force members from two campuses shared that having the president publicly support the recommendations was valuable for success at their institution. The insights and observations outlined above provide senior leaders a thorough review of both what they can expect in terms of recommendations and what was learned from former mental health task force leaders.

CONCLUSION

The time has come to consider the whole student experience as an asset, particularly during the COVID-19 era. Campus climate and community well-being are not deficits to address but instead are cultures and environments to be fostered.

This report summarizes how 15 campuses have made efforts to address and support student mental health through task forces. It offers higher education leaders a way to understand and anticipate actions coming from their own efforts in this space.

Overall, eight primary recommendation themes emerged.

1. Improve communication about mental health, which includes informing students about resources available on campus and decreasing the stigma around help-seeking.
2. Create or enhance mental health programs and/or initiatives across the campus.
3. Institutionalize structures to support or further work on mental health.
4. Enhance, improve, or create mental health services.
5. Develop new or improve existing policies to support mental health, like medical withdrawal policies, academic overload policies, or insurance provider policies.
6. Develop or improve existing protocols or procedures which may include how an institution will respond during or after a mental health crisis.
7. Provide training around mental health to faculty, staff, and students to help them identify signs of struggle and know how to refer a student for support.
8. Hire or create position(s), which may include health promotion staff, case managers, psychologists and counselors.

While these are useful recommendations generally, each institution will have its own needs and areas to be addressed. Task forces can clarify the mental health landscape of each campus and make recommendations suitable for their student populations and larger campus community. A well-defined task force, set up for success, can effect meaningful change.

We anticipate more institutions will form task forces as they realize the importance of holistic mental health for their students, faculty, and staff. Moreover, COVID-19 has brought added uncertainty, fear, isolation, and stress into our communities—when many were already struggling with their own well-being. Those students directly impacted by the pandemic need support now more than ever, and future students will also benefit from the climate, services, and systems put into place as a result. We hope this report guides and furthers these efforts.

REFERENCES

ACHA (American College Health Association). 2019. *American College Health Association National College Health Assessment II. Spring 2019 Reference Group Executive Summary.* Silver Spring, MD: ACHA. https://www.acha.org/documents/ncha/NCHA-II_SPRING_2019_US_REFERENCE_GROUP_EXECUTIVE_SUMMARY.pdf.

Abelson, Sara R., Janelle R. Goodwill, and Meghan A. Duffy. 2020. "Centering Equity in Student Mental Health Task Forces: Lessons Learned from the University of Michigan." *Higher Education Today* (blog), American Council on Education. September 21, 2020. https://www.higheredtoday.org/2020/09/21/centering-equity-student-mental-health-task-forces-lessons-learned-university-michigans-task-force/.

Chessman, Hollie, and Morgan Taylor. 2019. "College Student Mental Health and Well-Being: A Survey of Presidents." *Higher Education Today* (blog), American Council on Education. August 12, 2019. https://www.higheredtoday.org/2019/08/12/college-student-mental-health-well-survey-college-presidents/.

Czeisler, Mark É., Rashon I. Lane, Emiko Petrosky, Joshua F. Wiley, Aleta Christensen, Rashid Njai, Matthew D. Weaver, Rebecca Robbins, Elise R. Facer-Childs, Laura K. Barger, Charles A. Czeisler, Mark E. Howard, and Shantha M. W. Rajaratnam. 2020. "Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic—United States, June 24–30, 2020." *Morbidity and Mortality Weekly Report* 69, no. 32 (August 14): 1049–1057. https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6932a1-H.pdf.

Eisenberg Daniel, Justin Hunt, Nicole Speer, and Kara Zivin. 2011. "Mental Health Service Utilization Among College Students in the United States." *The Journal of Nervous and Mental Disease* 199, no. 5 (May): 301–308. doi:10.1097/NMD.0b013e3182175123.

Erickson, Rebecca J., and Christian Ritter. 2001. "Emotional Labor, Burnout, and Inauthenticity: Does Gender Matter?" *Social Psychology Quarterly* 64, no 2 (June): 146–163. https://doi.org/10.2307/3090130.

Frohlich, Katherine L., and Louise Potvin. 2008. "Transcending the Known in Public Health Practice." *American Journal of Public Health* 98, no. 2 (February): 216–221. https://ajph.aphapublications.org/doi/10.2105/AJPH.2007.114777.

Goodwill, Janelle R., and Sasha Zhou. 2020. "Association Between Perceived Public Stigma and Suicidal Behaviors Among College Students of Color in the U.S." *Journal of Affective Disorders* 262 (1 February): 1–7. doi:10.1016/j.jad.2019.10.019.

Gorski, Paul C. 2019. "Racial Battle Fatigue and Activist Burnout in Racial Justice Activists of Color at Predominately White Colleges and Universities." *Race Ethnicity and Education* 22, no. 1 (January): 1–20. https://doi.org/10.1080/13613324.2018.1497966.

Healthy Minds (The Healthy Minds Network) and ACHA (American College Health Association). 2020. *The Impact of COVID-19 on College Student Well-Being.* Silver Spring, MD: ACHA. https://healthymindsnetwork.org/wp-content/uploads/2020/07/Healthy_Minds_NCHA_COVID_Survey_Report_FINAL.pdf.

Healthy Minds (The Healthy Minds Network). 2019. *The Healthy Minds Study: 2018-2019 Data Report.* Ann Arbor, MI: Healthy Minds Network. https://healthymindsnetwork.org/wp-content/uploads/2019/09/HMS_national-2018-19.pdf.

JED (The Jed Foundation) and EDC, Inc. (Education Development Center, Inc.). 2011. *A Guide to Campus Mental Health Action Planning*. New York: The Jed Foundation CampusMHAP.

LeViness, Peter, Kim Gorman, Lynn Braun, Linda Koenig, and Carolyn Bershad. 2019. *The Association for University and College Counseling Center Directors Annual Survey: 2019*. Indianapolis: Association for University and College Counseling Center Directors. https://www.aucccd.org/assets/documents/Survey/2019%20AUCCCD%20Survey-2020-05-31-PUBLIC.pdf.

Lipson, Sarah Ketchen, Julia Raifman, Sara Abelson, and Sari Reisner. 2019. "Gender Minority Mental Health in the U.S.: Results of a National Survey on College Campuses." *American Journal of Preventive Medicine* 57, no. 3 (September): 293–301. https://doi.org/10.1016/j.amepre.2019.04.025.

Lipson, Sarah Ketchen, Emily G. Lattie, and Daniel Eisenberg. 2019. "Increased Rates of Mental Health Service Utilization by U.S. College Students: 10-Year Population-Level Trends (2007–2017)." *Psychiatric Services* 70, no. 1 (January): 60–63. https://doi.org/10.1176/appi.ps.201800332.

Lipson Sarah Ketchen, Adam Kern, Daniel Eisenberg, and Alfiee M. Breland-Noble. 2018. "Mental Health Disparities Among College Students of Color." *Journal of Adolescent Health* 63, no. 3 (September): 348–356. https://doi.org/10.1016/j.jadohealth.2018.04.014.

The Steve Fund and JED (The Jed Foundation). 2017. Equity in Mental Health Framework. equityinmentalhealth.org.

Turk, Jonathan, Maria Claudia Soler, and Hollie Chessman. 2020. *College and University Presidents Respond to COVID-19: July 2020 Survey*. Washington, DC: American Council on Education. https://www.acenet.edu/Research-Insights/Pages/Senior-Leaders/College-and-University-Presidents-Respond-to-COVID-19-July-2020.aspx.

METHODOLOGY

The research team spent considerable time identifying mental health task force efforts at colleges and universities through a systematic Internet search using various combinations of the terms "mental health," "mental health task force," "mental health committee," "college," "university," and "student mental health." Conversations were also held with key stakeholders in the field about their knowledge regarding task forces. After initially identifying 58 institutions with a reference to a task force-like structure on campus, the team used the following criteria to select task force reports for study:

1. The task force was appointed by the president, chancellor, or provost.
2. Comprehensive mental health task force reports were posted online and were publicly accessible.
3. The publication date of the mental health task force report was within the last 10 years.

The team downloaded 16 task force reports from 15 institutions' websites. One institution had two task force reports in the span of the 10 years in review. In some cases, the reports were found on the website of the president or chancellor, and, in other cases, the institution created a unique site for the task force to share its progress, post meeting minutes, and share the final report.

The research team performed an analysis across the 16 mental health task force reports. They identified notable elements across each of the reports. Most reports included information on why each institution established a task force on mental health, the office or person who appointed it, the task force's name, and its charge. The reports also contained information on technical aspects related to the work of the task force, the specific governance structures and processes, and the internal and external data sources. Most of the reports also included information on the timeline from task force charge to releasing recommendations, as well as explicit or implied models and frameworks used to guide the work. If the information was not included in the individual report, the research team reviewed the institution's website, along with local and campus newspapers, to fill in gaps.

After the initial elements of the task force were identified and analyzed, 30-minute interviews were conducted with some task force chairs and members to determine what college and university senior leaders needed to know about the formation and implementation of the task force. A semi-structured protocol was developed and used for the interviews. Leaders were recruited via email explaining the purpose of the report, and 10 task force leaders from nine institutions participated. Their responses were transcribed, thematically coded, and analyzed to further refine the insights and observations in the report.

The recommendations were identified and coded in a separate process detailed below:

Recommendations Coding

Using Nvivo 10 qualitative software, researchers analyzed 469 mental health task force recommendations put forth by 15 institutions in 16 reports. Researchers used inductive coding while reading the list of recommendations to develop a general idea of emergent themes. The researchers convened several times to compare and collapse codes and developed a codebook, which contained eight themes, 26 parent codes, and 12 child codes. Researchers also coded for stakeholders (both those implied to implement the recommendation and those who benefit from the recommendation) and recommendation type (major versus sub). Researchers then reread all 16 lists of recommendations and filed each of the 469 recommendations under one or more of the eight themes while also coding for stakeholders and recommendation type. As a final step to organize the eight themes, the research team bucketed each of the themes under three overarching categories.

APPENDIX A: FRAMEWORKS AND MODELS

Mental health task forces may choose a framework or model to support the study of mental health on their campus. Additionally, the task force may adopt a framework that guides how its institution will address student mental health and well-being. This list shares some examples of evidence-based frameworks to consider when creating campus initiatives focused on this topic.

Frameworks focused on health and well-being

American College Health Association Healthy Campus Framework

The Healthy Campus Framework is a tool for developing and sustaining the health and well-being of all college communities. This document and associated assessments allow a campus to evaluate where they currently stand and identify ways to move their campus well-being forward. This framework provides tools and resources to help campuses become health-promoting institutions by building a cornerstone, sharing strategies to create communities, and establishing a culture of health and well-being.
https://www.acha.org/App_Themes/HC2020/documents/The_Healthy_Campus_Framework.pdf

Campus Well Being Guide

The Campus Well Being Guide helps campus leaders who have multi-stakeholder partnerships or coalitions with students, faculty, and staff discover their own formula for success. It encourages a shared understanding of campus well-being through dialogue, lifts up actionable resources and inspirational stories, provides a flexible decision-support tool, and amplifies the work of committed partners in the field of student and campus well-being.
https://www.communitycommons.org/entities/4bf16ff2-33df-4221-aa4a-0ee9295c4400

Collective Impact

Collective Impact has been widely adopted as an effective form of cross-sector collaboration to address complex social and environmental challenges. With this framework, stakeholders from across sectors create broad change and are supported by a common agenda, shared measurement system, mutually reinforcing activities, ongoing communication, and support from an external organization.
https://communityengagement.uncg.edu/wp-content/uploads/2014/08/Collective-Impact.pdf

Community of Solutions Framework

The Community of Solutions Framework, developed by the Institution for Healthcare Improvement, is a model of community change and transformation for communities at all stages of readiness. Community of Solutions represents a dynamic approach instead of a static designation; it requires that communities continue to practice these skills and behaviors and make structural changes over time.
https://100mlives.org/downloads/Overview-of-SCALE-Community-of-Solutions-7.7.17_final.pdf

Higher Education Inter-Association Definition of Well-being

A shared definition for well-being contextualized for colleges and universities and endorsed by 15 higher education associations in order to promote a common foundation and be a stepping stone for systemic change.
https://nirsa.net/nirsa/wp-content/uploads/inter-assocation-well-being-definition.pdf

National Association of Student Personnel Administrators (NASPA) Healthy Campus Framework

The NASPA Health Education and Leadership Program proposes an ecological approach to understanding the campus environment. This approach seeks a healthy campus that is community-based and not just individually focused. It encourages the exploration of relationships among individuals and the learning communities that comprise the campus environment. The NASPA framework calls for strong leadership and deliberate action by student affairs professionals. https://www.naspa.org/images/uploads/kcs/WHPL_Canon_Le_Leadership_for_a_Healthy_Campus-36.pdf

Robert Wood Johnson Foundation Culture of Health Action Framework

The Action Framework identifies priorities, organized under distinct Action Areas, for driving measurable, sustainable progress and improving the health and well-being of all people. The four Action Areas are: 1) Making Health a Shared Value, 2) Fostering Cross-Sector Collaboration, 3) Creating Healthier, More Equitable Communities and 4) Strengthening Integration of Health Services and Systems. https://www.rwjf.org/en/cultureofhealth/taking-action.html

Social Ecological Model

The social ecological model examines factors affecting behavior and provides guidance for developing successful programs through social environments. Social ecological models emphasize multiple levels of influence (such as individual, interpersonal, organizational, community, and public policy) and the idea that behaviors both shape and are shaped by the social environment. Social ecological models believe that creating an environment conducive to change is important in adopting healthy behaviors. https://pubmed.ncbi.nlm.nih.gov/29552963/

Wake Forest University Wellbeing Engine Model

Wake Forest University's Wellbeing Assessment was developed using the *Engine Model of Well-being.*[3] According to the Engine Model, well-being attainment is dependent on the extent to which individuals have access to well-being pathways. Those potential pathways are broad in scope. They include both resources and conditions outside the individual (e.g., money, social support, culture) and skills, resources, and conditions within the person (e.g., values, beliefs, knowledge bases, emotional reactions, and social and behavioral skills). https://wellbeingcollaborative.wfu.edu/the-wellbeing-assessment/the-engine-model/

Frameworks focused on mental health service provision

Canadian Association of College & University Student Services (CACUSS) Systematic Approach to Mental Health

The CACUSS Systemic Approach was developed in collaboration with Canadian Mental Health Association. It focuses on creating campus communities that foster mental well-being and learning, with four principles: 1) the whole campus is responsible for enhancing and maintaining the mental health of community members; 2) environmental conditions must be created for all students to flourish; 3) students should be heavily involved in decision-making around mental health; 4) all stakeholders have a role in student learning and mental health. https://healthycampuses.ca/wp-content/uploads/2014/09/The-National-Guide.pdf

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3   Jayawickreme, Eranda, Marie J. C. Forgeard, and Martin E. P. Seligman. 2012. "The Engine of Well-Being." *Review of General Psychology* 16, no. 4 (December): 327–42. https://doi.org/10.1037/a0027990.

Case Management Model

Case management services are a key part of the continuum of mental health services, and research has shown that successful case management and community health care models contribute to positive health outcomes, reinforcing the importance of services that help link students to available resources.
https://cdn.nabita.org/website-media/nabita.org/wordpress/wp-content/uploads/2013/04/2012-NaBITA-AC-CA-Whitepaper-Case-Management-in-Higher-Education.pdf

Equity in Mental Health Framework

The Equity in Mental Health Framework provides 10 recommendations and implementation strategies to help inform and strengthen mental health support and programs for students of color. The toolkit offers additional support to implement the recommendations in the framework, including supporting campus-based efforts to reduce shame and prejudice around mental illness, increase responsiveness, improve campus climate, and provide system-wide opportunities to help all students thrive.
https://equityinmentalhealth.org/

Higher Education Mental Health Alliance Model

The Higher Education Mental Health Alliance provides leadership on college student mental health through a partnership of organizations. They affirm that the issue of college student mental health is central to a student's success and is the responsibility of colleges and universities. The model speaks to how the organization focuses on advocacy, policy, practice, and research to advance mental health in higher education, which illustrates a comprehensive mental health prevention and intervention plan.
https://hemha.org/about-hemha

JED Campus

The JED model is a comprehensive public health approach to promoting emotional well-being and preventing suicide and serious substance misuse. It encourages colleges and universities to support students in developing life skills, staying socially connected, and seeking help. It also charges campuses to identify students at risk, restrict access to potentially lethal means, create and follow crisis management procedures, and provide mental health and substance abuse services.
https://www.jedcampus.org/our-approach/

Stepped Care Model

Stepped Care is a system of delivering and monitoring mental health treatment so that the most effective yet least resource-intensive treatment is delivered first, only "stepping up" to intensive or specialist services as required. Stepped Care provides a framework for the care of individuals with significant mental health concerns that uses limited resources to their greatest effect on a population basis.
http://npce.eu/mediapool/113/1137650/data/20130613/20130530_NPCE_Limmerick_conference_presentation_Dr_DAherne.pdf

Triage Model

A mental health triage model is a process conducted at the point of entry to health services that aims to assess and categorize the urgency of mental health-related problems. The essential function is to determine the nature and severity of the mental health problem, determine which service response would best meet the need of the patient, and how urgently the response is required.
http://campussuicidepreventionva.org/Eells&Rockland_Miller_Triage.pdf

APPENDIX B: EXAMPLES OF REPORT RECOMMENDATIONS BY THEME

Below are examples of recommendations from different mental health task force reports classified by recommendation theme.

1. Improve communication about mental health.
   - Implement a public messaging campaign to correct common misperceptions and stigma around the utilization of services.
   - Make information about available resources and supports for student mental health and wellness across the university easily accessible.

2. Create or enhance mental health programs or initiatives.
   - Offer a specific international student orientation and target awareness efforts for international students who may experience cultural differences, adjustment, and adaptation.
   - Increase social and community-building events for graduate and professional students to promote healthy relationships and a sense of inclusion.

3. Institutionalize structures to support or further work on mental health.
   - Establish a team to conduct ongoing evaluations of the progress of the mental health strategic planning committee and disseminate findings to all members.
   - Explore the potential to develop an integrated wellness outreach center to promote holistic student health, mindfulness, nutrition, and well-being across the university.

4. Enhance, improve, or create mental health services.
   - Enhance and grow the number of group therapy programs offered.
   - Make a 24/7 telephonic service (TalkOne2One) available for students in distress to access a licensed clinician for the health sciences campus.

5. Develop new or improve existing policies.
   - Modify "academic infrastructure" that may be unintentionally increasing the psychological stress experienced by students.
   - Consider adding additional "forgiveness" grade replacement beyond freshman year; explore increasing the number of pass/fail options permitted.

6. Develop or improve existing protocols and procedures.
   - Develop processes for early identification of potential mental health issues and appropriate intervention.
   - Develop and follow crisis-management procedures and train the campus community in their use.

7. Provide training around mental health.
   - The university should offer, and in some cases require, training on mental health awareness and resources for faculty, staff, and students.

- Educate and train faculty, staff, students, parents, and families about fostering mental health and responding to students who need support.

8. Hire or create positions.

   - Increase the number of full-time counseling staff at [counseling center], with attention to diversity, and re-evaluate salary levels to ensure the university is competitive in recruitment and retention of staff.

   - Based on needs assessment, consider increasing the number of counselors, including embedded counselors and support in student health.

APPENDIX C: TASK FORCE REPORTS REVIEWED

All of these task force reports were accessed and downloaded during the months of October and November 2019.

Carnegie Mellon University. November 2019. *Task Force on the CMU Experience Closing Report*. https://www.cmu.edu/cmuexp-taskforce/.

Georgia Tech. October 2013. *Report and Recommendations: Mental Health Task Force*. https://itg.gatech.edu/hg/file/227276.

Georgia Tech. November 2017. *Student Mental Health Action Team: Preliminary Report*. https://www.gatech.edu/sites/default/files/documents/pathforward/gt-student-mental-health-report.pdf.

Grinnell College. April 2019. *Assessment and Actions: Student Mental Health Task Force Report*. https://www.grinnell.edu/sites/default/files/docs/2019-10/MHTFReport-Final%20Finalx_0.pdf.

Johns Hopkins University. February 2018. *Task Force on Student Mental Health and Well-being*. https://provost.jhu.edu/wp-content/uploads/sites/4/2018/02/Task-Force-on-Student-Mental-Health-and-Well-being-Final-Report.pdf.

Johns Hopkins University. February 2018. *Task Force on Student Mental Health and Well-being Appendix*. https://provost.jhu.edu/wp-content/uploads/sites/4/2018/02/NEW-MHTF-REPORT-APPENDIX-FEB-22.compressed.pdf.

The Ohio State University. September 2018. *Suicide and Mental Health Task Force: Recommendation Report*. https://presspage-production-content.s3.amazonaws.com/uploads/2170/suicideandmentalhealthtaskforcereport.pdf?10000.

Tufts University. October 2019. *Report of the Mental Health Task Force*. https://president.tufts.edu/wp-content/uploads/Report-of-the-Mental-Health-Task-Force-October-2019.pdf.

University of California, Davis. June 2018. *Student Mental Health Care Task Force: Recommendations Report*. https://leadership.ucdavis.edu/sites/g/files/dgvnsk1166/files/files/page/Student%20Mental%20Health%20Task%20Force%20Report%20final%20version2.pdf.

The University of North Carolina at Chapel Hill. April 2018. *Report of the Mental Health Task Force*. http://mentalhealthtaskforce.web.unc.edu/files/2019/05/MHTF-Report-5.21.19.pdf.

University of Minnesota. September 2017. *Joint Task Force on Student Mental Health Recommendations*. https://provost.umn.edu/sites/provost.umn.edu/files/2020-03/jtfsmh_report_sept_2017.pdf.

University of Pennsylvania. 2015. "Report of the Task Force on Student Psychological Health and Welfare." *University of Pennsylvania Almanac Supplement* 61, no. 23 (February 17): 1–8. https://almanac.upenn.edu/archive/volumes/v61/n23/pdf/task-force-psychological-health.pdf.

University of Wisconsin–Madison. May 2019. *Mental Health Task Force: Initial Findings and Recommendations Report*. https://wwwtest.uhs.wisc.edu/wp-content/uploads/Mental-Health-Task-Force-Report-5.31.19.pdf.

University of Wisconsin–Milwaukee. April 2010. *Final Report: University of Wisconsin–Milwaukee Campus Mental Health Task Force*. https://uwm.edu/norris/wp-content/uploads/sites/313/2017/10/CampusmentalhealthtaskforceFinalReport2010.pdf.

Vanderbilt University Chancellor's Strategic Planning Committee. December 2017. *Strategic Plan for Vanderbilt's Mental Health and Wellbeing.* https://www.vanderbilt.edu/wellbeing/Strategic-Plan-for-Vanderbilt-Mental-Health-2018.pdf.

Virginia Tech. March 2019. *Virginia Tech Mental Health Task Force: Recommendation Report.* https://www.provost.vt.edu/content/dam/provost_vt_edu/Mental-health-report-March2019.pdf.