Student Mental Health Care Task Force
Recommendations Report
6-30-18

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Student Mental Health Care Task force Recommendations Report

In response to concerns that had been brought to his attention by students, Chancellor May assembled a task force on student mental health care in February 2018. The Chancellor assigned the task force the following charge:

1. Review our existing student mental health care services;
2. Suggest improvements to those services; and
3. Make recommendations about any additional programs and/or services we should consider implementing.

The work of the task force consisted of several phases. The first was a wide-ranging discussion related to student mental health concerns. The second phase consisted of the formulation of a set of goals to guide the activity of the task force. This was followed by an extensive review of data related to available campus services and the delivery of mental health care for students at the University. This included consultation with a number of groups and individuals upon whom student mental health concerns have an impact. Following this information gathering phase, a series of strategies and suggestions were developed to provide the Chancellor with recommendations.

The task force administered a campus-wide survey of students and one factor that emerged is that while students who receive services are generally satisfied there is a gap in awareness of available mental health services, including Community Advising Network (CAN) counselors and counselors in academic satellites. This highlights the need for improved communication of resources, and specific suggestions to this effect can be found in recommendation #11 below.

This report includes many specific recommendations either for improvements to existing student mental health services or for additional programs and/or services that UC Davis consider implementing in order to attain 6 goals that were identified by the task force and outlined on page 3 of this report. A key recommendation by the task force is that its work continue, as described in recommendation #10 below, in the form of a Student Mental Health Advisory Committee with student, staff and faculty representatives to provide ongoing feedback and recommendations to the leadership of Student Health and Counseling Services in order to ensure that the goals of this task force are met and continue to be met going forward.

Members of the Student Mental Health Care Task Force

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                          Senior, Biochemistry & Molecular Biology

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Margaret Walter   Exec Dir, Student Health & Counseling Services (SHCS)

Background of Student Mental Health Care Task Force

In January 2018, a group of students representing various organizations titled 'Student Advocates for Mental Health' expressed concern over SHCS' December 2017 audit by presenting a petition with over 1000 signatures at the Mental Health Town Hall. Of the recommendations in this petition, information transparency, counselor hirings and improvement, academic improvement, and funding for student-led programming were some of the major themes. These concerns led to the convening of the task force.

The work of the task force consisted of several phases. The first was a wide-ranging discussion related to student mental health concerns. The second phase consisted of the formulation of a set of goals to guide the activity of the task force. This was followed by an extensive review of data related to available campus services and the delivery of mental health care for students at the University.

This review included consultation with a number of groups and individuals that are concerned with student mental health upon whom student mental health concerns have an impact. A list of referenced materials, data and individuals can be found in Appendix A.

In addition to consulting the aforementioned resources, the task force constructed a student mental health survey that was completed by 222 undergraduate students and 203 graduate students. Following this information gathering phase, a series of strategies and suggestions

were developed to provide the Chancellor with recommendations to improve student mental health.

Challenges in Student Mental Health Care

Students in pursuit of secondary education have increasingly become a high-risk group in regards to mental health crises. According to the American College Health Association, suicide among young adults has tripled since the 1950s and has become the second-leading cause of death among students today[1]. Nationally, 64% of college dropouts have directly associated their departure to mental health concern[2].

Survey data from the University of California, Davis supports these increasing statistics. In comparing ACHA-NCHA II data from Spring 2015 to Spring 2017, a steady increase has been reported. Within the past 12 months, 64.8% of UCD undergraduate students felt overwhelming anxiety (3.3% increase since 2015), 49% were so depressed they could not function (5.5% increase since 2015), 8.8% intentionally self-harmed (2.1% increase since 2015)[3]. The figures for graduate students are slightly lower, with 58.4% feeling overwhelming anxiety, 43.6% so depressed they could not function, and 5.3% causing intentional self-harm.[4]

It should also be recognized that mental illness disproportionately affects certain communities, particularly communities of color, the LGBTQIA+ community, disabled, and low-income communities[5]. These communities face institutional and structural barriers which prevent further access to proper care.

The most serious manifestation of growing student mental health concern is suicidal ideation and behavior. Within the last year 15.5% of undergraduates seriously considered suicide (3.6% increase since 2015), and 2.6% had attempted, nearly doubling the since 2015's 1.5%[6]. (ACHA-NCHA II Spring 2015 and Spring 2017). Additionally, 8% of graduate students reported seriously considering suicide in the last year[7].

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[1] https://www.prb.org/suicide-replaces-homicide-second-leading-cause-death-among-us-teens/, which references data from https://wonder.cdc.gov/ucd-icd10.html.

[2] https://www.nami.org/About-NAMI/Publications-Reports/Survey-Reports/College-Students-Speak_A-Survey-Report-on-Mental-H.pdf

[3] https://shcs.ucdavis.edu/sites/default/files/documents/1NCHA-II%20UNIVERSITY%20OF%20CALIFORNIA%20DAVIS%20UNDERGRAD%20INSTITUTIONAL%20EXECUTIVE%20SUMMARY.pdf

[4] https://shcs.ucdavis.edu/sites/default/files/documents/1NCHA-II%20UNIVERSITY%20OF%20CALIFORNIA%20DAVIS%20GRAD%20INSTITUTIONAL%20EXECUTIVE%20SUMMARY.pdf

[5] https://www-tc.pbs.org/wgbh/takeonestep/depression/pdf/dep_color.pdf

[6] https://shcs.ucdavis.edu/sites/default/files/documents/NCHA-II_SPRING_2015.pdf

[7] https://shcs.ucdavis.edu/sites/default/files/documents/1NCHA-II%20UNIVERSITY%20OF%20CALIFORNIA%20DAVIS%20GRAD%20INSTITUTIONAL%20EXECUTIVE%20SUMMARY.pdf

Summary of Existing On-Campus Services

On campus, mental health services are provided by Student Health and Counseling Services (SHCS), formerly Counseling and Psychological Services (CAPS) [FOOTNOTE: Please follow this link for the SHCS website: https://shcs.ucdavis.edu]. SHCS offers two major types of mental health resources: Counseling Services and Psychiatric Services. Combined, these provide many services including individual counseling, couples counseling, group therapy, skills groups, case management, career counseling, and outreach to the campus community. In general, counseling services provides issue focused, short term care, typically eight sessions or less. Within this time, the therapist and student will determine whether a referral to an outside provider is necessary. Psychiatric services include psychiatric assessment, medication management, and medication monitoring.

All of these services are funded by the Student Service Fee and the Mental Health Fee, a subset of the Student Service Fee earmarked exclusively for mental health. Counseling Services are offered free to all registered students while psychiatric services are $35 per visit, which can be billed to the student account or the Student Health Insurance Plan (SHIP). SHCS does not bill insurance plans other than SHIP.

These services are distributed in a variety of different locations. The Student Health and Wellness Center offers crisis counseling within the Acute Care department and non-crisis counseling services within the Behavioral Health Clinic. Psychiatric Services is also located in the Behavioral Health Clinic. The bulk of Counseling Services providers are located in North Hall. There are also counsellors embedded within academic satellite locations including Graduate Studies, each of the four undergraduate colleges, and the professional schools. CAN counselors, who bring unique expertise related to student diversity, are embedded within the communities they serve.

The ways of accessing these services differ. For instance, non-crisis counseling services can be accessed by appointment only. These appointments can either be scheduled personally (via phone or in person) or through the assistance of a SHCS provider. In order to participate in group counselling, students must be referred by a SHCS provider and undergo a screening beforehand. As for psychiatric services, a student must be referred by SHCS provider in order to see a psychiatrist.

Students in crisis can walk into Acute Care at the Student Health and Wellness Center during their hours of operation. The student will be asked to complete a brief survey to assess the crisis. Afterwards, the student will meet with a counselor to determine what the best course of action is moving forward. Additionally, there is a 24-hour phone line (530-752-2349) and e-messaging address (https://hem.ucdavis.edu) for students which can provide both crisis assessment and counselling support. There are also first responders under the UC Davis Police Department (UCDPD) and City of Davis Police Department for students living in Davis. However, as indicated in survey results, students may not feel comfortable or safe contacting the police department while in crisis due to fears of police violence.

There are numerous student groups who advocate for mental health awareness, self-care and expanded services on campus and in the community. These groups include but are not limited to: National Alliance for Mental Illness (NAMI) at UC Davis, the Mental Health Initiative (MHI), Each Aggie Matters, and Students Against Suicide, etc., who are specifically focused on mental health advocacy and de-stigmatization. However, since mental health is an intersectional issue, there are also non-mental health centered student groups who touch on mental health such as Student Disability Services (SDS) and other groups that work with traditionally marginalized student populations.

Goals of the Student Mental Health Care Task Force

1. Improved access to clinical mental health services
   a. Services when in crisis
   b. Space that feels safe and isn't stigmatized
   c. For medication management of mental health diagnoses
   d. To clinicians with varying identities (e.g. culture, religion, race, ability, sexual orientation, etc.)
   e. Enhanced outreach about services
      i. Improved knowledge of resources
      ii. Programs for high risk groups

2. Formulation of a suicide prevention and postvention protocol
   a. Suicide Prevention
   b. Suicide Postvention

3. Enhanced information transparency for quality improvement efforts
   a. Include information about mental health services
      i. Utilization
      ii. Access
      iii. Satisfaction
      iv. Funding
   b. Review utilization for specific groups
      i. Student status
         1. Graduate/Undergraduate status
         2. Full-Time/Part-Time status
         3. School Year
      ii. Demographics
         1. Historically underserved populations
      iii. Identify predominant student stressors and mental health trends
   c. Experiential data of the experiences of non-mental health professionals who support students
      i. Understand how student mental health is promoted or hindered on campus

      ii.   Identify strong or ideal responses to student mental health concerns by non-mental health professionals

     iii.   Identify common obstacles to supporting students with mental health concerns

     iv.   Identify common signs of student distress that can be seen on the ground

      v.   Ensure that all members of the campus community are aware of proper resources and feel capable of directing students to those resources

     vi.   Identify areas where more institutional support is needed

4. Create a culture of student mental health beyond the clinical setting that includes all members of the campus community who regularly interact with and support students

5. Elevate and support student-led groups & community organizations that promote mental health in the campus community and include these partners in mental health related administrative conversations and discussions

Goal 1: Improved Access to Services

Background Information

1. Non-Clinical Workload of Clinicians:
   The counselors within Counseling Services have been tasked with diverse responsibilities such as case management, outreach, and training and education[8]. These duties reduce the number of clinical hours that counselors are available for direct counseling services for students.

2. Assignment of counselors across many campus locations:
   Counselors have been embedded in a variety of locations, which improves student access to counselors, but can lead to confusion as to where students receive services.
   a. Students present for crisis services at all locations, while counselors devoted to providing acute care are only housed in the SHWC..
      i. According to the task force survey conducted, 61.67% of respondents stated that they were unaware of the mental health acute care services offered in SHWC

3. Need for Full Time Equivalent (FTE) Counselors:
   Due to the growing student population, the campus needs to ensure that counseling adapts to best meet student needs.

4. The UCD student population is increasingly diverse and soon to be designated as a Hispanic Serving Institution. It is important to hire and retain culturally diverse counselors and psychiatrists with multifaceted identities and experiences (i.e. race, gender, class, sexuality, religion, ability, etc.)

5. Need for student awareness of mental health resources on campus:
   The Student Mental Health Care survey results indicate a striking gap in student knowledge of available resources.

1: Recommendations for Increased Access to Services

1. Reduce the non-clinical workload of licensed clinicians in Counseling Services.
   a. This reduction can be done by hiring more case managers and support staff to take over the non-clinical workload of clinicians.
   b. Utilize non-clinical workers to facilitate outreach opportunities instead of licensed clinicians

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[8]"Counseling Services operates a robust and well recognized intern and postdoctoral training program. Counseling Services' clinical staff support this program by providing direct supervision and mentorship to trainees, which requires many dedicated hours" (AMAS Project #17-67: See https://www.ucdavis.edu/sites/default/files/upload/users/counseling_services_12.2017.pdf).

2. Establish a well-known and welcoming hub for crisis services which also acts as a resource for directing students to available counseling services on the Davis campus and UCD Health in Sacramento.
    a. Student Mental Health Care survey findings support elevating North Hall as the hub.
        i. Students report that they may not feel comfortable disclosing their mental health within the general medical setting of the SHWC
        ii. The distribution of services between North Hall and SHWC is confusing for many students Students as indicated by a lack of awareness for mental health services which could be a barrier to receiving services
    b. We recommend that the Acute Care Crisis Counselor is moved into North Hall in order to maximize both urgent and non-urgent visits per day.

3. Establish and publicize a long term hiring plan to ensure that Counseling Services meets the needs of a growing student population. In particular, the hiring plan should acknowledge importance of the following counselling services:
    a. Increase the number of CAN counselors to directly outreach to marginalized and underrepresented student communities.
        i. SHCS should consult with the student leadership within various Diaspora and Community Centers to determine which communities will receive CAN counselors within the scope of the hiring plan
    b. Increase the number of satellite counselors from 0.5 FTE to 1.0 FTE within each of the schools and colleges. This was strongly urged for and supported by the various schools and colleges.

4. SHCS, The Office of the Chancellor, and Student Affairs should take an active role in the advertisement and consolidation of mental health resources on campus
    a. The creation and distribution of a singular standardized guide which lists and explains all mental health resources provided on-campus and off-campus (within Yolo and Sacramento Counties).
        i. Consult with other organizations, particularly Yolo County Health and Human Services Agency and Health Education and Promotion (HEP) [9] , and UCDPD [10] when compiling any materials listing or explaining resources and services
        ii. This guide should be distributed to all incoming students (freshmen, transfer, graduate, and non-traditional students) during the various orientations.
        iii. The guide should be regularly reviewed, at a minimum annually, to ensure that information is accurate and up-to-date and should be posted

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[9] About HEP: https://shcs.ucdavis.edu/about/hep
[10] UCDPD has provided the Task Force with resources attached in the appendices

on SHCS website as well as other relevant websites (i.e. Aggie Compass[11] and myucdavis[12])
   b. An annual system-wide email sent by the Chancellor at the beginning of the academic year containing a list of on-campus and off-campus mental health resources which students can utilize.
        i. A reminder of these resources and a mental health check in should be sent in the middle of each quarter as this is a period of high stress for both graduate and undergraduate students.
   c. All mental health related educational materials and messages should adhere to using gender inclusive and non-ableist language

GOAL 2: Formulation of a suicide prevention and postvention protocol.

2.a: Suicide Prevention

Background Information
1. Mental health first aid training and QPR (Question, Persuade, Refer) training is seen as a valuable resource and increased implementation to a wide audience is recommended to improve the ability of students to support their peers in crisis.

2. Improve awareness of and commitment to student mental health for non-clinical mental health professionals who support students
   a. These mental health professionals include
        i. Academic partners (faculty, lecturers, teaching assistants, mentors, etc.)
        ii. Co-curricular partners (staff and student employees in units such as Housing, Athletics, Student Involvement and other support services)
   b. The mental health trainings listed in #1 should be promoted specifically to the above professionals
   c. Additionally, there are an even wider range of resources available and we recommend they be made more readily available to those who interact with students[13].
   d. This suggestion is made in light of the fact that different non-clinical professionals may not feel equipped handling mental health related conversations
        i. Graduate students who interact with undergraduate students professionally have also cited a lack of knowledge regarding how to respond to students with mental health concerns.

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[11] Aggie Compass website: https://aggiecompass.ucdavis.edu/
[12] myucdavis website: https://my.ucdavis.edu/
[13] Promoting Student Mental Health: A Guide for UC Faculty and Staff (https://www.ucop.edu/student-mental-health-resources/_files/pdf/PSMH-guide.pdf). This guide is also useful for graduate students with TA responsibilities.

3. Preexisting stigma surrounding mental health
Due to the stigma surrounding mental health, students are not often equipped with strategies and trainings to respond to students who may be in crisis.

2.a: Recommendations for Implementing Increased Mental Health Training/Awareness

1. Create a resource-based training similar to the small online trainings provided to incoming students. This training would be designed to educate individuals about the different types of mental health resources provided on- and off- campus

2.b: Suicide Postvention

Background Information

1. *Postvention Strategy is recommended best practice*
A major recommendation provided by the JED Foundation is the creation of a Postvention Protocol on campus in order to respond to instances of student deaths. The task force believes that establishing this protocol is vital for providing support for students following potentially-traumatic or triggering incidences on campus.

2.b: Recommendations for Implementing a Postvention Strategy

1. Form a Postvention Committee which rapidly convenes following a suicide on campus in order to provide immediate support, circulation of resources, and relays system wide communication regarding instances of suicide[3]
   a. The committee should be comprised of individuals from various campus disciplines in order to provide a unified and organized cross-campus response
   b. The committee should regularly review its approach and strategies in order to refine its outcomes
   c. The committee should include at least one student representative such as the ASUCD President
   d. The committee could use the Suicide Prevention Resource Center's "After a Suicide: A Toolkit for Schools"

2. Institute system-wide emails following campus deaths, including instances of suicide and following best practices for such communication. At the least, the email should contain a recognition of the death and a list of on-campus and off-campus resources that students can access. Any personal information regarding the student can be kept private

Goal 3: Information Transparency for Quality Improvement

Background

1. *Student Health and Counseling participate in ongoing satisfaction surveys that can be directly compared with all University of California schools, but has not surveyed the students who do not receive services to investigate barriers to service.*
A. *Students and other community members are able to submit feedback to SHCS via the SHCS website and through cards at SHCS's locations. This can be submitted anonymously of desired. Feedback is routed to the SHCS Quality Risk Manager and formally addressed.*

3: Recommendations for Increased Transparency of Mental Health Related Data

1. SHCS should create a Student Health Advisory Board to monitor departmental utilization, access, and student satisfaction
   a. Review utilization for specific groups (graduate, undergraduate, year in school, program, etc.) and historically underserved populations

2. Query students who have not accessed SHCS, looking for barriers to services that can be mitigated

Goal 4: Create a culture of student mental health beyond the clinical setting that includes all members of the campus community who regularly interact with and support students

4: Recommendations for Enhancing Mental Health Education for Non-Clinical members of the campus community who interact with and support students

1. Enhance the mental health support provided by Student Housing (SH) to its residents
   a. Coordinate with SHCS to facilitate annual trainings (i.e. Mental Health First Aid and QPR) for their Resident Assistants (RAs)
   b. Work with SHCS to solidify an official protocol for responding and supporting students in crisis
      i. Coordinate with SHCS and Yolo County to facilitate annual trainings (i.e. First Aid and QPR) for their Resident Assistants (RAs) and other SH affiliated staff
   c. SH should collect anonymous feedback from RAs regarding the quality and success of these trainings
   d. SH should meet regularly with the Student Mental Health Advisory Committee (SMHAC) in order to discuss their protocols

2. Support the ongoing training efforts to enhance mental health practices undertaken by the UC Davis Police Department (UCDPD)

    a. In addition to already existing officer training provided by UCDPD, ensure that there is a continued emphasis on training for all officers in de-escalation and the use of other non-violent strategies when officers are responding to situations of crisis intervention.
        i. These approaches were strongly supported by Chief Farrow in person and in his open letter sent on May 22nd, 2018[14] on his website at http://police.ucdavis.edu/office_of_the_chief/_documents/Chief%20Letter%20May%202018.pdf
    b. Develop procedures to connect Connecting first responders and students calling in crisis with the on-call SHCS counselor
    c. Undertaking further training beyond the Critical Incident Training (CIT), such as QPR and First Aid
    d. UCDPD should post and promote a copy of their protocol for handling crisis situations

3. Working with Academic Senate, the Academic Federation, and Staff Assembly in order to implement education and training (i.e. crisis management training) for faculty, staff and TA's regarding how to best support students with mental illness
    a. This includes ensuring training for faculty, staff (union and non-union), administrators, and teaching assistants
    b. Provide these individuals with a copy of the manual which lists all resources available to students
    c. Incorporating a list of mental health resources across all course syllabi

Goal 5: Empowering and including student groups and community organizers in mental health related conversations and discussions

5: Recommendations for Empowering Student Groups and Organizations

1. The establishment of a Student Mental Health Advisory Committee comprised of students and faculty which provides feedback and recommendations to SHCS, Student Affairs-Student Health Liaison, and the Chancellor's Office
    a. Student members should include representatives from the Associated Students of UC Davis (ASUCD), Graduate Student Association (GSA), Cultural and Diaspora Centers, and mental health organizations (i.e. MHI, Student Mental Health Coalition, etc.)
    b. Faculty members should include representatives from the Academic Federation, Staff Assembly, Community Resource and Retention Centers, Student Affairs, and SHCS
    c. This committee should periodically examine UC- and campus-wide policies which intersect with mental health

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[14] May 22, 2018 open letter from Chief Joe Farrow:
http://police.ucdavis.edu/office_of_the_chief/_documents/Chief%20Letter%20May%202018.pdf

d. This committee could review external best practices as well as research done on the effectiveness of different approaches to student mental health care in order to best assess current practices and make informed recommendations.

    i. This committee could use the following resources:

        1. JED's Campus Mental Health Action Planning Guide

        2. National Registry of Evidence-based Programs and Practices (NREPP) from Substance Abuse and Mental Health Services Administration (SAMHSA)

        3. The Steve Fund's Equity in Mental Health Framework[15] which outlines mental health policy strategies specifically for communities of color

    ii. For suicide prevention strategies, the committee could use the following resources:

        1. the Suicide Prevention Resources Center,

        2. the National Strategy for Suicide Prevention Implementation Assessment Report

        3. "Choosing a Suicide Prevention Gatekeeper Training Program - A Comparison Table"

2. Improve funding for organizations and clubs which facilitate or host programs, workshops, etc. regarding mental health

3. Implement a Peer Support Program
   a. SMHAC can analyze different peer support programs from other universities and assess viability
   b. Consult with non-profits and organization which are centered on training peers regarding how to administer Peer Support (i.e. Project LETS)
   c. The program should be comprised of individuals from diverse backgrounds, experiences, and identities

4. Promote and utilize existing trainings on campus (i.e. PEACE and LGBTQIA+ Ally Training) in conjunction with a standardized mental health training

Ongoing Concerns to be Further Studied

Due to the task force's limited timeframe, there are still remaining concerns that were not fully or exhaustively studied. We urge for these concerns to be further analyzed and investigated in the future through respective representative bodies who oversee mental health policies

1. Mental health needs and support for International Students
2. Mental health needs and support for Non-Traditional and Re-entry Students

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[15] Equity in Mental Health Framework https://equityinmentalhealth.org/

3.   Support for graduate and professional student mental health from faculty mentors, advisors, and principal investigators

Concluding Statements

Challenges exist in balancing the need for increased services which are distributed across campus and the management of those distributed services in order to optimize their accessibility and impact. SHCS will need the support of campus administration to ensure that they have the resources to implement the recommendations made in this report and make the necessary structure and operational changes to have the anticipated positive impact on student mental health on our campus.

As campus mental health resources are expanded and reorganized coordination will be needed with multiple groups on campus including UCDPD and other first responders, student affairs and student housing and the organized student groups. Communications related to the availability and location of mental health care services will need to be prioritized, and mechanisms for enhancing feedback developed.

The members of the task force are grateful for the Chancellor's continued commitment to improving student mental health. We look forward to the Chancellor's response to this report and are hopeful that this will lead to positive changes being implemented on our campus.

Appendix A

Methods used to gather information

A. In-person discussions with the following:
- Emilia Aguirre   Mental Health Educator, SHCS
- Joseph Farrow   UC Davis Police Chief
- Julie Freitas   Clinical Manager, Adult & Aging Branch, Yolo County Health & Human Services
- Zachary Frieders   Director, UC Davis Study Abroad Program
- Sandra Sigrist   Director, Adult & Aging Branch, Yolo County Health & Human Services
- Andre Sillas   President of Students Against Suicide
- Tom Waltz   City of Davis Police Lieutenant

B. Review of existing data and surveys:
1. Student Affairs Counseling Services FAQs
   a. http://studentaffairs.ucdavis.edu/documents/CounselingServices-FAQ.pdf
2. UC Davis Audit and Management Advisory Services Audit report on Counseling Services - Project #17-67 – December 2017
   a. https://www.ucdavis.edu/sites/default/files/upload/users/counseling_services_12.2017.pdf
3. Support for Increased Student Mental Health Services: December 2015 Issue Report prepared by the Office of the Vice Chancellor and Chief Financial Officer, Budget and Institutional Analysis
   a. http://studentaffairs.ucdavis.edu/documents/Mental-Health-Staffing-Analysis.pdf
   b. Attachments:
      i. September 28, 2015 letter from UC President Janet Napolitano to Chancellors and Executive Vice Chancellors on mental health services
      ii. Proposal for Funding Critical Mental Health Providers on UC Campuses: document prepared for the January 21-22, 2015 Regents' meeting
4. Data provided to the task force by SHCS Executive Director Margaret Walter:
   a. Counseling service visits by location Academic Year (AY) 2016-17
   b. Total counseling visits in AY 2016-17
   c. Percentage of visits for an urgent need AY 2016-17
   d. Top presenting concerns for SHCS crisis visits, by location (AY 2016-17)
   e. Additional reasons for crisis visits (AY 2016-17)
   f. Wait time for initial counseling appointment AY 2013-14 to AY 2016-17
   g. Total counselor FTEs (Full-Time Equivalent) AY 2010-11 to AY 2016-17
   h. Counselor-to-Student Ratio AY 2010-11 to AY 2016-17
   i. Average number of clinical sessions per day (in-session days only) for SHCS counselors, academic satellites, management & CAN (AY 2011-12 to AY2016-17)
   j. Wait time for initial counseling appointment (AY 2013-14 to AY 2016-17)

k. Listing of (potential) counselor tasks in a day
l. Current suicidal ideation disclosed during counseling appointment (AY 2014-15 to AY 2016-17)
m. # of suicides known to SHCS since Fall 2012 & method
n. Suicide rates for males and females by age in the U.S. (2014)
o. Suicide by method (2015). Data courtesy of Centers for Disease Control (CDC)
p. National College Health Assessment results for undergraduate and graduate students:
    i. Factors affecting individual academic performance (2013, 2015 & 2017)
    ii. Percentages reporting overwhelming anxiety, consideration of suicide & depression that makes it difficult to function (2013, 2015 & 2017)
q. Undergraduate UC Davis student reports in a two week period in late March/early April. Percentages of students feeling hopeless, very sad, overwhelming anxiety and so depressed it was difficult to function.
r. Undergraduate UC Davis student reports from April 2017 to March 2018 (12 months). Percentage who seriously considered suicide and who reported a suicide attempt.

5. The Great Big Graduate Review: a comprehensive, qualitative survey of the graduate and professional student experience at UC Davis, administered by a current UC Davis graduate student with support from the Office of Graduate Studies.
    a. https://grad.ucdavis.edu/GBGR
6. Student Resources at UC Davis: A Closer Examination on Mental Health. Paper prepared in December, 2017 by students in Dr. Jonathan London's Community and Regional Development 147 class. The link to this document was provided to Chancellor Davis by Dr. London.
    a. https://drive.google.com/drive/folders/1-tpQnJ_sbvcGl_MrLs60iQrx-E5e29Y9
    b. The writers of the paper held three focus groups with "roughly" six students each (and their group members) on the subject of student mental health, and interviewed two mental health staff members:
        i. Dr. Dorjie Jennette, Director of Academic Satellites
        ii. Roxana Reyes, Community Advising Network (CAN) Counselor
    c. They list a number of recommendations, several of which are incorporated into this report.

The task force also ran its own **Student Mental Health Care survey**, distributed to 1/3 of the entire student population (11,385 students), both undergraduate and graduate students.

C. Review of materials related to mental health:
1. Student petition to SHCS, Student Affairs, and the Chancellor's office
    a. Emailed on February 12 to Chancellor Gary May, Vice Chancellor Adela De La Torre, AVC Cory Vu, and SHCS Executive Director Margaret Walter
    b. Prepared for and distributed at the Mental Health Town Hall on February 13 from 7 to 8:30 PM in the ARC Ballroom

2. Promoting Student Mental Health: A Guide for UC Faculty and Staff (Mental Health Handbook)
    a. https://www.ucop.edu/student-mental-health-resources/training-and-programs/faculty-and-staff-outreach/PSMH-Handbook.html
3. Red Folder Initiative: a quick reference guide to mental health resources for faculty/staff and graduate teaching/ research assistants who may interact with distressing or distressed students.
    a. https://www.ucop.edu/student-mental-health-resources/_files/pdf/ucd.pdf
4. Postvention: A Guide for Response to Suicide on College Campuses. A Higher Education Mental Health Alliance (HEMHA) project.
    a. http://hemha.org/postvention_guide.pdf
5. Materials provided by Students Against Suicide:
    a. After Suicide
    b. Autism Spectrum Disorders and Suicide Risk
    c. Help After an Attempt
    d. Military Veterans Resources
    e. Suggested Resources
    f. Support for Survivors of Suicide Loss
6. Resolution on the Creation of a Graduate Council Policy to Allow for Disability Accommodations to Degree Requirements. Proposed at the May 3, 2017 Disability Issues Administrative Advisory Committee (DIAAC) meeting
7. Autism and Neurodiversity Community at UC Davis: flyer for a student club
8. UC Davis Study Abroad Health Clearance Form
    a. https://studyabroad.ucdavis.edu/sites/g/files/dgvnsk221/files/inline-files/ucdavisabroad_healthclearance.pdf
9. Resources for Adults in Yolo County, Yolo County Health and Human Services Agency (HHSA)
10. Resources for Children, Youth & Families in Yolo County, Yolo County HHSA
11. First Responders' Mental Health Urgent Care flyer, Yolo County HHSA
12. Crisis Response System Overview (slide deck), Yolo County HHSA
13. Suicide Postvention
    a. Suicide Prevention Resource Center (SPRC) - Resources and Programs
        i. http://www.sprc.org/resources-programs
    b. SPRC - After a Suicide: A Toolkit for Schools
        i. http://www.sprc.org/resources-programs/after-suicide-toolkit-schools
    c. SPRC - Choosing a Suicide Prevention Gatekeeper Training Program - A Comparison Table
        i. http://www.sprc.org/sites/default/files/resource-program/GatekeeperMatrix6-21-18.pdf
    d. National Strategy for Suicide Prevention Implementation Assessment Report
        i. https://store.samhsa.gov/shin/content//SMA17-5051/SMA17-5051.pdf
14. Peer Support Programs
    a. Research and Reports of Peer Support

      i. http://www.mentalhealthamerica.net/conditions/peer-support-research-and-reports

b. WUSTL (Washington University of St. Louis)
      i. Uncle Joe's Peer Counseling: https://unclejoe.wustl.edu/
      ii. Stanford University
         1. The Bridge: https://stanfordbridge.wordpress.com/
      iii. Harvard University
         1. Peer Counseling: http://www.harvardsmhl.org/peer/
      iv. Johns Hopkins University
         1. A Place to Talk - Peer listening: http://pages.jh.edu/aptt/
      v. Worcester Polytechnic Institute
         1. Student Support Network - Peer Assistance: https://www.wpi.edu/student-experience/getting-involved/leadership/peer-assistance
         2.

Emails with opinions and/or recommendations from the following (here kept anonymous) members of the community:

- A lecturer in the University Writing Program
- A laboratory assistant
- An executive in the College of Biological Sciences Dean's Office
- A counselor from SHCS
- A graduate student
- The chair of this task force also received 52 emails from students seeking an increase in the number of SHCS counselors.

Appendix B

UC Davis Mental Health Services Available to Students (as of Spring 2018)

Unit	Services	Location	Phone	Email
Student Health & Counseling Services	Acute Care Clinic Best to call and schedule appt first	Student Health & Wellness Center La Rue Rd between Hutchison Dr & Orchard Rd	(530) 752-2349 (counseling appts) (530) 752-0871 (general info)	Students are advised to use Health-e-Messaging for all communications
	Counseling Services NOTICE: Counseling Services are by appointment only. Individual counseling, group services, career counseling, eating disorders & community referrals. Counseling Services help students to realize their academic and personal goals. Meeting with a counselor can help students clarify issues, explore options, and cope more effectively. Counseling Services help you with: • Academic Problems • ADHD • Anxiety • Alcohol and Drug Use and Abuse • Career Counseling • Conflict Resolution	Counseling Services 219 North Hall		*https://shcs.ucdavis.edu /hem*
		Satellite locations:	Students are advised to use Health-e-Messaging for all communications	
		College of Agricultural & Environmental Sciences Deans Office Advising 150 Mrak Hall	(530) 752-0410	Anne Han, LPCC, LMFT Counselor
				ahan@shcs.ucdavis.edu
		College of Biological Sciences Biology Academic Success Center Sciences Lab Building, Room 1023	(530) 752-0410	Anne Han, LPCC, LMFT Counselor
				ahan@shcs.ucdavis.edu
		College of Engineering Engineering Undergraduate Office 1050 Kemper Hall	530-752-1979	Chris Le, LPCC Counselor
				cle@shcs.ucdavis.edu
		College of Letters & Science Undergraduate	(530) 752-0392	Adriana Torres, LMFT Counselor

	• Depression • Eating Disorders • Family Problems • Identity Concerns • Loneliness • Personal Development • Problems with Intimacy • Relationship Concerns • Sexual Assault • Stress Management	Education and Advising 200 Social Science and Humanities Bldg		adrtorres@ucdavis.edu
		Graduate Studies Office of Graduate Studies Mrak Hall	(530) 752-0871	Bai-Yin Chen, PhD Psychologist
				bchen@shcs.ucdavis.edu
		Law School King Hall Law Library	(530) 752-4948	Margaret Lee, PsyD Psychologist
				counseling@law.ucdavis.edu
		School of Medicine Facilities Support Services Building (FSSB), Ste 1400 4800 2nd Avenue, Sacramento	(530) 752-2349	Stephen Simonson, PsyD Psychologist
				medschoolcounseling@ucdavis.edu
		School of Veterinary Medicine Career, Leadership & Wellness Center 172 Schalm Hall	(530) 752-2349	Janet Matlock, LMFT, CT - Counselor
				A. Zachary Ward, PhD - Psychologist
				vetmedcaps@ucdavis.edu
	Community Advising Network (CAN) CAN assists all students, especially those from underserved populations, to achieve their goals and address factors	Students are advised to use Health-e-Messaging for all communications		https://shcs.ucdavis.edu/hem
		Asian American Studies Department 3103 Hart Hall	(530) 752-4201	Tatum Phan, PhD Community Counselor
		asamstudiesucd@gmail.com		tphan@shcs.ucdavis.edu

that may be affecting their academic success. CAN Community Counselors are a diverse group of professional staff who understand student issues and are here to help. CAN Counselors provide students with consultation and personal counseling in addition to programs, workshops and other campus community outreach activities. (CAN Counselors do not provide academic advising.) CAN Community Counselors can help you cope with: • Time Management • Academic Difficulties • Depression • Anxiety • Addiction Issues • Family Expectations • Relationship Issues • Balancing Activism and Academics • Questioning Sexuality & Coming Out • Cultural Adjustment • Immigration	Center for African Diaspora Student Success Silo South, 2nd Fl, Room 270 (420 Hutchison Dr) cfadss@ucdavis.edu	(530) 754-0854 (CFADSS)	Michelle Burt, PhD Community Counselor *mburt@ucdavis.edu*
	Center for Chicanx/Latinx Academic Student Success Memorial Union, 2nd Floor (no email address)	(530) 752-0170	Roxana Reyes, MS, MFT Community Counselor *rreyes@shcs.ucdavis.edu*
	Cross Cultural Center 397 Hutchison Drive ccc@ucdavis.edu	(530) 752-4201	Tatum Phan, PhD Community Counselor *tphan@shcs.ucdavis.edu*
	Educational Opportunity Program EOP Cottage eop@ucdavis.edu	(530) 752-0170	Roxana Reyes, MS, MFT Community Counselor *rreyes@shcs.ucdavis.edu*
	LGBTQIA Resource Center Student Community Center, Suite 1400 (397 Hutchison Drive; no email address)	(530) 754-5958	Maia Huang, LMFT Community Counselor *mhuang@shcs.ucdavis.edu*
	Middle East and South Asia Student Affairs Office Kerr Hall mesa@ucdavis.edu	(530) 752-6371	Sheetal Shah, PhD Community Counselor *sshah@shcs.ucdavis.edu*

Concerns • Stress Management	Native American Academic Student Success Center 2401 Hart Hall	(530) 752-2673	Tracy Thomas, LMFT Community Counselor
	nari@ucdavis.edu		*tthomas@ucdavis.edu*
	Services for International Students & Scholars International Center, Ste 3140 (463 California Ave)	(530) 752-6371	Sheetal Shah, PhD Community Counselor
	siss@ucdavis.edu		*sshah@shcs.ucdavis.edu*
	Student Recruitment & Retention Center 1100 Student Community Center	(530) 752-2673	Tracy Thomas, LMFT Community Counselor
	srrc@ucdavis.edu		*tthomas@ucdavis.edu*
	Transfer and Reentry Center 1210 Dutton Hall	530-752-2200 (TARC)	Michelle Burt, PhD Community Counselor
	tarc@ucdavis.edu		*mburt@ucdavis.edu*
	Veterans Success Center 243 Memorial Union Second Floor	(530) 752-2020 (VSC)	Michelle Burt, PhD Community Counselor
	vaoffice@ucdavis.edu		*mburt@ucdavis.edu*
	Women's Resources & Research Center First Floor, North Hall	(530) 754-5958	Maia Huang, LMFT Community Counselor
	wrrc@ucdavis.edu		*mhuang@shcs.ucdavis.edu*

	Self-Help Library	Books, websites, & mobile/tablet apps focused on health and wellness		https://shcs.ucdavis.edu/self-help-library
Center for Advocacy Resources and Education (CARE)	Support services for survivors of sexual assault, intimate partner violence and/or stalking. A victim advocate is available 24/7	Call or email for location. A CARE office is located on both the Davis and Sacramento campuses. Also see: http://sexualviolence.ucdavis.edu/	(530) 752-3299	ucdcare@ucdavis.edu
Family Protection and Legal Assistance Clinic	Free civil legal assistance to victims of intimate partner violence and sexual assault.	Call for information	(530) 752-6532	n/a
Harassment & Discrimination Assistance and Prevention Program (HDAPP)	Educates campus communities and assists individuals and campus units to resolve conflicts and complaints related to harassment, discrimination, sexual harassment, sexual violence and hate and bias. Serves as the central office for receiving reports and maintaining records of these types of complaints.	207 Third Street, # 210 Davis, CA 95616	(530) 747-3864 (916) 734-3417 (UCDH) Anonymous Call Lines: (530) 747-3865 (916) 734-2255 (UCDH)	Danesha Nichols Program Director Sexual Harassment Officer nnichols@ucdavis.edu

Office of the Ombuds A n Informal and Safe Place to Talk	A confidential, independent, impartial, and informal problem-solving and conflict management resource for all members of the UCD & UCDH campus communities with university-related issues and concerns. Ombuds can assist by: • listening to concerns • clarifying issues • identifying polices and resources • providing coaching and communication strategies	Surge IV, TB 203, Suite 409 In order to assure the confidentiality of all visitors, we discourage drop-ins.	(530) 754-7233(SAFE)	Please call the Ombuds Office to arrange an appointment. To safeguard confidentiality, we do not schedule appointments or provide ombuds services by email.
Each Aggie Matters	Each Aggie Matters is UC Davis' Mental Health Movement uniting the campus community in an open and affirming dialogue about mental health. This Movement brings together students, staff and faculty to collectively raise awareness, de-stigmatize mental illness and cultivate mental health as a state of flourishing.	https://eachaggiematters.ucdavis.edu/	530-752-2300	https://www.facebook.com/eachaggiematters/
Student Organizations:				

Active Minds at UC Davis	Active Minds at UC Davis is a club on	http://activemindsucd.wixsite.com/amucd		Activeminds.ucdavis@gmail.com
	campus that is changing the	National organization:		
	conversation about Mental Health by raising awareness and educating students and the community about mental health illnesses and issues. Active minds provides club members with an opportunity to get involved and end the stigma against mental illnesses as well as gain valuable resources on campus and in the community.	http://www.activeminds.org		
NAMI at UC Davis	NAMI (Nat'l Alliance on Mental	http://namiucdavis.wixsite.com/namiatucdavis		https://www.facebook.com/namiatucdavis
	Illness) at UC Davis is dedicated to			Email:
	promoting awareness and acceptance			namiucdavis@gmail.com

				Instagram: nami.at.ucdavis
	with regard to mental health issues within our local community. The club supports local organizations in the mental health field through volunteer work and community involvement, while providing opportunities for members to acquire basic mental health knowledge and learn about current events and new frontiers in the mental health field. Members collaborate to form a supportive environment fostering fellowship amongst all members and promoting both personal and academic enrichment.			
Student Mental Health Coalition	The mission of the Student Mental Health Coalition is to unite the mental health student groups and affiliated student organizations together to advise campus leadership, inform students, reduce stigma, allow for collaboration and promote resource	https://eachaggiematters.ucdavis.edu/join-movement/student-mental-health-coalition		

	transparency.			
UC Davis Mental Health Initiative	The UC Davis Mental Health Initiative houses both the UC Davis Mental Health Conference and UC Davis Mental Health Awareness Month, which aim to engage students in destigmatization and education efforts, prompt attendees to organize around mental health issues, and offer them the opportunity for self-reflection and healing through mental health discourse.	https://www.facebook.com/UCDMentalHealth/		Message via Facebook page
Association for Body Image and Disordered Eating (ABIDE)	ABIDE is a UC Davis group dedicated to raising campus awareness about how society might influence one's	http://abide.ucdavis.edu/		If you are interested in becoming a part of the Student ABIDE committee, please contact the ABIDE president at

	relationship to one's body and to food. We offer a holistic understanding of body image and healthy eating in a context that recognizes racial, sexual, gender, (dis)ability, and class identity's influence in the University community. ABIDE is a committee on the UC Davis Campus composed of representatives from: • UC Davis Student Health and Counseling Services • UC Davis Campus Recreation and Unions • UC Davis Dining Services • UC Davis Women's Resources and Research Center • UC Davis Student Housing • UC Davis Cross Cultural Center • Sierra Treatment Center – Sacramento, CA • Eating Recovery Center – Sacramento, CA			ucdstudentabide@gmail.com
Davis Alcohol and Other Drug Advisory	The Davis Alcohol and Other Drug Advisory Group (DAODAG) examines AOD issues affecting			If you are interested in joining or learning more about the DAODAG, please call (530) 752-9652 or email Tamara

Group	the Davis			Stirling at
	community. Members develop, promote and support policies and educational strategies that prevent or reduce the consequences of high-risk alcohol consumption. Membership is open to UC Davis students, staff, faculty and other members of the Davis community.			tstirling@shcs.ucdavis.edu
Students Against Suicide	The Students Against Suicide group functions to raise student awareness	Affiliated with the American Foundation for Suicide Prevention (AFSP). Their website:		https://www.facebook.com/SASUCD

	of depression, mental illness and suicide. More specifically, the group works alongside the AFSP through fundraisers and community walks. Suicide and depression is most prevalent in college students, and yet is a very ignored and closeted topic. Our hope is to break down the stigma surrounding suicide and depression and help students and community to feel comfortable sharing their personal concerns or stories. No one should feel alone because they feel unable to reach out and talk to anyone who could listen, help or understand. The ultimate goal of the organization is to build enough support to establish an official AFSP chapter in Davis and create community walks for the entire community and town of Davis.	http://www.afsp.org/about-afsp		