Making our care visible and accessible: Advancing and supporting campus mental health and well -being at Miami University

Report and Recommendations from the Institutional
Task Force on Student, Faculty, and Staff
Mental Health and Well -being

Miami University
May 2023

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Executive Summary

During the 2022/2023 academic year, the Institutional Task Force on Student, Faculty, and Staff Mental Health and Well-being (MHTF) was charged to assess Miami's current services and culture around mental health and emotional well-being and to make recommendations for improvement. Based on the work of three workgroups (students, faculty/staff, and community), campus listening sessions, literature on mental health and well-being, local and national survey data, and a review of best practices, we have crafted recommendations in four major areas: systems, communication, education, and culture. This work is an important first step in a comprehensive, multi-campus effort to advance mental health and emotional well-being at Miami.

As we reviewed the current state of mental health and well-being at Miami, we identified areas of strength that we can build on. Miami offers a broad range of resources and services, particularly for students, extending well beyond counseling services to meet a wide range of needs related to emotional well-being. Training, education, and programming related to mental health and well-being are abundant. We have a robust system in place to identify students of concern, and a case management approach to follow up with those students. And we have a culture at Miami that is relational, open, and aware, which offers a good base to grow upon.

As we looked toward recommendations, there were areas for improvement that we identified:
- Although students, faculty, and staff have access to a wide variety of resources, many people are unaware of them, or have misconceptions or disagreements about what they can or should offer. That misalignment of expectations and our practices can lead to issues of trust.
- Our communication efforts around mental health and well-being should be more intentional, proactive, timely, and accessible.
- Staff are working at capacity and financial resources are limited so we need to use the resources available strategically, ensuring that services are equitable, culturally-appropriate, and accessible to all members of our community.

In addition, we also identified challenges in our culture that impact well-being and our campus as a whole. Among those cultural challenges, three were noted most often:
- Not all populations on campus feel an equal sense of safety, belonging, or acceptance on campus or in the community, and, for some groups, there is still a sense of stigma related to seeking help for mental health.
- Many people noted feelings of intense pressure for achievement in our culture, while the reasons for and degree of that pressure vary depending on one's roles and identities.

- Many in our community are feeling low morale and burnout as we adapt to rapidly changing and increasingly complex student needs.

As we turn to the future, we hope to inspire a campus environment where holistic wellness is experienced at all levels, both for the individual and overall community, measured both objectively and subjectively. To help achieve this vision, we offer 56 recommendations in four categories.

Systems: Starting with the creation of a standing committee on mental health and well-being, we recommend foundational systems, organizations, and policies that will keep the mental health and well-being of our community a visible priority over time. This category also includes specific actions by offices at Miami to support an individual's mental health and well-being.

Communication: These recommendations are focused on enhancing Miami's communication efforts pertaining to mental health and emotional well-being to ensure accurate information is readily and easily available.

Education: We offer recommendations related to both programming and training for students, faculty and staff. This includes programming to benefit faculty and staff themselves, as well as training that would benefit the students they work with.

Culture: Although culture can be the most difficult and slowest area to impact, it is essential to strive for cultural change to positively impact the mental health and emotional well-being of our campus. Culture change requires the buy-in and commitment from the individuals who make up our Miami community. It is also the area with the fewest measurable, actionable recommendations, but instead primarily poses topics for discussion and exploration over time.

During the course of this year, we were energized by the amount of interest and passion we encountered in exploring this topic. This work was informed by many voices in our Miami community– Oxford and Regionals, all categories of faculty and staff across every division, individuals with varied identities, students representing many different academic majors and subcultures, parents, alumni, and community partners– as well as by national best practices and conversations with experts currently in the field. We recognize the many people at Miami who have prioritized these topics for many years, and we are excited to move to a new phase of work around mental health and emotional well-being that is comprehensive, coordinated, and inclusive.

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that allows people to achieve their full potential"
(NIRSA, NASPA, & ACHA, 2020).*

Over the past several years, the COVID-19 pandemic, national and global events, and social unrest have significantly impacted our collective emotional well-being. Across the United States and in our own Miami community, needs around emotional well-being and mental health are continuing to evolve and grow. As a university, we have both an opportunity and a responsibility to better understand the complex mental health needs of our campus communities. Only when we comprehend our culture and existing support frameworks can we determine the critical gaps that must be filled to improve the holistic wellness of all within the campus community, including our students, faculty, and staff.

To that end, in the summer of 2022, President Crawford formed the Institutional Task Force on Student, Faculty, and Staff Mental Health and Well-Being and charged it to:
- Inventory and assess Miami's current approach to supporting our community's well-being and the resources available to our students, faculty, and staff;
- Assess Miami's approach using an equity lens, ensuring that resources are both culturally-inclusive and accessible (physically, financially, etc.);
- Assess Miami's culture, evaluating how our environment supports or inhibits the well-being of our community and subgroups within it; and
- Review best and emerging practices in comparison to our current offerings and make recommendations for improvement.

Task Force Overview

Steering Committee and Workgroups

The Institutional Task Force on Student, Faculty, and Staff Mental Health and Well-Being (MHTF) was co-chaired by Jayne Brownell, Vice President for Student Life, and Brooke Flinders, Associate Dean of Academic Affairs, College of Liberal Arts and Applied Science. A steering committee, made up of the task force co-chairs and the co-chairs of three Task Force workgroups, was created to ensure a shared and systematic approach across teams from beginning to end.

Workgroups were chaired by our colleagues from both Oxford and Miami Regionals and were formed to focus on the following key populations: 1) students, 2) faculty/staff, and 3) community-at-large. Workgroup members were solicited to promote diverse representation, with faculty, staff, and students invited from both Oxford and Miami Regionals. In the end, the student workgroup consisted of 19 members, the faculty/staff workgroup consisted of 23 members, and the community workgroup included 22 members. Including the task force chairs, 66 total members served on the task force; 13 of the representatives were from Miami Regionals. The Task Force met from September 2022 to April 2023.

More details about the task force's makeup and processes, as well as a list of organizations and groups, on and off campus, that the task force consulted throughout the year can be found in Appendix A. A complete list of task force members can be found in Appendix E.

Scope and Limitations

It is important to clarify what was within the scope of the task force charge and, perhaps more importantly, what was beyond the scope of this project. Our hope is that the work of this task force is the first phase of a comprehensive, multi-campus effort to advance mental health and emotional well-being at Miami.

Our task force looked to two lead organizations to establish an agreed-upon frame of reference for defining mental health and well-being in our work. The World Health Organization (2022) defines mental health as a "state of well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community." In their inter-association definition of well-being, NIRSA (2020) defines well-being as an "optimal and dynamic state that allows people to achieve their full potential." That expanded definition goes on to note individual and community factors as interdependent elements of well-being.

There are at least eight dimensions of holistic well-being: physical, intellectual, emotional, social, spiritual, vocational, financial, and environmental (SAMHSA, 2016; Swarbrick, 2006). For the purposes of this time-limited project, the primary focus of the Task Force was the emotional dimension.

The task force considered Miami's systems, policies, services, resources, data, guiding principles, values, and culture related to mental health and emotional well-being. However, in the eight months of our work together, we cannot claim to have completed a comprehensive analysis. Similarly, while we looked to models developed at our peer institutions, we did not complete a comprehensive literature review or benchmarking process. Further, best practices post-COVID are still being designed and evaluated.

We took seriously the charge to keep in mind practical considerations and financial implications as we built our recommendations. For example, we are not aiming to create an environment where everyone reports always being happy and well. Human lives are complex, and we will all experience ups and downs. We are aiming to move us closer to an environment of care and compassion where systems exist that effectively support individuals with their current needs related to emotional well-being.

We know that we are in a resource constrained environment, so we did not propose ideas that are not feasible given our location or resources (human or financial). We will not be able, as a campus, for example, to offer unlimited or specialized counseling services on campus to students or to build out an on-site treatment option for faculty and staff that mirrors the Student Counseling Service. We did, however, include recommendations that we believe are priorities that would need some additional resources. We want to acknowledge that many offices are already overextended, so we do not want to increase the stress for staff and faculty by adding unrealistic responsibilities as we talk about well-being! We will need to decide as an institution what we have the capacity to do, both short-term and long-term.

The recommendations we will offer will often propose more work to be done rather than outline an implementation plan itself. At times, we will recommend a particular approach to implementation, but another group will need to take responsibility for accepting/declining, prioritizing, and implementing the recommendations that are included in this report.

Current State

Background

While the university community is interdependent, there is a unique context for the emotional well-being of each distinct population on campus. A broad overview of issues

related to the mental health of students and of employees (faculty and staff) is outlined below.

Student Mental Health and Emotional Well-Being

Student mental health has been a growing concern for at least the past decade but received increased attention since 2020 with the isolation and uncertainty of the COVID-19 pandemic, renewed and intensified conversations across the country about diversity, equity and inclusion, and more visibility and action around sexual and interpersonal violence, among other issues. In 2020, the JED Foundation reported that 63% of college students nationally felt their emotional health was worse than before the COVID-19 pandemic, and 56% of students were significantly concerned with their ability to care for their mental health. In January 2021, the American Psychological Association declared a "national mental health crisis." JED also reported that 1 in 5 college students had experienced suicidal thoughts in the previous month (JED Foundation, 2020).

Inside Higher Ed conducted a Student Voice survey about mental health each semester since the pandemic began. While spring and fall 2020 showed the highest levels of student distress, 17% of students said that the winter of 2021-2022 was the lowest point for their mental health during the pandemic, and 90% of students reported that they struggled with their mental health in the previous two years (Ezarik, 2022). In the most recent Miami Health Survey, administered in March 2023, 38.5% of student respondents rated their mental health and emotional well-being as "fair" or "poor," and only 28% rated it as "very good" or "excellent." This is much lower than the 44% of faculty and staff who responded "good" or "excellent" to the same question on a December 2022 survey.

At Miami, utilization data from our Student Counseling Service (SCS) in Oxford demonstrates a 17% increase in the total number of clinical services provided in 2021-2022 as compared to the year before, signifying the highest level of demand in our history. Additionally, data from our annual Student Health Survey indicated that feelings of anxiety and depression and rates of suicidal thoughts among Miami students increased in 2021-2022 compared to the previous year. Data also shows a growing number of students with elevated feelings of anxiety and depression who choose not to utilize campus resources, suggesting that the prevalence of mental health difficulties amongst our students may be more pronounced than we know.

A confounding issue, noted in a 2021 survey conducted by The Mary Christie Foundation and partner organizations, points out only half of faculty say that they have a good idea of how to recognize a student in emotional or mental distress. We recognize that in order for students to access services, they must often initiate help-

finding activities on their own, which can be an unreasonable expectation of someone in crisis.

Miami has significantly invested in building the staff of the Student Counseling Service (SCS) in Oxford in the past decade, increasing their full-time clinical staff by over 114% (7 full-time clinicians in 2012/2013 compared to 16 full-time clinician lines in 2022/2023). Still, the demand for counseling continues to exceed capacity, and healthcare experts have been emphasizing that we cannot "hire our way out of" a mental health crisis. Nor is everyone who is struggling with their emotional well-being experiencing a crisis of mental health. Students can feel stressed, sad, nervous, or emotionally uncomfortable for brief stretches of time because they are human beings responding to events around them with an expected range of human emotions—happy to sad. While those events can be distressing, they are temporary and do not need individual counseling or a mental health diagnosis. Those students do, however, need support, education in managing and coping with those emotions, and care. Recognizing that, Miami's student health and wellness offices adopted a stepped care approach in 2020, adapting the work of Cornish (2020) to develop a model to guide our work with students.
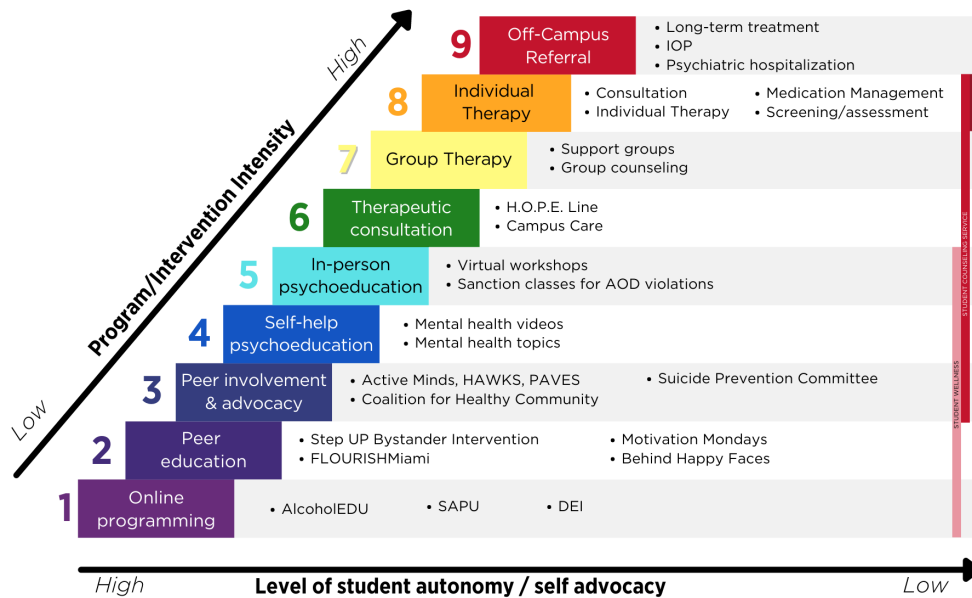
In late 2021, we identified an opportunity to expand services to students on the Oxford campus through a new student mental health fee. Approved in February 2022 to take effect for those entering Miami's Oxford campus beginning in Fall 2022, this fee allows us to expand resources for education and prevention, treatment and on-going support, and response over the next four years. This fee is Oxford-specific due to our campus context, with a fully-residential, traditionally-aged population of students on campus, and limited access to private mental health providers in the Oxford community.

The issues related to student mental health are not limited to the students in Oxford, however. Students at the Regionals face their own unique context, with more students commuting and juggling personal and family responsibilities, often impacting their sense of connectedness and belonging. As commuter and often non-traditional aged students, we also do not require Regionals students to carry health insurance as we do in Oxford, which limits the ability for some to seek care in the community.

While new resources are important, we must look beyond staffing and current practices for students to improve our campus environment around mental health and well-being.

Faculty and Staff Mental Health and Emotional Well-Being
Emotional well-being and mental health affect our faculty and staff both professionally and personally. While we talk about this group as if they are one unit (employees), or perhaps two (staff and faculty), there is a great deal of variation within and among these groups that must be acknowledged, and the experiences and stressors among different types of Miami employees are also likely varied.

Our staff and faculty live complex lives, often managing their work demands, childcare, eldercare, and other obligations along with their own care and health. Many of those demands became even more challenging and pronounced during the pandemic, and still haven't settled. Just as we discussed that students are humans with the full range of human emotions, so are our faculty and staff. They manage their own challenges with mental health and well-being as well as their personal and professional commitments, which can take a toll over time.

While there is less written specifically about people holding staff roles in higher education, research demonstrates that faculty are particularly vulnerable to work-related stress, burnout, and mental health problems (Kinman & Wray, 2019). Recent reports show that the pandemic has only exacerbated feelings of burnout among faculty and staff (Flaherty, 2020).

At Miami University, aggregate data from the university's health plan provides evidence of our local need, with 20% of health plan members (45% of whom are our employees) receiving services for behavioral health last year. The three most prevalent behavioral health conditions cited were anxiety, adjustment disorder, and depression. In the mental health survey administered to Miami faculty and staff by this task force in December 2022, 75% of respondents rated their mental health and emotional well-being positively ("good", "very good", or "excellent"), and a quarter rated it as "fair" or "poor". To see more results from that survey, see Appendix B.

Investing in our faculty and staff's emotional well-being is essential to caring for, recruiting and retaining high quality faculty and staff. This support also increases their ability to best serve Miami students.

Miami Strengths: What We're Doing Well

As we began our work, it was important to examine our current practices and culture and identify the things that we were doing well and should continue or build on, rather than only looking at gaps and problems. These elements were identified in the "strengths" part of our SWOT analysis (available in Appendix D), as well during listening sessions with a wide variety of community groups and individuals.

Miami Resources and Services

Particularly for students, Miami has a robust list of resources that relate to mental health and emotional well-being. The list below includes the resources most directly related to mental health, but is not an exhaustive list.

- The Student Counseling Service (SCS) in Oxford and Regionals Counseling Centers in Hamilton and Middletown provide individual and group counseling (in person or virtually), programming, outreach, consultation, training, and crisis services. In 2021/2022 SCS provided more than 10,000 individual counseling appointments in Oxford and the two counselors on the Regional campuses provided 1,186 appointments.
  - Nationally, there are studies that show that students with minoritized identities (e.g., race, ethnicity, sexual orientation, gender identity, disability status, etc.) are less likely to seek out mental health services (e.g. Cheng, Kwan, & Sevig, 2013; Dunbar, Sontag-Padilla, Ramchand, Seelam, & Stein, 2017). SCS has access to client demographic data for each year since 2012/2013, with categories tracked being expanded over time. Those records show that at Miami, with a few exceptions (e.g., international students, Latino/a/x students), students with minoritized identities are using the services at SCS at a rate equal to or greater than their representation in the study body (for categories where this information is known), showing that our emphasis on equitable access has shown success. Complete client demographic data for SCS for the last 10 years is included in Appendix C.
- Student Disability Services on the Regionals and the Miller Center for Student Disability Services in Oxford coordinate accommodations, auxiliary aids, support services and resources for more than 2500 Miami students. Psychological disabilities, including ADHD, is the largest category of disabilities among students

who register at the Miller Center, and anxiety related disorders are the fastest growing subgroup among the psychological disabilities category.
- Psychiatry services are offered by TriHealth in Oxford through the Student Health Service.
- The H.O.P.E. Line is available 24/7 for students to call for immediate support, crisis intervention, and stabilization from a crisis support specialist
- On the Oxford campus, the Office of Student Wellness provides programming, educational resources, and services that promote the health and wellness of Miami students. HAWKS Peer Health Educators, who are student staff members in the Office of Student Wellness, facilitate wellness programs and provide wellness education materials across Oxford's campus.
- On the Regionals campuses the Center for Veterans Services provides support for the best possible collegiate experience for student veterans, preparing them for their post-military role in society.
- The Office of the Dean of Students provides advocacy, support, and care to students on the Oxford campus through student-centered programs, services, and resources. They also offer consultation to faculty and staff who are concerned about a student. The office includes support for students who have experienced sexual or interpersonal violence.
- Funding is available for students who need assistance with healthcare expenses, including those pertaining to mental health.
- Employee Assistance Programs (EAP) provide mental health, life coaching, personal assistant services, work/life resources, legal/financial assistance, and medical advocacy services for all part-time and full-time faculty and staff, spouses/partners, all household members, dependents in and away from home, and parents/parents-in-law.
- Members of Miami's employee health plan have resources available through Anthem.com and Sydney Health (a phone application) which provides virtual, on demand access to providers (including mental health providers), assessments that promote information/ activities, and access to services.

Training, education, and programming
- A variety of trainings are offered, including QPR (Question-Persuade-Refer) suicide prevention training, Mental Health First Aid, and CAP (Campus Assistance Program) trainings for groups and offices.
- Safe Zone training, diversity, equity and including (DEI) modules, StepUp by-stander intervention training, and Green Zone training helps students, staff, and faculty learn about campus resources and how to support peers/students.

- Pre-performance mental health checks for student-athletes are well-established and routine thanks to a strong partnership between Student Counseling Service and Intercollegiate Athletics.
- Multiple campus departments and more than ten student organizations are actively working to destigmatize seeking help for mental health.
- We have websites dedicated to wellness for students and for faculty.
- A "wellness navigator" tool was developed in 2022/2023 to help students identify mental health resources that match their unique needs.
- Mental health screenings are frequently offered around campus.
- "Dog therapy" programming is regularly offered on campus.
- Health and wellness topics are incorporated into UNV 101 courses for new students.
- Managers who supervise staff who are not frequently in front of a computer (e.g., food service, physical facilities) are trained to help with communication distribution to their teams, ensuring access to wellness information to staff members in all roles.
- The Caravan app is available to staff and faculty, offering a range of wellness and exercise tools.

Support and response systems
- Miami has a robust system to identify students of concern, including reporting and early alert systems, a [Care team](#) to assess and outreach to students with personal or behavioral concerns, a Coordinated Action Team (Oxford) and Academic Early Alert process (Regionals) to identify students who are struggling academically, and a case management system in the Office of the Dean of Students.
- In addition to formal counseling, [Campus Care](#) provides drop in consultation services with a clinician from Student Counseling Service at various locations throughout the Oxford campus.
- We have a strong partnership with TriHealth, Butler Behavioral Health, and local mental health providers.

Cultural strengths
- Miami's culture is relational. Miami students noted in our listening sessions that many faculty and staff care about them as people and care about their well-being, and there are many people they can go to for help if needed.
- Miami's culture is open. Students noted that this is a campus where people are willing to talk about mental health challenges and, at least in most places or among one's own peer group, stigma around seeking out help is lower than in the past.

- Miami is aware. Members of our campus believe that this topic is important and are engaged in conversations about mental health.

Challenges and Opportunities

During our review, there were several areas identified as challenges in our system that provide opportunities to invest and improve. Our intention is to be transparent in the feedback that the task force gathered in order to guide our recommendations, not to single-out or to critique any particular department or entity on campus.

Communication

- It is not easy to find information on wellness resources at Miami since it is scattered across multiple sites. The websites are not intuitive to find and are not comprehensive or easy to navigate. It also isn't always clear which services are for Oxford only, Regionals only, or available to all.
- People are not always aware of the services Miami offers, such as the breadth of Employee Assistance Program (EAP) services, or have misconceptions about them.
- Some students have inaccurate information or perceptions regarding the mental health services available on Miami's campuses (e.g., wait-times, diversity or qualifications of clinicians, etc.). When these rumors exist and persist, some students may be less inclined to engage in care.
- Information tends to be front loaded in student and employee orientations or during a student's first year. It can be hard to remember what's available or to find the information at the time it is needed.

Staffing and resources

- Financial resources are not unlimited, so it is challenging to hire more staff to provide services and to focus on wellness.
- A student mental health fee was introduced in 2022/2023, but it will take four years for those monies to be fully available, and the resources are only for services for students on the Oxford campus.
- The demand for mental health clinicians nationally has become increasingly competitive with the growth of telebehavioral health, making it more challenging to offer competitive compensation packages to recruit and retain our staff.
- There is significant interest and passion surrounding student mental health, which sometimes has resulted in multiple groups across campus working towards similar goals but not always in collaboration with each other.
- Human Resources oversees and coordinates most efforts involving employee benefits and wellness. Given the disruptions and changes related to having faculty and staff work in multiple locations in recent years and the transition in staff, the development of a new employee wellness strategy is still in process.

- There is a disparity in the resources available to people on the Oxford and Regional campuses.
- Two positions related to employee benefits and wellness were eliminated in 2020, partially because the programs and services they offered were not well utilized, and in some cases, duplicative, costly, and difficult to sustain.
- Supervisors struggle to find time to support the well-being of their staff as they balance completing their other responsibilities.
- The [Care Team](#) does good work, but has limited capacity for ongoing support for students given the increase in cases in recent years.
- Training related to identifying and responding to mental health concerns is readily available, but it is not required and since many require a multiple hour commitment, it is hard for many people to carve out the time to participate.

Availability of services:
- Non-crisis support services are generally available during regular business hours, which aren't accessible for all students or employees.
- There are limited mental health referral options in the community, and in Oxford, many of those clinicians report that they are nearing retirement.
- Specialized, in-patient, and extended outpatient mental health services that cannot be accessed by telehealth alone are not available in the Oxford community, requiring students to find transportation to attend appointments or take a leave of absence.
- There is no equivalent to the Care Team for faculty and staff, so it's unclear what to do if someone is concerned about a colleague.
- The Employee Assistance Program (EAP) offers 24/7 access to services, but they are short-term in nature and there is a perception that longer term or more specialized care isn't necessarily available or supported by our insurance.

Cultural challenges
- We have a lot of diversity on our campus, defined very broadly, but not all subpopulations feel an equal sense of safety, belonging, or acceptance on campus or in the community. In addition, there is still a sense of stigma related to seeking help for mental health for many populations.
- Students, staff, and faculty all report feeling a sense of pressure for achievement in our culture. We attract a high-achieving population, and we reinforce and tend to applaud a "culture of busyness." Faculty and staff feel pressure to be productive, and students feel pressure to take advantage of every opportunity during their limited time here. Much of that pressure is internal, but it is a commonly noted feature of our campus culture.
  - In our conversations, students of color, first generation students, and international students described a heightened sense of pressure beyond

what is described in the bullet above. They discussed the feeling of being visible and a sense that others on campus question their place at Miami, making them feel a stronger sense of pressure and responsibility to prove themselves. They also talked about carrying an expectation of their families and communities to make the most of this opportunity and to excel.

- ○ Student-athletes also described an increased sense of pressure to excel academically and athletically, while always needing to appear strong and invulnerable.

- Nationally, there has been much written about low morale and burnout on campuses following a few intense years of the pandemic and a concurrent change in student needs. This mood is impacting our own campus as well.
- On the Regionals, since students commute they often feel a looser sense of connection to Miami and to each other, they may be less likely to seek out services and support on campus, or may struggle to utilize campus resources during traditional business hours.
- Employees who are parents often experience additional stress when our academic calendar does not match those of local school districts.
- Given the reality that culture change takes time, current students are unlikely to see substantial change in many of the systems and structures identified throughout this report during their brief time as a student on campus. This may result in some current students feeling discouraged or inaccurately believing that Miami isn't working towards culture change.

Misalignment of student expectations and Miami's practices and services, leading to issues of trust:
The issues below demonstrate areas where groups on campus have differences in opinion about how to address issues of mental health and well-being and/or Miami's responsibilities related to these issues. Students reported that when their expectations are not met, they experience mistrust of our intentions, our credibility, or our genuine sense of care as people or an institution. These are among our biggest challenges in creating a more positive environment for mental health and emotional well-being at Miami.

- Many students we spoke to expressed a desire and expectation for more academic flexibility. Specifically, there is great interest in allowing students to take "mental health days" with no penalty, including the ability to miss or reschedule assignments or exams. They also requested wellness days to be built into the academic calendar to provide brief and deliberate pauses during the semester. Faculty have a very different expectation of student attendance, believing in the value and need for the engagement and learning that happens together in real time. They also feel significant workload challenges when

students turn in work at different times. (Note: five wellness days were built into the spring 2021 academic calendar in place of a spring break in order to discourage students from traveling during the height of the COVID-19 pandemic. Current students have heard about wellness days from older students, but do not remember the context or details for that decision.)

- Students talked about the availability of student counseling services on campus. Many students and their families have an expectation that they should be able to see a counselor the day they call for an appointment, and many do not think any wait times are acceptable. Some students also expressed wanting access to unlimited and/or specialized care on campus rather than receiving a referral for those services off-campus, and believe that all services should be free of charge. The Student Counseling Service (SCS) has used multiple strategies to increase access to timely services, including hiring additional full-time staff, utilizing a triage approach, increasing workshop offerings, hiring additional per diem clinicians at peak times of year, developing the 24/7 HOPE Line, and more. At the time of this writing, in April 2023, there are only 12 students waiting for an appointment slot in SCS on the Oxford campus, which is significantly reduced from past years at this time of year when we see peak demand. That is viewed by staff as reasonable, particularly compared to wait times for service in non-college settings. There are students, however, who will continue to be referred for care off-campus due to our [scope of service](#) as a collegiate mental health provider. As noted on their website, SCS is not designed or staffed to provide comprehensive, long-term, or specialized care. Those conflicting sets of expectations are frustrating for many, particularly our students and their parents.

- Exposure to discrimination or harassment has a negative effect on one's sense of emotional well-being (Hunt, Eisenberg, Lu, & Gathright, 2015; Oswalt & Lederer, 2017) . Students who have minoritized identities told us that it is common to experience negative interactions based on their identities in and out of the classroom on campus and in the surrounding community. Trans* and gender non-conforming students in particular spoke about the negative impact this has on them on a daily basis, and the responsibility they feel Miami has in preventing these experiences. Training, holding people accountable for reports of bias, and screening off-campus organizations that students will interact with were all mentioned as expectations that some students hold of Miami. This is a particularly challenging area for Miami in that we are limited both legally and practically in our actions. Diversity, equity, and inclusion are values embedded in our mission statement, Code of Love and Honor, and our daily practices, but Miami is limited in our ability to control one-on-one, informal interactions between peers. We can and must set a tone and expectation for respect, understanding, and kindness, and we can and do provide education and programming to help

facilitate that environment. But this is an area where there is a misalignment between what some students believe Miami should be responsible for and what we are capable of as an institution.

Future State

Vision for the Future

As we reflect on the things that Miami is doing well and where we have room for growth, it is helpful to envision the future we aspire to at Miami. If our recommendations were all able to be successfully implemented, what would Miami look and feel like?

The quote at the beginning of this report, "well-being [is] an optimal and dynamic state that allows people to achieve their full potential" (NIRSA, NASPA, & ACHA, 2020), is the beginning line of a [more comprehensive definition](#) of well-being that has been adopted by 15 professional associations in higher education. While our work is focused specifically on emotional well-being, the elements in that full definition mirror our hopes for a future Miami.

The expanded definition reads:

> We define well-being as an optimal and dynamic state that allows people to achieve their full potential. Our focus is on two interdependent types of well-being: 1) individual and 2) community. **Individual well-being** is defined within three broad and interrelated categories: (a) the perceived assessment of one's own life as being generally happy and satisfying, (b) having one's human rights and needs met, and (c) one's contribution to the community. **Community well-being** is defined by relationships and connectedness, the perceived quality of life for all people in the community, and how well the community meets the needs of all members. By focusing on the whole — the whole person, the whole educational experience, the whole institution, the whole community — well-being becomes a multifaceted goal and a shared responsibility for the entire institution (NIRSA et al., 2020).

Using this definition as a base, we would like the Miami of the future to ideally be a place where there is:

- **Individual- Subjective well-being:** Individuals feel generally satisfied or content with their current state of mental health and emotional-well being, and when they experience times of challenge, they feel that they are receiving support and care as a person and in their role by their peers and by the systems at Miami. Students, faculty and staff will feel they can step up or step back depending on

the current state of their own well-being or the needs of others without judgment and with the support and encouragement of systems at Miami.

- **Individual- Objective well-being**: Individuals know about the mental health and emotional well-being resources available on campus and can access them as needed, through multiple modalities. For needs that go beyond what services can effectively be offered on campus, they can easily find information about off-campus resources and receive help to access those in an equitable manner.
- **Individual- Civic well-being**: Individuals express genuine care and concern for the people around them, treating them fairly, compassionately, and respectfully. They feel a sense of responsibility for contributing to a positive campus culture that sees the humanity of and values the well-being of all members of the Miami community.
- **Community- Subjective well-being**: Our Miami community is a place where its members feel a sense of community and belonging, and feel that Miami is a good place to work, live, learn, and play. We will feel connected, heard, safe, and empowered to share our experiences and well-being needs, positive and negative, and will be received with compassion and non-judgment. We believe that Miami is an interdependent community where each person's well-being matters and is valued by the whole.
- **Community- Objective well-being**: Miami's infrastructure, systems, practices, and policies create the conditions under which students, faculty, and staff can thrive. We seek feedback and use data to improve our practices related to well-being. We have a structure that ensures that the well-being of our community members is a Miami priority that is consistently tended to over time. Services, both those on-campus and those we refer to off-campus, are accessible to all members of our community equitably, and are culturally-appropriate. Our systems are also set up to recognize that life conditions change and allow flexibility for people to temporarily step up or step back.

Recommendations

Based on the feedback from our three workgroups, campus listening sessions, the literature on mental health and well-being, local and national survey data, and a review of best practices, we are submitting recommendations in four major areas: systems, communication, education, and culture.

For each section, we start with recommendations that would impact all members of our Miami community, followed by recommendations that focus on faculty and/or staff members themselves, rather than how their behaviors in their roles affect students. The last set of recommendations in each section is about students and the actions we at Miami can take that will positively impact student mental health. As we developed these

recommendations, we aimed to be practical and realistic, considering both the financial and human resources available to complete this work.

Systems

The starting point for our recommendations is looking at the current systems that we have in place at Miami and identifying where we can improve. The subcategory, infrastructure, refers to the foundational systems, organizations, and policies that need to exist at the university level in order to keep the mental health and well-being of our community a visible priority over time. Services refer to practices offered by Miami offices that support an individual's mental health and emotional well-being.

Infrastructure

For all campuses

- Create a **standing committee**, perhaps as a Senate subcommittee, focused on mental health and emotional well-being inclusive of faculty, staff, and students across all campuses, to be chaired by the AVP for Health and Wellness in Student Life. This committee should be as small as possible, but should have representation from faculty, staff, and students, across divisions, Oxford and Regionals.
    - Prioritize, map out, and **shepherd the recommendations in this report**. Create and maintain a website with the plan, perhaps including a Gantt chart, providing updates for transparency.
    - Develop and communicate a **shared definition** of wellness to be used across all campuses with all constituents (students, faculty, staff). We recommend using the Inter-Association Definition shared in the Vision section of this report.
    - Adapt and adopt a **framework** to guide our efforts for students, faculty and staff, ideally the framework created by the U.S. Surgeon General's office in November 2022. The framework is made of up 5 essential components, each grounded in two human needs. While created with work settings in mind, it reflects needs that are also felt by students, and could easily be adapted for use with our entire campus community by expanding component 3 to be "Work/learning-life harmony" and component 4 to "Mattering at work/school."

Five Essentials for Workplace Mental Health & Well-Being

Centered on the worker voice and equity, these five Essentials support workplaces as engines of well-being. Each Essential is grounded in two human needs, shared across industries and roles.

- Safety
- Security
- **Protection from Harm**
- **Opportunity for Growth**
  - Learning
  - Accomplishment
- **Connection & Community**
  - Social Support
  - Belonging

Centered on **Worker Voice and Equity**

- **Mattering at Work**
  - Dignity
  - Meaning
- **Work-Life Harmony**
  - Autonomy
  - Flexibility

Components

Creating a plan with all workers to enact these components can help reimagine workplaces as engines of well-being.

Protection from Harm
- Prioritize workplace physical and psychological safety
- Enable adequate rest
- Normalize and support mental health
- Operationalize DEIA* norms, policies, and programs

Connection & Community
- Create cultures of inclusion and belonging
- Cultivate trusted relationships
- Foster collaboration and teamwork

Work-Life Harmony
- Provide more autonomy over how work is done
- Make schedules as flexible and predictable as possible
- Increase access to paid leave
- Respect boundaries between work and non-work time

Mattering at Work
- Provide a living wage
- Engage workers in workplace decisions
- Build a culture of gratitude and recognition
- Connect individual work with organizational mission

Opportunity for Growth
- Offer quality training, education, and mentoring
- Foster clear, equitable pathways for career advancement
- Ensure relevant, reciprocal feedback

Diversity, Equity, Inclusion & Accessibility

Office *of the* **U.S. Surgeon General**

- ○ In collaboration with the Office of Student Wellness, the Office of Employee Benefits and Wellness, and University Communications and Marketing (UCM), develop and coordinate a **communication strategy** as outlined in the communication section below.
- ○ Identify and work with **Wellness Champions** across all university divisions, and where there is interest, in departments.
- ○ Examine all resources currently allocated for mental health and emotional wellness across all campuses and strive for **equity and consistency** related to staffing and budgets.
- ○ Establish a **self-assessment/audit process** that each division on every campus could complete at least once every 3 years to assess that division's distinct culture around mental health and emotional well-being.
- ○ Research and strategically pursue **resources** from the state, agencies, foundations, and other grant opportunities to support this work.

For faculty and staff
- ● Expand and enhance a dynamic employee wellness program by working with

existing university partners (e.g. Miami's health plan administrator, Tri-Health, and other community resources) to meet the needs of faculty and staff across all campuses, and resource the program appropriately.
  - Focus the efforts of this program on creating and elevating a robust website and other communications tools to help faculty and staff learn about and navigate resources and care.
  - Create an incentive system for healthy habits, similar to Healthy Miami for mental health. Trackable elements might include participation in trainings or screenings.
  - Align staff programming and benefits with the 8 dimensions of wellness.
  - Examine exemplar practices from other campuses and assess to implement (see University of Pittsburgh, Indiana University, and Ohio University as good examples).
  - Conduct a voluntary annual survey of all faculty and staff across all campuses, such as the American College Health Association survey, to measure the mental health and emotional well-being of our employees and identify areas for improvement.

For students
- Explore alternatives to a leave of absence for students in distress, and ease the re-entry process for those who take a leave.

Services

For faculty and staff:
- Develop a faculty/staff of concern system (similar to CARE team).
- Establish "life change communities" similar to affinity groups: New parents, new campus role, new to our community, empty nester, eldercare, etc.
- Explore mentoring opportunities for colleague to colleague support.

For students:
- Assess student counseling on the three main campuses to potentially streamline service (e.g. record keeping, administrative oversight, etc.) and consider ways that the three offices can support each other.
- Explore the possibility of partnerships with external vendors (e.g., TriHealth) to expand local mental health resources near our campuses, particularly resources related to psychiatry, specialized care, and intensive outpatient services.
- Explore the creation of clinical placements for psychiatric nurse practitioners (post-licensure).

- Explore more opportunities for trainees in social work and psychology to bolster services for students.
- Explore options for telehealth for care outside of regular business hours, particularly for Regionals students, and assess financial viability.
- Provide dedicated private space for students to engage in telebehavioral health appointments.
- Explore other resources to support students with financial and practical needs (e.g., transportation) to access services beyond Miami's scope of services.
- Identify key groups that are less likely to seek care and create a plan to ensure allyship and outreach is conducted by an appropriate source.
- Increase strategies to make it easier for students to access care in more informal ways than individual therapy, using technology to increase access beyond standard business hours.
- Support mental health/ wellness chairs in student organizations (e.g., fraternities and sororities).
- Explore more opportunities for peer to peer support for mental health.

Communication

Miami offers many resources related to mental health and well-being, however most people do not know about all of the resources, misunderstand them, or don't know how to find them at the time that they are needed. We need to promote what we're doing well and dispel myths about our services.

For all campuses:
- Develop and prioritize a broad **communication strategy** pertaining to mental health and emotional well-being efforts across all campuses, to be overseen by the Standing Committee on Well-being described above. This strategy should include a platform that:
  - Is practical, intuitive, and easy to find/navigate.
  - Is inclusive of all constituents (students/faculty/staff) on all campuses.
  - Is comprehensive, bringing together programs and initiatives from across the university.
  - Highlights available resources and programming.
  - Centralizes newsletters/sites/media pertaining to mental health and emotional well-being.
  - Engages our current community and also alumni and parents.
  - Advances awareness efforts, e.g. what's going well, what's going on around campus.
  - Shares data about student and employee health and well-being.
  - Includes videos that highlight the resources and services around campus.

- ○ Shares existing social media accounts on this topic.
- ○ Note: the University of Pittsburgh is an example of a school with a good site for [employees](#) and for [students](#). Our site should incorporate the best of both approaches for one comprehensive resource.
- Utilize Miami Matters, social media, and other outlets to regularly push out wellness related messages and education and to promote the things that Miami is doing well related to mental health. Make our culture of care more visible.
- Coordinate a calendar of wellness messaging to campus that follows the flow of the academic calendar and the stressors that are associated with it.
- Periodically solicit the input of community partners to bolster community partnerships on wellness initiatives.
- Ensure that key community partners (e.g., faith communities, non-profits, local businesses, etc.) who frequently interact with our students are aware of all campus resources.

For faculty and staff
- Better advertise the range of services available through the Employee Assistance Program (EAP) program, and make that more prominent and easy to find on the website.
- Highlight exemplar efforts that departments and divisions have implemented related to mental health and well-being.

For students
- Improve communication regarding access to student counseling services to build trust and confidence with students, perhaps utilizing social media and FAQs. Topics that need attention include:
  - ○ Wait times, to create accurate expectations.
  - ○ Alternative or additional options for fee bearing services.
  - ○ Strategies employed to ensure a diverse SCS staff.
  - ○ Information about intern/trainee staff and their clinical experience.
  - ○ Utilization data, including demographic information.
  - ○ Miami's scope of service, to better align expectations with our resources and capabilities.
- Increase the promotion of standing programs and services, for example:
  - ○ CARE Team
  - ○ HOPE Line
  - ○ Wellness Navigator Tool
  - ○ Togetherall app
  - ○ Health & Wellness Funds
  - ○ Trainings: Mental Health First Aid; Question, Persuade & Refer, etc.
- Review and communicate the Students of Concern process: Do people

understand it and what happens next? How are students assessed? Who is appropriate to refer and who is not? Consider creating a video explaining the work of the Care Team.
- Explore opportunities to explain the role and function of MUPD during times of crisis to build trust and reduce anxiety.

Education

The term education is being used broadly to include both programming and training that would be offered to students, faculty and staff. The student category includes any employee training that would be for the benefit of students, distinctive from programming and training to benefit the well-being of faculty and staff themselves.

For all campuses:
- Launch a workgroup to examine the feasibility and impact of creating (an) annual wellness fair(s) inclusive of students, faculty, and staff across all campuses, and determine what office could lead that effort.
- Identify high-impact virtual platforms pertaining to mental health and emotional wellness (e.g., CALM, Spark America, Headspace, etc.) and provide free or reduced-cost memberships of these vetted platforms to all university members, and assess use after implementation.
- Create toolkits for faculty that could be used in classes (e.g., a Canvas module about mental health that they could easily add to their site) or for student orgs (e.g., standard messages they could send to express care and share resources).
- Offer trainings on how to promote resilience for students and for supervisors.
- Establish standard onboarding procedures for new employees, across all divisions and units, that explicitly include information about available wellness resources for students and for faculty/staff.
- Develop parent webinars about how to help your student/child who is in distress, one set for parents of our students, and one for parent-employees with content for supporting younger children.

For faculty and staff
- Train employees in supervisory roles to be aware and comfortable with referring employees to support services as necessary (e.g., EAP, disability offices, etc.) and require a refresh every three years.
- Create and offer ongoing training opportunities to provide employees with updates on current and new wellness initiatives and resources since their original onboarding period.
- Provide resources and training about how to help faculty/staff colleagues in distress.
- Offer programming and education about all 8 dimensions of wellness and how

they contribute to one's mental health.

For students
- Develop or enhance programming opportunities including, but not limited to:
    - Normalization of mental health challenges and setbacks- normalize that the college experience isn't always easy or smooth
    - Distress tolerance tips and normalization of distress
    - Offer programming across all 8 dimensions of wellness
- Prior to departure, require a program on mental health and well-being during study abroad for all students attending a program.
- Offer and potentially require a mental health training for all students similar to Alcohol.edu (e.g., gatekeeper training) focused on how to recognize distress, how to support a friend, and how to refer or access resources.
- Leverage student organizations to support student well-being through the training of student leaders. Build wellness education into the Red Brick Rewards process.
- Continue to build out and promote the Wellness Navigator tool and include resources on the Regional campuses.
- Explore opportunities to embed wellness skill-building into credit-bearing courses.
- Require faculty/staff training on what resources are available to students, perhaps as a video to be shown during a department meeting.
- Discuss student-athlete mental health culture with coaches and provide them with training on how to discuss this topic with their teams.
- Include more information about transition and mental health in international student orientation.
- Provide trauma responsive training for faculty and staff.

Culture

Culture is the most difficult and slowest area to change, but it is essential to strive for change in this area to positively impact the mental health and emotional well-being of our campus. This is an area that cannot be imposed by "Miami" but requires the buy-in and commitment from the individuals who make up our Miami community. It is also the section with the fewest measurable, actionable recommendations, but instead primarily poses topics for discussion and exploration over time.

For all campuses
- Continue to tackle and reduce stigma associated with mental health challenges and with seeking care, with an eye to specific populations where this might be more commonly felt.

- Facilitate campus/departmental/organizational conversations about our campus culture:
  - How do we create a true culture of care and a sense of appreciation?
  - How do we balance our messaging about and pressure regarding the glorification of "busy"? In other words, how can we avoid a "culture of busyness" (Waytz, 2023) to allow people to move at their own pace without the fear that they will be judged as less serious or less committed? How can we encourage Miamians to sustain their energy to excel in the long-term rather than pushing to the point of exhaustion or burnout?
  - How do we support populations that carry more pressure or stress, related to their identities, their work roles, their location, or other subcultures within our community?
- Identify Miami systems and processes that create stress for students and employees (e.g., registration) and simplify where possible.
- Encourage communication practices that foster wellness (e.g., no emailing during the night, scheduling the sending of emails, setting and sharing explicit communication expectations, encouraging designated "no meeting days" in departments, etc.).
- Convene a representative group to examine the practicalities and implications of instituting "wellness days" during the academic calendar. This group will provide a recommendation and clear rationale for why wellness days should or should not be implemented at Miami.
- Encourage departments to create opportunities for increased in-person and informal engagement among their teams and between students and faculty and staff to establish camaraderie and bolster morale and well-being.
- Assess how many people are on campus in person each day and how that affects culture amongst departments and the impacts on students. Consider how to balance employee flexibility with the camaraderie that often helps us sustain our wellness.
- There is an understanding that other forms of wellness, such as physical or occupational wellness, have an impact on our emotional wellness. In time, it would be useful to expand this conversation to include other dimensions of wellness.

Conclusion

During the course of the work of the Mental Health Task Force, we identified many things that Miami is doing well related to the support of mental health and emotional well-being. However, despite the broad range of resources available, some people remain unaware of them and others have varied opinions about the types of services that can or should be offered. There are many ways that we can strengthen and build

on the foundation that we have, particularly in the areas of systems, communication, education, and culture, without major financial investments, as noted in the 56 recommendations included here.

Many universities have formed task forces regarding student mental health in the past two years, but we did not identify any that are focusing on the full community of students, faculty, and staff despite the fact that we are an interconnected and interdependent system. That made this work more complex and challenging, but also more exciting. This report is an important first step in a comprehensive effort to focus on mental health and emotional well-being at Miami, but it cannot be the last step. In the action phase of this work, we'll need to build an infrastructure to ensure accountability for this work, and to commit to the work long-term.

As we think about what all members of our community need in regards to their mental health and emotional well-being, we look to the November 2022 report from the U.S. Surgeon General mentioned in the first of our recommendations. The report lists five essential components of well-being, each grounded in two human needs:
1. Protection from harm (Needs: safety and security)
2. Connection and community (Needs: social support and belonging)
3. Work-life [or Learning-life] harmony (Needs: autonomy and flexibility)
4. Mattering at work [or school] (Needs: dignity and meaning)
5. Opportunity for growth (Needs: learning and appreciation)

Many of these elements and needs are related to culture, which is essential if we are going to truly move toward becoming a campus that more holistically meets the needs of our students, faculty and staff. We must build a culture that: reduces stigma associated with talking about and seeking help for mental health challenges, trusts that each person will be met with understanding and compassion when they need flexibility to deal with life's challenges, promotes equitable access to resources and services on-campus and/or assistance with identifying services off-campus, and is perceived as culture of care that is both seen and felt.

The largest barrier to the success of all these recommendations and efforts is the will of the Miami community itself. As noted when talking about cultural change in the recommendations section, people talk about "Miami" as an entity capable of implementing change. While the university has the power to strengthen its infrastructure and there are recommendations that departments can implement, such as new websites or programming, cultural change is incumbent upon each member of our interconnected Miami community. We cannot only look to others to care for us, but we also need to support and care for each other, use the resources available to us, attend

programs when offered, change our own practices to be more self-sustaining, and create the culture of well-being that we want at Miami. We sincerely hope that we can work together as a community to make that happen.

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Appendices

Appendix A: Workgroup structure, process, and populations consulted
Appendix B: Faculty and Staff survey report
Appendix C: SCS utilization data
Appendix D: Workgroup SWOT summaries
Appendix E: Task Force Membership and Acknowledgements

Appendix A: Workgroup structure, process, and populations consulted

In the summer of 2022, the Institutional Task Force on Student, Faculty, and Staff Mental Health and Well-Being was developed to fulfill the charge set by President Crawford. The task force was co-chaired by Dr. Jayne Brownell, Vice President for Student Life, and Dr. Brooke A. Flinders, Associate Dean of Academic Affairs, College of Liberal Arts and Applied Science. The Task Force met from September 2022 to April 2023.

A steering committee, made up of the task force co-chairs, and the co-chairs of the three task force workgroups met seventeen times in hour-long sessions.The steering committee's focus was to create a shared and systematic approach across workgroups and to share information and findings from each group to inform and improve the process for the whole.

Three workgroups were formed to focus on student, faculty/staff, and community populations. The workgroups were strategically led by a team of facilitators who have experience, between them, in Oxford and at the Regionals. Workgroup members were solicited to create opportunities for diverse membership, with faculty, staff, and student representatives invited from Oxford and Miami Regionals. However, not all of those invited decided to participate. In the end, the student workgroup was made up of 19 members, the faculty/staff workgroup consisted of 23 members, and the community workgroup included 22 members. In total, 66 members joined the groups, including the co-chairs; twelve of the representatives were from Miami Regionals.

The student-focused task force included undergraduate and graduate students, as well as international graduate student representation. Faculty members were represented by tenure-track, tenured, and by TCPL faculty members from Oxford and the Regionals and from a wide array of departments and divisions. Staff came from Oxford and the Regionals and from a broad range of academic and non-academic units. There were

also members with varying personal identities, at minimum across race, ethnicity, sexual orientation, and disability.

Student Workgroup

The student workgroup was led by Dr. John Ward, Director of Student Counseling Service, and Claire Ruberg, Senior Regional Director of Clinical Services. The workgroup focused on students' experiences as well as resources and support systems in place to help them. The student workgroup met for a total of 11 meetings (10 1-hour meeting and one 2.5-hour meeting). The co-chairs met for a total of 16 prep/planning meetings. The meetings were held via Zoom to maximize attendance and participation. At times smaller subgroups were used to complete tasks, but the final recommendations represent the consensus, experiences, and expertise of the entire workgroup membership.

Faculty- and Staff-Focused Workgroup

The faculty- and staff-focused workgroup was led by Dr. Cricket Meehan, Executive Director of the Ohio School-Based Center of Excellence for Prevention & Early Intervention (SBCOE) in the Department of Psychology, and Dr. Sharon Custer, Director of Workforce Development for the SBCOE in the Department of Psychology. They were charged to explore the well-being of faculty and staff as employees of Miami University. This workgroup met 9 times between September 2022 and March 2023 and the co-chairs met an additional 4 times in between group meetings. During that time, the faculty- and staff-focused workgroup conducted a SWOT (strengths, weaknesses, opportunities, and threats) analysis of the mental health and well-being of Miami University faculty and staff, led the efforts to develop and implement a quantitative and qualitative survey to gather information about the current state of well-being among faculty and staff, researched evidence-based and best practices to support well-being used in other university settings, and crafted actionable recommendations to address the identified needs and gaps.

Community-Focused Workgroup

The community-focused workgroup was led by Dr. Steve Large, Assistant Vice President of Student Life for Health and Wellness, and Dr. Dee Kinney, Assistant Professor in the Department of Education and Society. The community-focused workgroup met 12 times as a group (hour-long meetings) and the co-chairs met an additional 11 times in between those group meetings. The community workgroup also spoke with seven different agencies/partners throughout the Oxford and Hamilton communities to solicit their thoughts around their relationship with Miami and explore what opportunities exist to enhance this relationship to better serve the mental health needs of our constituents.

In between the steering committee meetings, each working group met on their own to focus on their assigned populations. Their first task was to complete a SWOT analysis, in order to identify strengths, weaknesses, opportunities, and threats, specific to their subgroup. Each working group determined their own plans for gathering information from key stakeholders. View a complete [set of task force activities](#)..

Outreach to Key Stakeholders

Between August 2022 and April 2023, task force leadership consulted with a broad group of internal and external stakeholders to expand on the conversations occurring within our workgroups.

- 8/31/22:   Faculty Assembly update
- 9/12/22:   University Senate: Introduction to the Task Force charge
- 10/27/22:   Student Perspectives on Mental Health, Miller Center for Student Disability Services
- 11/4/22:   Dean of Students Advisory Board (Students)
- 11/14/22:   University Senate Working Session/ discussion
- 11/18/22:   Dean of Students Advisory Board (Students)
- 11/26/22:   Student Life Council (Student, Faculty, and Staff)
- 12/5/22:   President's Executive Cabinet
- 12/13/22:   Student Success Committee
- 1/23/23:   University Senate Retreat presentation and discussion
- 1/25/23:   Faculty Assembly update
- 2/1/23   Council of Academic Deans
- 2/7/23:   Student Workgroup Conversation with Regionals Students
- 2/8/23:   Conversation with [All One Health](#), Miami's EAP provider
- 2/10/23:   Conversation withTriHealth McCullough-Hyde Memorial Hospital
- 2/14/23:   Conversation with Oxford Coalition for a Healthy Community
- 2/27/23:   Regional Student Lunch and Listen (Middletown)
- 3/1/23:   Conversation with TriHealth
- 3/2/23:   Regional Student Lunch and Listen (Hamilton)
- 3/1/23:   Conversation with Butler County General Health District
- 3/2/23:   Conversation with Horan and Associates
- 3/5/23:   RedHawk Council, student-athlete focus group
- 3/9/23:   Community workgroup met with Butler Behavioral Health
- 3/10/23:   Wellness Consortium student focus group
- 3/14/23:   International student focus group
- 4/6/23:   LGBTQ+ student focus group
- 4/6/23:   Students of color focus group

Appendix B: Faculty and Staff survey report

Survey of Faculty and Staff

Miami collects significant data on the health and well-being of students and their utilization of resources. However, very little of that data exists for faculty and staff. An anonymous survey was conducted to determine the perceptions of faculty and staff on all Miami University campuses related to their own mental health and well-being, the culture for well-being at Miami, and their utilization of resources pertaining to mental health and well-being. It was created, with input from each workgroup, to inform the work of the Institutional Task Force on Student, Faculty, and Staff Mental Health and Emotional Well-Being (Mental Health Task Force). All full- and part-time University employees (faculty and staff) were invited to participate in the survey, which ran from December 1-16, 2022. The data provided in this report provides a summary of results. A five point likert scale was used when calculating the means – lower means signify a more positive response; higher means are more negative. Respondents were asked to report their experiences and perceptions in the following topical areas: Current mental health and emotional well-being, Miami's culture for mental health, and factors contributing to a sense of well-being at work.

Appendix C: Student Counseling Service utilization data

Demographics (from Client Information SDS (CCMH))										
	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Gender Identity										
Non-binary									2.1%	2.9%
Woman	57.9%	53.1%	53.8%	54.5%	54.0%	54.9%	55.8%	59.3%	59.5%	60.7%
Man	44.9%	44.4%	44.0%	42.1%	43.9%	42.1%	40.1%	37.5%	35.6%	34.3%
Transgender	0.4%	0.4%	0.3%	0.7%	0.4%	0.6%	0.4%	0.5%	0.6%	--
Transgender woman										0.3%
Transgender man										0.2%
Self-identify	0.1%	0.3%	0.8%	1.0%	1.0%	0.8%	1.0%	1.5%	0.7%	0.9%
No Response	0.9%	2.0%	1.8%	2.2%	1.0%	2.0%	3.7%	2.3%	2.8%	1.7%
Sexual Orientation										
Asexual									1.7%	2.6%
Bisexual	2.0%	2.3%	2.8%	3.9%	5.6%	6.5%	7.4%	10.7%	13.4%	12.8%
Gay	1.9%	2.0%	2.1%	1.7%	1.8%	2.4%	2.2%	2.3%	2.6%	1.5%
Heterosexual	95.2%	88.7%	88.5%	87.4%	86.6%	84.2%	80.7%	79.0%	69.6%	70.0%
Lesbian	0.8%	0.8%	0.5%	0.7%	1.1%	1.0%	1.9%	1.7%	1.9%	2.3%
Pansexual									1.9%	2.3%
Queer									2.3%	2.9%
Questioning	1.2%	1.4%	1.3%	1.4%	1.3%	2.0%	2.3%	2.7%	3.9%	3.5%
Self-identify	0.1%	1.6%	2.6%	2.3%	2.3%	2.2%	2.0%	2.3%	0.5%	0.7%
No Response	2.7%	4.0%	2.8%	3.3%	1.8%	3.0%	5.2%	3.3%	4.8%	3.7%
Race/Ethnicity										
African American / Black	5.7%	5.1%	4.2%	4.7%	4.2%	5.8%	5.2%	5.9%	5.9%	5.2%
American Indian or Alaskan Native	0.3%	0.1%	0.3%	0.2%	0.6%	0.6%	0.1%	0.3%	0.2%	0.5%
Asian American / Asian	4.2%	3.9%	5.2%	6.0%	6.3%	7.9%	8.1%	7.8%	5.6%	6.6%
Hispanic / Latino/a	3.5%	2.0%	1.7%	3.0%	3.4%	3.6%	3.5%	3.7%	3.5%	3.5%
Native Hawaiian or Pacific Islander	0.2%	0.1%	0.3%	0.1%	0.1%	0.2%	0.2%	0.2%	0.2%	0.2%
Multi-racial	2.9%	3.1%	4.3%	3.3%	4.0%	3.7%	3.2%	4.6%	4.4%	4.5%
White	86.3%	83.0%	81.6%	80.1%	79.9%	75.4%	75.9%	75.0%	77.4%	77.4%
Self-identify	0.3%	1.0%	0.8%	1.2%	0.8%	1.0%	0.8%	0.9%	1.3%	0.7%
No Response	1.7%	2.3%	2.2%	2.2%	1.4%	2.5%	4.0%	2.7%	3.4%	2.4%
International Student	3.6%	3.6%	3.4%	4.6%	5.6%	7.2%	7.0%	6.9%	4.7%	4.7%
First Generation	20.0%	17.7%	17.7%	18.5%	17.2%	17.6%	17.3%	18.6%	16.2%	18.3%

Financial Stress (Current)										
Often / Always	29.3%	26.8%	28.7%	27.4%	25.7%	23.6%	25.1%	26.9%	26.4%	23.3%
Sometimes	29.4%	29.0%	31.3%	28.8%	28.9%	29.7%	29.1%	30.2%	30.0%	29.8%
Rarely / Never	41.1%	44.2%	40.9%	43.9%	45.8%	47.9%	44.0%	44.8%	44.6%	49.8%
Transfer Student	8.0%	7.4%	7.1%	6.4%	6.2%	5.4%	5.5%	3.7%	4.0%	4.4%
Academic Status										
First year / Freshman	24.7%	26.0%	27.1%	30.7%	30.2%	27.6%	28.1%	30.4%	25.6%	27.4%
Sophomore	21.9%	24.0%	22.8%	23.0%	24.6%	27.9%	23.7%	23.9%	24.2%	26.1%
Junior	21.9%	19.0%	21.4%	18.8%	19.8%	20.4%	19.8%	19.1%	22.0%	23.5%
Senior	22.7%	22.7%	19.0%	18.9%	18.3%	16.4%	18.6%	19.2%	18.5%	16.4%
Graduate	7.1%	6.6%	8.0%	6.2%	6.0%	5.8%	6.2%	5.9%	7.5%	5.2%
No Response & Other	3.0%	2.5%	3.0%	3.1%	2.0%	3.0%	4.8%	2.8%	3.8%	3.2%
Registered w/ Disability	10.4%	9.8%	10.0%	11.1%	11.9%	13.6%	13.6%	14.3%	14.2%	16.4%
Housing										
On Campus	44.4%	44.8%	46.4%	44.9%	44.3%	45.5%	46.9%	51.3%	36.7%	51.5%
Fraternity House / Sorority Suite	1.9%	2.2%	1.9%	2.6%	2.2%	2.5%	2.9%	2.1%	1.8%	2.0%
Off Campus	40.7%	40.6%	36.6%	35.4%	31.9%	31.6%	33.7%	34.5%	47.1%	37.9%
Other	1.8%	2.9%	2.1%	1.6%	1.1%	1.2%	1.5%	1.2%	1.3%	0.4%
No Response	12.9%	12.6%	15.6%	17.1%	23.4%	22.7%	17.6%	13.9%	16.5%	11.9%
ICA Athlete	3.6%	2.9%	3.1%	2.0%	3.3%	3.2%	6.0%	4.7%	7.9%	6.2%
Fraternity / Sorority Member	30.9%	31.3%	29.0%	30.3%	31.1%	28.9%	27.0%	25.3%	27.3%	25.3%
ROTC	1.1%	0.5%	0.6%	0.2%	0.5%	0.6%	0.5%	0.6%	1.1%	0.5%
Religion										
Agnostic	10.1%	10.9%	12.6%	12.2%	12.6%	11.0%	12.6%	13.9%	16.2%	15.6%
Atheist	6.3%	5.1%	6.6%	8.3%	8.1%	7.8%	7.8%	9.4%	10.3%	8.9%
Buddhist	0.3%	0.6%	0.7%	0.5%	0.6%	0.6%	0.6%	0.7%	0.3%	0.3%
Catholic	29.3%	29.4%	25.3%	26.9%	26.9%	26.4%	22.6%	22.6%	20.6%	19.7%
Christian	31.5%	29.9%	29.6%	26.4%	27.1%	27.0%	27.8%	27.5%	26.3%	29.8%
Hindu	0.5%	0.7%	0.3%	1.1%	0.5%	1.0%	1.1%	0.9%	0.9%	1.3%
Jewish	3.8%	4.9%	3.2%	3.7%	3.5%	3.5%	2.4%	2.5%	3.2%	2.7%
Muslim	0.5%	0.8%	0.6%	0.5%	0.5%	0.4%	0.5%	0.5%	0.4%	0.7%
No Preference	5.1%	12.1%	14.4%	13.2%	15.7%	15.8%	16.2%	16.9%	15.6%	16.5%
Self-identify	2.6%	2.3%	3.3%	3.1%	2.4%	2.1%	2.4%	2.6%	2.6%	2.9%
No Response	5.0%	5.0%	5.9%	5.3%	4.3%	6.6%	8.9%	6.2%	7.1%	6.4%

Note: Data completed by clients at initial appointment (Reporting % of People)

2012-2013 report is based on 1500 Data Forms for 1399 unique clients

2013-2014 report is based on 1570 Data Forms for 1464 unique clients

2014-2015 report is based on 1574 Data Forms for 1449 unique clients

2015-2016 report is based on 1966 Data Forms for 1845 unique clients

2016-2017 report is based on 2122 Data Forms for 1961 unique clients

2017-2018 report is based on 2182 Data Forms for 2087 unique clients

2018-2019 report is based on 2302 Data Forms for 2081 unique clients

2019-2020 report is based on 2167 Data Forms for 1907 unique clients

2020-2021 report is based on 1210 Data Forms for 1073 unique clients

2021-2022 report is based on 2104 Data Forms for 1812 unique clients

Appendix D: Workgroup SWOT summaries

Community Mental Health & Wellness

MIAMI UNIVERSITY

STRENGTHS

- Breadth and depth of current programming, training, services, and initiatives: MHFA, QPR, educational modules, CARE team, StepUP training, HOPE Line, etc.
- Strong community partnerships: TriHealth, local faith communities, etc.
- Relationships matter at Miami and improve our work
- Key university leaders are committed to understanding and enhancing the mental health and emotional wellbeing of the Miami community

WEAKNESSES

- There is no singular culture around mental health and emotional wellbeing at Miami and, instead, many subcultures, with different resources and approaches, exist that depend on one's campus location, academic college, divisions, departments, etc.
- Consistently high focus on results, productivity, innovation, and excellence may contribute to fatigue and burnout
- Limited capacity of current staff and funding structures to meet the demands
- Not all members of the campus community feel equally seen, heard, or respected

OPPORTUNITIES

- Develop a communication campaign focused on mental health and emotional wellbeing that is consistent, inclusive, transparent, and user-friendly
- Offer more opportunities for informal, organic, in-person connections (e.g., Keurig and snacks in every department)
- Strengthen community partnerships to expand provision of services
- Establish an audit process that each division on every campus completes to assess their distinct culture around mental health and emotional wellbeing

THREATS

- Serving intergenerational communities with varying definitions, needs, and thoughts around mental health and emotional wellbeing
- Glorification of being busy with a perceived lack of time to engage in wellness-related programs/services and a strong focus on what is not being achieved as opposed to what has been accomplished
- Increasingly fewer mental health providers and referral sources in the local community
- Increased prevalence of pediatric mental health concerns - are we ready when these children become college-aged?

Faculty and Staff Mental Health & Wellness

MIAMI UNIVERSITY

S

STRENGTHS

- **Programs**: Available trainings (e.g., Mental Health First Aid [MHFA], Question Persuade Refer [QPR])
- **Services**: Recreation Center, Employee Assistance Program (EAP), 1809, TriHealth partnership, sliding scale competitive benefit options, critical incident supports
- **Communication**: Openness for discussing and exploring resources, diverse methods for sharing information across campuses
- **People**: Numerous examples of well-trained individuals providing support and advocacy, increased in-person opportunities to socialize with others

W

WEAKNESSES

- **Financial**: Limited funding resources allocated for programming and staff, prohibited costs/copays impact employee participation in services
- **Access**: Not universally available or inclusive for all - especially across campuses, lack of awareness of resources
- **Capacity**: Unclear expectations for who should be responsible for wellness programming, unrealistic expectations for supervisors to take on employee wellness without resources, training, and support
- **Processes**: Unclear model for defining, communicating, accessing, and coordinating services across campuses

O

OPPORTUNITIES

- **Communication**: Coordinate genuine and inclusive conversations, awareness efforts, and use of data (e.g., click rates)
- **Triage**: Develop a parallel process for training, referring, and supporting faculty and staff comparable to the 'students of concern' process
- **Resources**: Expand dedicated mental health staff, designated spaces, benefits, tools and strategies for well-being
- **Incentives**: Establish pathways to acknowledge efforts aimed to address mental health and wellbeing (e.g. Healthy Miami points for screening, badges for training)

T

THREATS

- **Inequity**: Disparities as a result of hierarchy, campus proximity, differences in faculty/staff classifications, divisional units, and unique individual identities
- **Incongruence**: Privacy protections can limit communications related to referrals, collaborations, and supports
- **Capacity**: Limited time and energy prohibits faculty and staff from completing trainings and taking on responsibilities to support their own and other's mental health and wellness
- **Volume**: Increased mental health symptoms experienced by faculty and staff

Student Mental Health & Wellness

MIAMI UNIVERSITY

STRENGTHS

S

- **Prevention/Education:** Multiple departments and student orgs working on destigmatizing mental health
- **Communication:** Athletics varies of methods of effective communication regarding wellness topics
- **Allyship/Early Detection:** Well established pre-performance mental health checks for student-athletes
- **Services/Treatment:** We have trusted clinical services and providers available to all students across campuses
- **Follow-up Care:** Student agency is valued and communication to "high-risk" students is effective

WEAKNESSES

W

- **Prevention/Education:** There are lots of resources/fairs/outreach at the beginning but not much throughout the semester/year
- **Communication:** There is miscommunication and ineffective communication when disseminating wellness information
- **Allyship/Early Detection:** Individual student, groups and orgs aren't always sure how to be an ally in a way that feels productive
- **Services/Treatment:** Current services are time-bound and there are limited referral opportunities
- **Follow-up Care:** There are limits to follow-up care available and perceived consequences if students seek help

OPPORTUNITIES

O

- **Prevention/Education:** Coordinate wellness events campus wide to maximize student engagement
- **Communication:** Diversify communication strategies to capture a wider, diverse audience
- **Allyship/Early Detection:** Identify key groups that are more vulnerable within our institution and create a plan to ensure appropriate allyship and outreach is conducted by an appropriate source
- **Services/Treatment:** Leverage student groups and partnerships in the community to provide additional resources and services
- **Follow-up Care:** Faculty could use training re follow-up, and more options would benefit students

THREATS

T

- **Prevention/Education:** Prior "unfavorable" experiences may lead to resistance to participate in current efforts
- **Communication:** Students feel communication must meet an immediate need
- **Allyship/Early Detection:** Students may not have a willingness to have difficult conversations around mental well-being
- **Services/Treatment:** There are at times long waitlists for services and access to care is limited
- **Follow-up Care:** There are limited resources in the community and students have limited options to "exit" and "reenter" the University

Appendix E: Task Force membership and acknowledgements

The success of this task force is directly attributed to the time, commitment, courageous conversations, and generosity of many different individuals, departments, and partners on and off campus. We offer our gratitude to the task force membership (listed below) and would also like to acknowledge the following offices who supported our work along the way: President Crawford and his office's financial support of task force expenses, local agencies and community partners who provided us with their time and wisdom, the student focus groups who offered their important and candid perspectives about how to improve Miami's culture, and the faculty and staff who took time to complete the wellness survey and assist in its analysis, and who provided their important commentary throughout this process.

We would also like to offer a special note of gratitude to the members of the Miami community who actively work to enhance the emotional well-being of our community every day, as well as everyone in the Miami community who models and shares kindness, care, and compassion towards themselves and neighbors in their daily lives.

Task Force Membership

Task Force co-chairs
- Jayne Brownell, Vice President for Student Life
- Brooke A. Flinders, Regional Associate Dean for Academic Affairs

Community Workgroup
- Dee Kinney, Education and Society, CLAAS (Workgroup co-chair)
- Steve Large, AVP for Health and Wellness/ Student Life (Workgroup co-chair)
- Andrew Branson, Undergraduate student, Oxford
- Kevin Carr, Rinella Learning Center
- Alyssa Ciango, Student Engagement, Activities, and Leadership (SEAL)
- Jen Green, Psychology, CAS
- Wesley Highley, Community Standards
- Jeff Hunger, Psychology, CAS
- Cecilie McGhehey, Student Wellness
- Emerson McSparran, Undergraduate student, Oxford
- Sarah Meaney, Residence Life
- Caryn Neumann, Interdisciplinary and Communication Studies, CLAAS
- Lori Parks, Regionals Academic Advising
- Hallie Powell, Undergraduate student, Regionals
- D'Ellis Rates, Center for Student Diversity and Inclusion
- Matthew Schroeder, Miami alumnus
- Mark Shores, Regionals Libraries
- Dan Sinetar, International Student and Scholars Services
- Alexa Spoerle, Undergraduate student, Oxford

- Danielle Stein, Undergraduate student, Oxford
- Tailyn Walborn, Pre-Health Professional Advising/ Biology

Faculty/Staff Workgroup
- Sharon Custer, Center for School-Based Mental Health Programs/ Psychology (Workgroup co-chair)
- Cricket Meehan, Center for School-Based Mental Health Programs/ Psychology (Workgroup co-chair)
- Judy Adams, Education and Society staff, Regionals
- Mike Arnos, Recreation Center
- Oliver Baden-Davis, Regionals Enrollment and Admission
- Jess Bathe, FSB Dean's Office
- Vicka Bell-Robinson, Residence Life
- John Burke, Regionals Libraries
- Marianne Cotugno, Languages, Literature, and Writing, CLAAS
- Dawn Fahner, Human Resources
- Molly Heidemann, International Students and Scholars Services
- Terri Messman, Psychology, CAS
- Sam Morris, Sport Leadership and Management, EHS/ University Senate Faculty Welfare Committee
- Heather Morrow, Rinella Learning Center
- Hannah Muldoon-Davis, Armstrong Student Center
- Barb Oswald, Social and Behavioral Sciences, CLAAS/ Regionals Faculty Welfare
- Sean Poley, Information Technology Services/ AccessMU Center
- Darryl Rice, Management, FSB
- Deborah Wiese, Psychology, CAS
- Karen Wilson, Human Resources/ Benefits and Wellness
- Laura Wonsick, Student Counseling Service
- Rebecca Young, Student Wellness

Student Workgroup
- Claire Ruberg, Regionals Counseling Centers (Workgroup co-chair)
- John Ward, Student Counseling Service (Workgroup co-chair)
- Pankhuri Aggarwal, Graduate student, Oxford
- Kristy Brann, Educational Psychology, EHS
- Ben Breh, Community Standards
- Dawson Cosgrove, Undergraduate student, Oxford
- Erica Crawford, Regionals E-campus
- Rachel Fadden, Nursing, CLAAS
- Jack Fazio, Undergraduate student, Oxford
- Connor Goodpastor, FSB Advising
- Christina Grote, Regionals New Student Programs and Engagement
- Emma Halcomb, Undergraduate student, Oxford
- Jasmine Hardy, Student Engagement, Activities, and Leadership
- Marissa Howard, Graduate student, Oxford

- Katelyn Howell, Student Wellness
- Maddie Miner, Undergraduate student, Oxford
- Erik Sorensen, Residence life
- Scott Walter, Student Life
- Alex Wood, Office of the Dean of Students