Empowering Faculty as Mental Health Allies

A report prepared for the Provost’s Leadership Academy - May 3, 2019

PLA Project Team
Stacy Branham
Bridget Cooks
Matthew Freedman
Ilhem Messaoudi
Liz Peña
Lorenzo Valdevit
Guiyun Yan

Additional Contributors
Clarissa “K” Stiles
Marc Lazanga

Project Mentors
Sheefteh Khalili
Roxane Silver
Judith Stepan-Norris

UCI
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TOC 1
Introduction

The NIH’s National Institute of Mental Health reports that mental illness is increasingly prevalent [1]. As of 2017, nearly one in four Americans aged 18-25 had a mental illness, with similar rates among those aged 26-49 [1]. Half of all chronic mental illness begins by age 14, three-quarters by age 24 [2]. College campuses are finding themselves in a challenging position; they serve more people and more diverse populations than ever, yet increasing mental health needs far outstrip resource allocation [3,4].

At UCI, as on other campuses [5], the mental health and wellness crisis is acutely felt. In 2018, student enrollment hit a record 36,724, and faculty and staff numbered 3,621 [6]; applying NIH’s rates [1], we can modestly estimate the campus incidence of mental illness to be in the thousands. The UCOP Graduate Student Well-Being Survey reports that 45% of UCI’s PhD students are at risk of or currently meet clinical standards for having Depressive Disorder--the highest rate across the UC system. The Counseling Center 2016-17 Annual Report documents across-the-board increases in services provided; for example, individual visits increased by 27% in 2016-17 over the previous year.

As other campuses are announcing significant initiatives to address mental health and wellness (e.g., at UCLA [7]), UCI has begun to assess its own strategic positioning via the Healthy Campus Initiative (HCI), the Mental Health Initiative (MHI), and efforts of the Council on Enrollment and Student Success (CESS), among others. In this report, we present three low-cost, high-impact, imminently implementable recommendations to address critical gaps in UCI’s health resources for faculty, resulting from a three-month effort overseen by Shefteh Khalili, Roxane Silver, and Judith Stepan-Norris through the 2018-19 Provost’s Leadership Academy.

Problem Definition and Scope

Faculty are in regular contact with students and their colleagues, and are therefore well-positioned to identify those who are emotionally distressed [8]. A major obstacle to faculty allyship is being able to recognize signs of someone at risk of or currently experiencing mental illness [8]. Another barrier is not knowing what services are available or what steps to take once they have identified a problem [8]. The February 2019 CESS meeting minutes from a special session dedicated to mental health and wellbeing concludes that more needs to be done to “engage and educate faculty in [mental health] resources....”

We therefore have narrowed the scope of our effort to identifying low-cost, high-impact, near-term solutions to empowering faculty to promote mental health on campus.

Approach

Our team began by reviewing various UCI internal reports, UCOP survey findings, and national news articles related to mental health and wellness. We conducted individual interviews with 11 faculty members across campus, taking detailed notes.
Finally, we created an inventory of existing campus resources for faculty. We have organized these into four categories: people (e.g., a counselor at the Counseling Center, 949.824.6457), Internet websites (e.g., HR Wellness), trainings (e.g., new faculty orientation), handouts (e.g., the red folder).

To identify gaps in current resources for faculty, we developed “personas” and “scenarios” – an evidence-based approach used in User-Centered Design and Business marketing [10, 11]. Personas are brief, fictional characterizations of members of a target population based on real interviews – in our case, interviews with UCI faculty. We developed five faculty personas (e.g., “Simone” represents the general class of “Overwhelmed Pre-tenure” faculty). We also developed 5 scenarios in which faculty may encounter mental illness on the job (e.g., in the “Vanishing Student” scenario, a student suddenly stops attending class).

By extrapolating expected reactions of each faculty persona in each scenario, we identified resource gaps (Table 1).

**Recommendations**

We have three recommendations that originate from this analysis: (1) develop a centralized contact for easy reporting, (2) run an awareness campaign to engage faculty and point them to resources, and (3) scale up and replicate our process across schools and centers within UCI.

**Recommendation 1: Centralized Contact for Easy Reporting**

Across all interviews, only one of our interviewees knew of a phone number or email address they could contact to report mental health concerns (besides 911 or the UCIPD). Table 1 suggests that several faculty personas, particularly those who are overwhelmed, would benefit from short, memorable contact points to whom they can delegate responsibility for follow-up. We therefore recommend a centralized set of contact points, where faculty can quickly report an incident or red flag, so that a specialist can triage, track, and allocate resources and follow up as necessary. To our knowledge, none of the following are currently in use: 4-5555, mentalhealth@uci.edu, and http://mentalhealth.uci.edu. Estimated cost is and implementation time are $300/year and fewer than three months, respectively.

**Recommendation 2: Resource Awareness Campaign**

Various internal reports and our interviews revealed that faculty have limited awareness and access to mental health resources. For example, several were unaware that the Red Folder existed. Resources were often filed away in offices, rather than distributed in the environments where crisis scenarios might play out (e.g., a classroom). We propose an awareness campaign through distributing various physical media such as stickers and signs to campus...
locations where faculty spend time (e.g., in hallways, on restroom doors, on classroom podiums), as well as on the Canvas dashboard. The purpose is to increase memorability of various resources and to encourage faculty members to utilize them by normalizing their presence. Estimated cost is and implementation time are $500/year and fewer than three months, respectively.

Recommendation 3: Replicate Our Process Across UCI

During the course of developing this report, we have worked together as an interdisciplinary group from different schools across UCI. We quickly discovered that there are cultural differences within each School, even each Department, that may threaten the success of a general plan of action. For example, the School of Medicine has an internal wellness program that utilizes peer mentorship to support students, whereas most other units do not have this resource. Additionally, faculty in various units (e.g., the Department of African American Studies) have more expertise and a collective culture of attending more closely to institutional pressures on at-risk groups as they relate to wellness concerns. We therefore conclude that each School / unit on campus can benefit from forming a working group that works to identify the faculty resources gaps that are unique to their community. They might borrow and/or build off of our materials (resource list, personas, scenarios, etc.), or develop a process that is more organic to their work culture. We believe this more grassroots approach may jumpstart campus-wide awareness by empowering community members to assess the current challenges and develop their own solutions. We recommend a process that is initiated within the next three months, but may take up to a year to conclude.

Conclusion

Supporting mental health and wellness are increasingly central concerns for college campuses across the country, and UCI is no exception. We have identified one small facet of this challenge – empowering faculty as mental health allies – and identified situations in which the current resources are inadequate. We propose three inexpensive, immediately actionable, and potentially high impact solutions.
References


Appendix

UCI Faculty Resources Inventory

<table>
<thead>
<tr>
<th>Person (email, phone)</th>
<th>Campus Consultation Team (949.824.4642)</th>
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<tr>
<td>ComPsych Guidance Resources/EAP (844.824.3273)</td>
<td>Campus Consultation Team (949.824.4642)</td>
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<td>Worklife &amp; Wellness (949.824.5429)</td>
<td>Counseling Center (949.824.6457)</td>
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<td>Worklife &amp; Wellness Coordinator (Negar Shekarabi) (949.824.5208, <a href="mailto:nshekar@uci.edu">nshekar@uci.edu</a>)</td>
<td>Campus Counsel (949.824.2880)</td>
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<td>Respondent Services (949.824.5208, <a href="mailto:respondentservices@uci.edu">respondentservices@uci.edu</a>)</td>
<td>Dean of Students (949.824.5590)</td>
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<td>Office of the Ombudsman (949.824.7256)</td>
<td>Clinical Social Worker (949.824.1418)</td>
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<td>Campus Police / Workplace Violence Prevention (949.824.5223)</td>
<td>Student Health Center (949.824.5301)</td>
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Internet

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<th>ComPsych Guidance Resources (URL)</th>
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<td>Student Health Center (URL)</td>
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<td>HR Faculty &amp; Staff Mental Health Care (URL)</td>
<td>What Are the Warning Signs of Workplace Violence? (URL)</td>
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<td>Red Folder App (URL)</td>
<td>UCOP Faculty &amp; Staff Promising Practices (URL)</td>
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<td>Step Up! UCI. Bystander Intervention Program (URL)</td>
<td>UCOP Mental Health Handbook (URL)</td>
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<td>The Consultation Team (URL)</td>
<td>UCOP Why Student Mental Health Matters (Video) (URL)</td>
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## Training

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<td>UCOP Campus Connect (&lt;URL&gt;)</td>
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<td>Suicide Prevention Training: QPR—Question, Persuade, Refer (&lt;URL&gt;)</td>
<td>CARE Workshops (&lt;URL&gt;)</td>
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<td>Bystander Intervention Training: Step Up! UCI (&lt;URL&gt;)</td>
<td>ZotAbility Ally Training (&lt;URL&gt;)</td>
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<td>Managing Distress in the University Community. (&lt;URL&gt;)</td>
<td>Mental Health Handbook. (&lt;URL&gt;)</td>
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<td>Faculty &amp; Staff Role: Helping Emotionally Distressed Students. (&lt;URL&gt;)</td>
<td>Know the Signs: Help Prevent Suicide. (&lt;URL&gt;)</td>
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<td>Faculty &amp; Staff Mental Healthcare. (&lt;URL&gt;)</td>
<td>Surviving an Active Shooter Event. (&lt;URL&gt;)</td>
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<td>Counseling Center. (&lt;URL&gt;)</td>
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## Handouts

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<th>Red Folder. (&lt;URL&gt;)</th>
<th>UCI Consultation Team. (&lt;URL&gt;)</th>
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<td>Classroom Emergency Procedures. (&lt;URL&gt;)</td>
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Personas

SIMONE MADONDO
ASSISTANT PROFESSOR

 Discipline  Engineering
 Years at UCI  2 Years
 Student Reach  ~300 undergrads, ~20 grads annually
 Faculty Reach  ~10 junior, ~5 senior

Simone is laser focused on her research as a Computer Engineer. A junior faculty member and minority in her Department, she is under immense stress to deliver on research grants and papers. She has very high productivity standards of her new Ph.D. mentees, who pull long hours in the lab. As a new professor, responsible for a large undergraduate computer architecture course (EECS 112), Simone does her best to minimize facetime by directing students to her graduate TAs.

Simone attended several new faculty orientations, in which she was given informational sheets about mental resources on campus. She has them filed away in her office, though she has not read them.

RESPONSE

I vaguely remember [from orientation] that I should call some number, which I have on my desk if needed.

PREVENTION

Everyone [in academia] is stressed.

I practice ‘couch therapy’ - laying on my couch.

OVERWHELMED PRE-TENURE: Assistant Professors, new to campus, few mental health engagement incentives.
HARVEY DALSTON

Discipline  Philosophy
Years at UCI  34 Years
Student Reach  ~400 undergrads, ~60 grads (MA) annually
Faculty Reach  ~10 junior, ~20 senior

Harvey is focused on wrapping up his life’s work in philosophy. He has mentored a number of graduate students over the years who have gone on to productive careers, but does not currently mentor Ph.D. students. He is the “historian” in the department, recalling in detail when policies were enacted. He meets regularly with other senior faculty for lunch at the university club. He maintains office hours for undergraduates in the local cafe, but students are more likely to go see the TAs when they have questions.

Harvey rarely attends meetings outside the school and says everything is coming around again. He claims that “new” initiatives of student engagement have all been tried and nothing changes. He rarely gets new mental health documents, and when he does, he recycles them.

RESPONSE

“Faculty should be empowered to make the decision needed in the moment.”

PREVENTION

“I invite them to meet me at the cafe, and they rarely come; they must be doing okay.”

“We were just asked to toughen up as kids, and that is not the current generation.”
Barbara is a clinical psychologist with a full-time administrative position in the local hospital. Being committed to her field, she teaches 1-2 times per year at the undergraduate level as an adjunct at UCI. She has moved away from practice due to her excellent people skills, and she went back post-Ph.D. to get an MBA. She has many contacts in the community and volunteers in her state and national association. She knows the department chair well and regularly teaches an introductory class in behavior analysis, which is her area of expertise. Students enjoy her applied approach and her stories of real cases.

Barbara teaches in the evenings when no one is around. She has office space in a shared office. She often stays after class to answer student questions, but often students are anxious to get home after a long day. She knows the department chair who asked her to teach the class, and has met a couple of the other faculty in passing.

RESPONSE
"I’m a problem solver - we can figure it out."

PREVENTION
"I remind students about taking care of themselves. That’s really what they need.
I ask students how they are doing."

OVERWHELMED ADJUNCT: Adjuncts with full-time job in industry; limited time and connections to support students.
Amanda is new faculty at UCI, but she has worked for nearly a decade as teaching faculty at another University. She has experienced a hostile workplace among faculty peers in the past, and has also seen a therapist for personal mental health issues. She teaches large classes of undergraduates (COMPSCI 131 and 132). As one of the few women in her department, Amanda is seen as more approachable and students often confide in her about their challenges. Amanda actively seeks out health and wellbeing information on campus and grapples with the policies: “If there’s an active shooter, I am ignoring UCI’s recommendation. I am NOT leaving my students. Also, why don’t we ever learn about de-escalation?”

RESPONSE

I didn’t know this red folder existed - it should be in every office, in every building, on every podium.

PREVENTION

I attended the Provost’s wellness discussion – that might be the academic advisor in me.

I’m approachable; students like to come to my office.

ENGAGED FACULTY: Full-time Teaching Faculty and LSOEs, significant knowledge and concern about mental health.
Daniel Friedman
Assoc. Professor, Director of Graduate Affairs

Discipline: Education
Years at UCI: 11 Years
Student Reach: ~ 70 graduate students annually
Faculty Reach: ~ 5 junior, ~20 senior

Daniel has been a faculty member at UCI for nearly 11 years and serves as a leader of the graduate program in the School of Education. He primarily interacts with graduate, as opposed to undergraduate, students—both in and outside of class. As Director of Graduate Affairs, Ph.D. students often come to his office to discuss stresses of graduate life: the heavy workload, financial precarity, and uncertainty of progress toward degree. Though he has attended trainings for leaders and amassed a pile of paper resources related to how to manage mental health concerns on campus, he has primarily learned about mental health and wellness by asking more senior faculty and contacting staff members as issues arise.

RESPONSE

“it’s really often only when you go through the experience that you learn what the resources/procedures are.

PREVENTION

“There’s a lot to be said for having a grad counselor who lives in the Department that students can go to—we used to have one that became ‘grandma’ to many students, a confidant.

INFORMATION DISTRIBUTOR: Tenured Faculty in leadership role which requires mediating mental health concerns.
Scenarios

Scenario 1

The Vanishing Student

Lucy is a very good student. She goes to office hours regularly and does all of her homework. She actively participates in class and asks thoughtful questions. Because of this she has very good grades.

Midway through the semester Lucy stops going to class. The faculty member notices that she stops going to office hours. Eventually they notice that she's missed three classes in a row.

Simone Madondo
"I would normally reach out, but there's no time."

Harvey Dalston
"None of my business. She'll come back if she wants to earn the A."

Barbara Seymore
"Maybe I should contact Lucy. I'll send her an email when I get home." <forgets to send>

Amanda Chen
"I'll email her and invite her to my office hours. Maybe I should call Barb in Student Affairs, too."

Daniel Friedman
"My colleague asked me what to do about Lucy. I walked her through UCIt's convoluted wellness website."
Scenario 2

The Tearful Student

Jonathan came to office hours to talk to the faculty member about his grades. He doesn’t seem to be doing well. His clothes look unkempt. His face is sallow and sunken. Looking at him closely, he seemed dangerously thin.

Jonathan: “I really need to get good grades this semester or else I’ll be on academic probation. If that happens, I’ll lose my financial aid. Even with financial aid I had to get a part time job pay for my books and food. I barely have enough time to sleep between work and studying. I just don’t know what to do anymore…”

Suddenly, Jonathan starts breaking down and crying inconsolably. He’s trying to keep it in, but the tears just keep flowing.

Simone Madondo
“”Oh, please don’t cry. I am sure we can find a solution”. —Thinking: ‘Gee, where did I put that folder?”

Harvey Dalston
“Let’s try to be professional and keep personal situations out of this. Crying will not help you get a good grade.”

Barbara Seymore
“Have you tried to talk to someone in the department? The chair is a nice person, you may want to start there.”

Amanda Chen
“Feeling overwhelmed at this point of the quarter is very normal; have you considered talking to Jason at the Counseling center?”

Daniel Friedman
“I understand it can be hard to juggle school and work; but you are not alone. Let me point you to some resources.”
Scenario 3

The Threatening Student

The faculty member is teaching a challenging class that many students often struggle with. After the first exam, for which a handful of students received a failing grade, the faculty member was alerted about a string of concerning social media posts made by a classmate, Darren.

"I've been patient with [faculty name]. How dare you try to embarrass me with this so-called 'test.'"

"[Faculty name] is a [expletive]!"

"Next class, I like to introduce you to my Clock."

Other recent posts on the site indicated that Darren had recently broken up with his long-time girlfriend, and he was also directing threats toward her. Prior to this incident, Darren had frequented office hours and had always been very genial.

Simone Madondo
"This is scary. As a black woman, I feel particularly vulnerable. Let me search for info on the web about how to report this."

Harvey Dalston
"The students these days feel so entitled to their A. These threats are silly and can't hurt me."

Barbara Seymore
"This is not worth it. I am not risking my life for a few thousand dollars per course."

Amanda Chen
"Wow. Someone needs to step in before he hurts himself or me! I'll call campus police, then follow up with the Counseling Center."

Daniel Friedman
"Here we go again. I'll need to talk to him and point him to campus resources to help him navigate these challenging times."
The rooftop student

The faculty member just finished a lecture. On the way to their car, they notice a group of students looking at a 4-story building nearby. They look horrified. Following their gaze up, the faculty member realizes that there's someone on the rooftop. It appears to be one of their colleagues' graduate students.

The student is pacing the ledge of the roof, intermittently stopping to look down. It looks like the student is seriously considering jumping.

Simone Madondo
"Oh my goodness, this is Jason's student. I'll call 911."

Harvey Dalston
"Is he crazy? What can he possibly be upset about? He is being paid to do research. I'll call 911, but this is really the snowflake generation."

Barbara Seymore
"Oh my, look at that! I doubt these students know what to do. I'm calling 911."

Amanda Chen
"I am calling the UCI Police Department right away. While they are coming, I am calling health and counseling services."

Daniel Friedman
"I just called 911, but we can't wait for them down here. I am going up on the roof to talk to him."
Scenario 5

The Depressed Colleague

While grabbing a cup of coffee in the community kitchen, the faculty member notices that one of their colleagues, Ben, is sitting by himself, looking melancholic. This is striking, because Ben's usually energetic and upbeat. The faculty member says, "Hey, Ben. How you doin'?" Ben doesn't look up or say anything, just waves his hand, to avoid further social interaction.

The faculty member decides not to engage further, but asks another colleague down the hall if they know what's up with Ben. The colleague works more closely with Ben, and she has also noticed a change. In addition to the mood shift, Ben isn't making deadlines the way he used to, and the quality of work has fallen.

Simone Madondo
"Tell me about it! Life as faculty is not a walk in the park. I hope I don't look as sad as Ben..."

Harvey Dalston
"He should get a grip. He is embarrassing the department"

Barbara Seymore
"Hmm, I really don't know anything about Ben or who he works with." "doesn't talk with colleague down the hall"

Amanda Chen
"Ben clearly needs help. I should talk to him, but before I do, let me refresh what I know about mental health services on campus."

Daniel Friedman
"Something is off. I will reach out to him in his office. He needs to know that he is not the first in our school to need support."
### Table 1: Resource Needs of Faculty

<table>
<thead>
<tr>
<th>Scenarios</th>
<th>Vanishing Student</th>
<th>Tearful Student</th>
<th>Threatening Student</th>
<th>Rooftop Student</th>
<th>Depressed Colleague</th>
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 ✓ = adequate   ✗ = inadequate

**Personas**

**Tables**