February 16th, 2021

Attn: Respected Mental Health Task Force Chairs: Dean Deanna, Dean Kashima, Dean Wright, Director Hermes, and Dr. Rowen

This letter aims to provide a list of recommendations for mental health policies and best practices at the University of Illinois at Chicago. These suggestions were brought forward through a combination of our own experiences, research on campus mental health, student and community testimonials, and student survey data. We, the undersigned undergraduate and graduate students, representing the nearly 33,000 students across the undergraduate, graduate and John Marshall Law School campuses endorse and commit ourselves to this list.

Signed,

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1) Institutional leaders, starting with the president and board of trustees or regents, should articulate the importance of creating a culture of wellbeing on their campus. One that recognizes the range of individual behaviors and community norms that affect wellbeing, acknowledges the magnitude of mental health and substance use issues on campus, addresses the stigma associated with mental illness and substance use disorders, and provides a range of resources to support students with different levels of need.

   a. Creating and sustaining cross-campus coordination, collaboration, and leadership that supports a culture of wellbeing.
   b. Representatives from administration, the Counseling Center, student government, student mental health coalition, and other interested parties should host town halls at least twice a semester to generate awareness amongst students of available mental health resources as well as receive feedback from students as to how resources can be improved.
   c. A newsletter with bi-weekly or monthly updates on new mental health issues in the legal community, and tips for encouraging better individual monitoring of students’ health.

2) Policies for Medical Leave and Re-enrollment: UIC should ensure that leave of absence and re-enrollment policies and practices will accommodate the needs of students experiencing mental health and substance use problems and the time needed for effective treatment and recovery (i.e. students should have a seamless withdrawal and re-enrollment at UIC and their respective colleges, while the current system makes it difficult for students to re-enroll both to the university and the student’s college).
3) Institutions of higher education should work with insurance companies and health plans and federal, state, and local regulators to remove barriers to seeking reimbursement for student mental health and substance use costs for covered students.

4) Institutions of higher education should conduct a regular assessment (preferably at least every two years) that addresses student mental health, substance use, wellbeing, and campus climate. This would include formal focus groups conducted during the review of the Counseling Center based on information collected on the 2021 mental health survey that was completed by the coalition. Both this survey and the focus groups can be recurring events, since the structure is already present and can be repurposed year-to-year as the general UIC landscape regarding mental health changes and globally changes.

5) Increasing mental health and substance use prevention staff where possible; Bridging Campus and Community Resources to Increase Capacity (i.e. outsourcing) where not possible; Using Telehealth to Increase Access.

6) Provide and require faculty training on how to create an inclusive and healthy learning environment. These training sessions should help faculty spot issues of mental wellness, and encourage them to reach out to students and other staff. Encourage faculty and staff to complete mental health first aid training, given that even if they do not want to play a primary role in caretaking of students, they will still be informed in terms of redirecting students to better resources and understanding how to identify crises.

7) Provide All Students with Formal Instruction on How to Develop and Maintain Wellbeing: As a part of formal orientation to college life, all students should participate in structured opportunities to learn about individual wellbeing and the cultivation of a healthy, respectful campus climate. This orientation should also include material on how to develop resilience in the face of inevitable challenges they will experience both in college and in life. This could be part of the First Year Seminar provided to all new students or some sort of 1-2 credit General Education course.

8) Institutions of higher education should partner with companies offering accessible virtual mental health and wellbeing phone applications to provide relevant subscriptions and/or purchases for students to use (Headspace, Calm, etc.).
9) Students at higher education institutions should be able to access Counseling Center and Wellness Center appointments/forms in ways that are discreet and easily accessible (primarily online) regarding the counseling center i.e. intake documents, viewing, knowing what exactly is being offered by the Counseling Center, etc.

10) Display pictures of counselors next to their biographies and information to make students more comfortable with who they are meeting with, especially given that students have no choice in the counselor to whom they are assigned. Also, allowing more options in choosing who a student would like to see for their counseling service, so students feel more comfortable opening up to their counselor and ensuring the effectiveness of the services. For example, if a female student wanted to talk about issues regarding her sexual wellbeing, she may not be comfortable seeing a male counselor about that.

11) Promote continuity of care in the Counseling Center. The Counseling Center currently offers only “brief mental health counseling” in order to “identify barriers to success, improve coping, and achieve personal goals.” Better, longitudinal care that focuses on long-term mental health is an important need that many students face. These students may also lack the resources to get this care outside of UIC. Furthermore, the UIC Counseling Center should be more involved in the transfer of care to outside providers if such a referral is needed or requested. This may include immediate waitlisting, or a meeting involving the Counseling Center, NPI counselor, and student.

12) Students, administration, and counselors should work in conjunction to design a triage survey. This survey would anonymously guide the student answering the questions, mostly about logistics of the services desired, to the correct resources for their mental health stressors. Further, a resource pool should be developed for in-person and virtual mental health support services. This questionnaire and resource pool should be easily accessible on the university webpage, BlackBoard site, UIC Portal, and other commonly-used student webpages.

13) A database of mental health providers in Chicago should be created and maintained. This database should be easily navigable and allow for students to narrow their search for appropriate counseling based on insurance coverage, racial, and gender identity of the counselor, and the location of the service.

14) Creating safe spaces in group therapy and ensuring students are strategically placed in groups where individuals have similarities beyond their mental health experiences.
This should help prevent students from being in groups where other individuals invalidate or belittle another's identity, whether intentionally or unintentionally. A questionnaire similar to the Campus Housing placement survey should be used to identify student identities and place students accordingly. Student requests of placement should also be fulfilled and respected where available.

15) Informal spaces should be created for students, staff, and faculty to share their stories of mental illness and mental health. Apart from in-person events, online forums for campus members to anonymously share their personal stories of mental illness should be created via social media and/or a website.

16) Creation of an annual formal event where students, professors, and alumni share their personal experiences with mental health to UIC students, in order to reduce stigma and normalize conversations about mental health.

17) Creation of a (possibly recurring) event of the town hall/panel variety in which students are able to ask questions about the Counseling Center directly to Dean Deanna and Dr. Hermes (among others). This event would encourage transparency from the Counseling Center, as well as allow students a chance to hold the Counseling Center accountable whilst learning about its services, hiring protocols, and counseling practices.

18) Behavioral Health Crisis Mobile Response Team: See draft proposal listed here.

19) Informing students at orientation that the Disability Resource Center offers accommodations for mental health and invisible disabilities, and providing students with a clear understanding of how to approach gaining such accommodations. Furthermore, having a conversation with students and faculty about what accommodations look like for anxiety and depression, since some students do not necessarily face just test-taking anxiety and longer times do not suffice the needs. Some suggestions from surveys are that these accommodations also include a relationship of understanding between professors and students about extending deadlines and forgiving absences, within reason.

20) At the Counseling Center, having a long-term care plan for each student should be a focus, especially if the Counseling Center does not have the capacity to provide ongoing care. At an intake appointment, part of the time can be spent in understanding what other resources the student has access to without making it seem as though the Counseling Center is turning them away. This way, over the duration of
their next sessions, there can be a suggested timeline and outreach to other resources that can ensure care, even after the experience at the Counseling Center is finished. This suggestion has been made after numerous responses from the survey and other testimonies have highlighted students feeling neglected or lost after their allotted time at the Counseling Center.

21) This year, the Counseling Center was given additional funds in order to hire new staff. Despite multiple requests to be a part of the process, the hiring committee only had graduate student representation and neglected to include any undergraduate representation in the committee. Given that the graduate and undergraduate programs have vastly different cultures, it is important to include both undergraduate and graduate student representation on hiring committees for counselors.