SUPPORTING COLLEGE STUDENTS:

Mental Health and Disability in Higher Education

Collegiate Mental Health Innovation Council 2020 Summary Report and Program Highlight

Mental Health America

ACKNOWLEDGEMENTS

Founded in 1909, Mental Health America (MHA), formerly the National Mental Health Association, is the nation's leading community-based nonprofit dedicated to helping all Americans achieve wellness by living mentally healthier lives. Our work is driven by our commitment to promote mental health as a critical part of overall wellness, including prevention services for all, early identification and intervention for those at risk, integrated care and treatment for those who need it, with recovery as the goal.

MHA dedicates this report to the student advocates and youth leaders across the country and globe who are working to improve the well-being of their peers and communities. Their leadership and creativity will continue to shape and transform the way we engage and support youth and young adults by creating and improving services and supports to meet the wants and needs of their peers in a changing world.

This report was researched, written, and prepared by Kelly Davis along with the ideas, work, and support of the Collegiate Mental Health Innovation Council 2019-2020 members, Shivani Nishar, Juan Acosta, Marissa Howdershelt, Joi Michelle Rhodes, Ananya Cleetus, and Braden Renke.

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INTRODUCTION

Colleges are increasingly talking about mental health as students, advocates, and leaders are pushing institutions to create mentally healthy campuses. Despite growing advocacy, students still often go without needed supports, like counseling or peer support.[1] In addition to barriers to mental health services, students face other obstacles to classroom and campus participation. As a result, students with mental health conditions are far more likely than their peers to drop out of school.[2]

While there are many initiatives to address the stigma of asking for help, students often face discriminatory beliefs about their ability to succeed academically.[3] Students struggling with their mental health report receiving messages, whether directly or implied, from family members, friends, faculty, or administrators that college may not be for them. Students may believe that their mental health challenges or diagnosis means they cannot succeed, or that their difficulties mean that they lack the ability or willpower to do well academically.

But many challenges that students face are not an indication of their academic ability; instead, they are signs of how inaccessible higher education is for students with mental health conditions. Unfortunately, conversations about campus mental health and well-being often exclude mental health disabilities and disability accommodations.

Colleges must use the current momentum around mental health to focus on mental health disabilities, including the accessibility of higher education and disability accommodations. It is not enough to include information about disability services in class syllabi or information on the university's website. If leaders do not understand and prioritize students' experiences, colleges will continue to exclude students with mental health disabilities.

Additionally, any conversation about student well-being and mental health disabilities must also focus on the intersections of mental health with other experiences of marginalization. Racism, homophobia, transphobia, sexism, classism, and other forms of oppression impact mental health and often further harm individuals with mental health disabilities. This is especially true as these types of discrimination exist across higher education and within mental health resources. Any advocacy about mental health on campus should work with advocates across all justice-focused communities, including disability advocacy, to truly promote well-being and accessibility of higher education.

Students with mental health disabilities make significant contributions to their campuses, communities, and the world. Colleges must create environments that empower students to succeed academically and in the future. To design accessible campuses, advocates need to increase the dialogue on mental health disabilities and accommodations and partner with students to understand what they see as barriers and solutions to their ability to thrive in higher education.

As a note, people use a variety of language to describe their experiences and identities. Mad, neurodivergent, mentally ill, and disabled are examples of how people describe their lived experience and identity. For this report, the term "students with mental health disabilities" will be used in line with MHA's practice of using person-first language.

To make higher education more accessible for students with mental health disabilities, colleges must:

1. **Partner with students to educate the campus community on mental health disabilities and accommodations.**

2. **Celebrate and educate students on disability culture and contributions through courses in disability studies and disability cultural centers.**

3. **Partner with students with disabilities to train disability services staff to understand and develop appropriate accommodations.**

4. **Partner with students with disabilities or disability services staff to provide navigation support during the disability accommodations process.**

5. **Create alternatives to medical documentation of mental health disabilities due to structural barriers, like lack of health insurance or lack of diverse mental heath professionals, that prevent many students from accessing mental health resources.**

6. **Train professors on mental health disabilities and accommodations, including how to support students requesting accommodations.**

MHA'S COLLEGIATE MENTAL HEALTH INNOVATION COUNCIL

Launched in 2017, MHA's Collegiate Mental Health Innovation Council (CMHIC) was designed to identify student leaders creating programs that fill gaps in traditional mental health services on campus. CMHIC members are selected annually from applicants across the country for their ideas, leadership, and programs. Through CMHIC, MHA:

- Convenes a select group of students and recent graduates with diverse backgrounds, locations, and experiences over one academic year;
- Identifies students' perceptions of problems and solutions to address issues in mental health on campus; and
- Promotes solutions and implementation of student-led solutions across additional campuses through annual reports, web content, and technical assistance.

This third annual CMHIC report is distinct from previous reports. In addition to elevating student programs and leadership, CMHIC is designed to promote students' ideas and experiences that often go ignored or underexplored. While this year's members have impressive and impactful programs and advocacy initiatives, structural barriers to participation for students with mental health disabilities were their primary interest. Policies and practices that discriminate against students with mental health disabilities or experiencing mental distress were driving issues for members. This report highlights themes from member contributions, including an absence of disability education on college campuses, inaccessible accessibility services, and barriers to the use of accommodations.

MENTAL HEALTH DISABILITIES AND ACCOMMODATIONS ON CAMPUS

While mental health diagnoses typically indicate that someone is experiencing distress, mental health conditions can be considered disabilities when they substantially impact a person's ability to meaningfully participate in the world around them, like through work or school. According to the social model of disability, disability is not a result of a person's difference; instead, it results from barriers in a person's environment.[4] Norms like inflexibility in deadlines and attendance policies can make class inaccessible for a student with depression, even if their depression does not impact their work quality. What is considered a disability is often a reflection of whose needs are normalized. For example, virtual class attendance or class recordings are examples of accommodations that students with disabilities my request and be denied. However, in response to the pandemic, most colleges transitioned to virtual class attendance with course recordings available to meet the sudden needs of all students.

As it stands, students with mental health disabilities in higher education must often rely on existing definitions of disability and self-advocacy instead of a broader reimagining of campus norms. Under the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973, colleges may not discriminate against students with disabilities.[5] Students with mental health disabilities have a right to accommodations that remove barriers to their participation in higher education.

Students with mental health disabilities in higher education must often rely on existing definitions of disability and self-advocacy instead of reimagining campus norms.

Accommodations can include changes to on-campus life like priority housing registration or access to a private dorm room, changes to academic requirements like flexible deadlines for class assignments or excused absences, or administrative changes like reducing one's course load without losing financial aid. Accommodations must be considered "reasonable," may not create an "undue burden" on the college, and may not substantively change the nature of a course.[6] [7] For example, if a lab is a critical component of a science course, missing the lab would not be considered reasonable as it removes an essential element of the course, and colleges may not have to provide an alternative. These terms' vagueness can be confusing for students, and students often feel disempowered to make a change if they believe their rights are being violated. While students may face many forms of discrimination like mandatory medical leaves or punitive policies for students experiencing thoughts of suicide or self-harm, this report will focus specifically on academic accommodations.[8]

Despite issues in the conceptualization and implementation of supports for students with mental health disabilities in higher education, students who access available accommodations often report a dramatic improvement in their academic and overall experiences as the barriers to their participation are removed or lessened. Even though disability accommodations make a difference to students, there are many barriers to disability education, registration, and implementation that impede students' ability to access the accommodations they need.

STUDENT AWARENESS AND PERSPECTIVES ON MENTAL HEALTH DISABILITIES AND ACCOMMODATIONS

In 2020, MHA conducted a survey that found that 70% of students with mental health disabilities were not registered to receive accommodations. Only 20% said they were not registered because they did not want accommodations. Students' top reason was that they did not feel "sick enough" for accommodations. Students are often unclear about when a mental health condition is a disability. It is common for students to believe that disability accommodations like extended time on tests give students unfair advantages over their peers. Many students feel that they should "suck it up" - and may feel that their challenges are personal failures or indications that they do not belong in their school or higher education broadly.

Seventy percent of students with mental health disabilities were not registered to receive accommodations. Only 20% said it was because they did not want accommodations.

In addition to the lack of clarity around what is considered a disability, many students do not know that mental health conditions can be disabilities. One in 3 students said they did not know that they could get accommodations, and 30% said they do not know what accommodations are. It is no surprise that so few people are aware that they are eligible for support services. According to the U.S. Department of Education (DOE), over 335,000 people age 6-21 nationwide are identified for special education supports based primarily on their mental health condition (called "Serious Emotional Disturbance" or "SED" by DOE)9. As MHA has calculated in its State of Mental Health in America annual report, this data demonstrates a serious gap between students who need additional supports and those who receive them. For example, in our 2017-2018 data, 10 percent of young people had a Major Depressive Episode that caused severe disruption over all life domains, yet less than 1 percent were identified for these additional supports.[10] It is likely, therefore, that most students with mental health disabilities who are in college do so without ever having been identified as needing accommodations or ever having been told that they may be entitled to them under the law, even if they were accessing mental health services prior to their enrollment.

If students are ever made aware of disability accommodations, it is common for them to only learn when they are on the verge of dropping out of school or facing a large crisis. This delay is especially problematic, as often students are not able to use accommodations retroactively. While some professors may be willing to work collaboratively with students to address challenges they faced before registering for accommodations, students may be left dealing with severe consequences because they were not receiving accommodations earlier in the semester.

In addition to these concerns, students are often reluctant to identify as having a disability due to discriminatory beliefs about what it means to have a disability. They may not know anyone else who identifies as having a disability and may be afraid of being treated differently or poorly by the people around them, including friends, family, and professors.[11] They may also be worried about their privacy or who has access to this information if they use campus resources.

DISABILITY EDUCATION ON COLLEGE CAMPUSES

Sixty-nine percent of students in MHA's survey said the best thing their school could do to address issues in disability accommodations is to provide more education and outreach on mental health disabilities and accommodations. In addition to general mental health education and referrals to mental health services, student mental health clubs should use their platforms to include comprehensive resources on mental health disabilities. A 2017 report from the National Council on Disability, *Mental Health on College Campuses: Investments Needed to Address Students Needs,* provides a guide that students and staff can use to better understand and educate their community on mental health disabilities and students' rights to accommodations.

Sixty-nine percent of students said the best thing their school could do to address issues in disability accommodations is to provide more education and outreach.

This education can take place anywhere mental health information is currently being promoted, whether at orientation, community events, or through student organizations. Education programs should be offered by university staff and students, particularly student clubs, mental health organizations, disability services offices, and counseling centers. Wherever the information is integrated, colleges must move beyond campaigns to increase self-care and service utilization to include awareness and acceptance of students with psychiatric disabilities and disability accommodations.

Local and national mental health campaigns should also empower students to understand mental health, mental health disabilities, and accommodations through campaigns and programming. One example of an organization educating and supporting students in discussing disability and accessing disability accommodations is Project LETS. CMHIC member Shivani Nishar served as a leader in the Project LETS chapter at Brown University. Project LETS creates chapters of peer-led communities for people with lived experience of trauma, disability, and/or neurodivergence. Through education, events, and individual and large-scale advocacy, Project LETS increases visibility, acceptance, and advocacy for students with mental health and other disabilities.

Education on disabilities can also be included in academics and campus life. Colleges should offer courses or minors on disability studies to educate students on the history, present, and future of disability. Colleges can also create disability cultural centers on campus that provide opportunities for connection and celebration of disability culture, similar to women's centers or LGBTQ+ centers found on many campuses.[12] [13]

INACCESSIBLE ACCESSIBILITY SERVICES

Once students know that they can receive accommodations, they face another set of barriers to accessing the accommodations through the registration process. As opposed to k-12 education, where schools must identify students who need support, the responsibility for identifying mental health disabilities falls on the student in higher education. Students who had accommodations in earlier education often cannot use related documentation to get accommodations in higher education. The student must provide current documentation about their disability, its impact on their work, and ways it can be mitigated through the school's disability services to be considered a disability that allows for accommodations. Through the process, students face barriers with staff, complex documentation, and broader inequities.

First, students report many disability services staff are not knowledgeable about psychiatric disabilities. MHA's survey found that only 1 in 3 students felt that disability support staff are knowledgeable about mental health disabilities. Staff may only be comfortable exploring accommodations for students with physical or learning disabilities, making them likely to suggest the same accommodations for students with mental health disabilities. Additionally, staff may have discriminatory beliefs about mental health conditions that make students feel unheard or less likely to proceed in the accommodations registration process.

Back to School: Toolkits to Support the Full Inclusion of Students with Early Psychosis in Higher Education provides a comprehensive guide to higher education for students with mental health disabilities, including examples of administrative and course-related accommodations. This resource can support students and staff in identifying the best accommodations for them. However, schools should work with students to discover the accommodations that are best for them as individuals. Some examples of accommodations listed in the toolkit include allowing a part-time course load when financial aid requirements require students to be enrolled full-time, submitting assignments in alternative forms (i.e., writing a paper instead of giving an oral presentation), or priority housing and course registration. In addition to students needing increased access to information, disability support services should partner with organizations led by people with mental health disabilities, in order to train their staff on psychiatric disabilities and serve all of the students who need support.

In addition to staffing concerns, the process of registration can be unclear and difficult to navigate.[14] Students must make meetings with staff members and health care providers and complete documentation that many have never had to do before. Additionally, since so many students do not access to these resources until they are in periods of severe distress, the process can be especially complicated when facing mental health challenges like lack of motivation or executive functioning challenges. Schools should provide more active support to students in navigating this process. Forty-two percent of students in MHA's survey noted that it would be helpful for colleges to offer staff or peer navigators to support them in initiating and completing the process.

Further, students pointed out that there are structural barriers to mental health resources that prevent them from accessing required documentation. The documentation process does not consider systems issues in mental health, namely requirements around documentation of a mental health disability.[15] Many students do not have access to adequate health insurance and may lack access to health care. Students face large shortages in mental health services providers with many providers who do not accept insurance or insurers that inaquately cover mental health services.[16] It has also been established that non-white students and LGBTQ+ students face barriers in accessing mental health due to a lack of representation and training for mental health service providers.[17] Even with knowledge and a simplified process, larger mental health care issues will continue to prohibit students from inclusion in higher education. Broader issues in mental health must be considered essential advocacy areas for individuals who care about college students' mental health. Because it is not possible to suddenly address all of the structural barriers, colleges must offer alternatives to medical documentation for disability accommodations in order to remove the barriers faced by students experiencing intersections of oppression.

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ACCOMMODATIONS IN THE CLASSROOM

In the final step after registering for disability accommodations, students must then advocate for themselves to receive said accommodations. While many professors are understanding, students often report negative responses or outright refusal of requested accommodations, even when the accommodations are appropriate and would not substantively change the course. In MHA's survey, one in four of the students who did not register for disability accommodations reported that they are afraid to talk to their professors about accommodations.

Students often report negative responses or outright refusal of accommodations requests from professors.

Just as students sometimes doubt the seriousness of their own mental health challenges, professors often treat students suspiciously or as if they are trying to get away with something by requesting accommodations.[18] These interactions restrict students' use of appropriate accommodations, and they may also make students doubt themselves and their use of accommodations in the future.[19] Instead of receiving reasonable accommodations in all of their courses, students report having to guess whether a particular professor will be supportive before approaching them. This challenge is especially pronounced for students who struggle and access accommodations later in the semester.

In the context of COVID-19, many students noted how quickly the accommodations that were denied to them or treated suspiciously were suddenly made available for everyone. Examples of this include the ability to record classes, flexibility in due dates, and flexibility in attendance policies. On the classroom level, students shared that it become clear that their accommodations were possible and whose needs are normalized and accepted - and whose are not.

For solutions, 73% of students reported that the best way colleges can improve inclusion is to train professors to understand mental health and mental health disabilities. There are growing efforts to train professors in mental health and identifying signs of distress in students. These must include understanding disability and how to be inclusive of students with disabilities, including acknowledging the accommodations that can help students thrive in their classes. These trainings can also encourage disclosure of mental health conditions from professors, who can normalize conversations by example and demonstrate openness to talking about mental health.[20]

CONCLUSION

Students with mental health disabilities deserve access to higher education. Yet, these students experience significant barriers to their participation at every step in the accommodations process. It is not enough to say that disability services exists without understanding students' experiences and how resources can be improved. To make higher education more accessible, colleges should partner with students with mental health disabilities to remove barriers to accommodations and create campuses that meet students' needs. Colleges must work with students to make individual-level resources available and to reimagine a world that does not rely solely upon individual accommodations.

Program and Advocate Appendix

PROJECT LETS AT BROWN UNIVERSITY

CMHIC Member:
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Summary:

Project LETS (LETS) is a national Disability Justice organization that seeks to cultivate community and care among disabled people.

At Brown, its chapter focuses on providing political education to the university's larger community, enacting policy change to better support disabled students, and facilitating peer support relationships. Through its work, LETS has built and sustained a growing community of mentally ill students, staff, and faculty to provide unrestrictive, non-medical, and radically compassionate care. LETS operates outside of the medical and psychiatric industrial complex confines, understanding that the ways in which people are treated in our world - dominated by racism, ableism, classism, and other forms of oppression - exacerbate and inform experiences with neurodivergence, trauma, and mental illness. With the work LETS does, it attempts to redefine what "care" means, and insist that people with lived experience are the experts of themselves.

Brown University emphasizes a self-advocacy model, frequently placing the burden of receiving and fighting for support infrastructure on students. Brown's chapter works tirelessly to provide advocacy support to mentally ill and neurodivergent students who are navigating the ableism prevalent at Brown. For example, the Peer Mental Health Advocacy (PMHA) program trains over 100 students every year to be peer supporters to students who opt into the program. Training includes rigorous skill-building on crisis response, de-escalation, trauma-informed care, and universal design. By providing peer support, LETS can reach students who have had poor experiences with university services and/or who would not otherwise or are unable to seek out care for various reasons. The PMHA program also allows LETS to ensure that students who have historically been abused by therapists/psychiatrists, inpatient programs, the police, and emergency medical services have other avenues for receiving help during mental health crises. This model of support embodies Project LETS' overall goal of creating interdependent communities where we do not outsource care.

Fast Facts:

Project LETS at Brown University's advocacy removed a 7-session limit on counseling services through their Counseling and Psychological Services.

Project LETS hosted the first national Disability Day of Action.

Project LETS at Brown University is leading an initiative to require mental health training for Emergency Medical Services and deploying Peer Mental Health Advocates on mental health crisis calls in place of campus police.

Getting Started:

LETS is a chapter-based organization with chapters in colleges and high schools throughout the US. It has two chapter categories for individuals interested in bringing a chapter to their community. Category 1 includes activists and community support chapters that create weekly peer support communities and facilitate campaigns and other initiatives. Category 2 chapters use the PMHA model. Through the PMHA model, members offer one-on-one peer counseling partnerships, assistance with self-advocacy efforts, individual crisis response services, facilitation of healthy coping mechanisms, and linkage to resources. LETS also offers a National PMHA program that trains people with lived experience to support others outside of the chapter context.

Individuals can get involved with LETS through volunteering and sharing personal narratives. Individuals who would like to bring a chapter to their communities can reach out directly via LETS' website.

Potential Barriers:

As one might expect, LETS' founder's biggest challenges when creating the program at Brown, and that members continue to encounter, is administrative hesitancy and denial of its initiatives. Unfortunately, higher education maintains the medical-industrial complex and its view on disability; many administrators feel as though they know best when it comes to the infrastructure students need to thrive on campus. Additionally, students continue to face pervasive ableism from administrators who believe that initiatives need to be carried out or overseen by non-disabled administrators rather than the students with lived experiences. This has led to numerous instances of denied initiatives and other tangible and long-lasting harm such as involuntary hospitalizations, coerced medical leaves and challenges to returning to campus, and abuse by emergency medical services and campus officers.

Mentally ill and neurodivergent students continue to fight to be heard and have their autonomy honored at Brown University, and LETS will always be a part of that fight. Having a community of peers who understand what it means to be disabled at your campus and who will support you through the tumultuous times that come with disability organizing and community-building is key in sustaining any initiative and movement you may want to lead. LETS is an organizing and movement shaking organization and a home for disabled people nationwide.

ANEMONE APP

CMHIC Member: **Ananya Cleetus**
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Summary:

Anemone is a free mental health crisis mobile app that allows users to prepare for and respond to mental health emergencies, no matter where they are.

The app includes built-in crisis plan tools, emergency resources, coping skills, and a virtual grounding box. Anemone fills in a major gap in the mental health ecosystem because it focuses on one of the most difficult issues to broach for students: mental health crises. Most students do not learn how to respond to a mental health crisis. In school, they are taught how to respond to physical emergencies. Whether it is basic knowledge of the Heimlich maneuver, when to use an Epipen, or awareness of local emergency hotlines for a fall or heart attack, the average person has a sense of how to deal with a physical medical crisis. What about in the case of a mental health crisis? How many students know what to do in the case of their own or a loved one's mental health emergency?

Now imagine this in a college setting, where access to mental health resources is already challenging due to the high ratio of students to counselors, insurance/treatment costs, and just lack of time. Many students do not reach out for help when they need it and do not even know how to do so. That is where Anemone comes in. Anemone is designed to be "a safe space in your phone" that you can take anywhere. It allows users to prepare for a crisis using a custom, swipe-based crisis plan creator to fill in with information like early warning signs, symptoms, contacts, medications, or visited treatment facilities. It's similar to the WRAP (Wellness Recovery Action Plan) model. The plan allows users to prepare for an emergency and keep critical information close to them. They can take their plan on-the-go, export it, and share it with friends, family, and mental health professionals. It is also extremely easy for first responders or other supporters to access that information in a crisis.

The next part of the app has emergency resources. It has national resources and local resources based on your location, which can be accessed with one click to connect users directly to whatever support they might need. The third main feature is the coping skills section, which features skills from Cognitive Behavioral Therapy and Dialectical Behavior Therapy that users can click on to learn more about and practice. It was developed with psychiatrists and social workers' help and is designed to be simple enough so even people with no prior therapy experience can utilize them. The last page is a grounding box, where users can customize the page with a photo and song of their choice and access positive affirmations and quotes.

Fast Facts:

Anemone has users around the world, including in India, the United Kingdom, Australia, China, Canada, Brazil, and Indonesia.

Anemone is expanding its focus to include training for student allies, local responders, and law enforcement.

The name "Anemone" came from the idea of a safe space, similar to sea anemones that protect fish and other creatures. (Think of the scene in "Finding Nemo.")

Getting Started:

Anemone initially got started through Ananya's own lived experiences with mental illness in college. Growing up in an Indian-American household, mental health was always a taboo topic, so she never got the chance to get proper care or discuss it with anyone. When she came to college, she felt even more alone, and her mental health started to decline, even more so with the added stress of school and deadlines. Mental health is also somewhat stigmatized in the engineering community, and she felt that at her university making it difficult to reach out for help. In her junior year of college, she struggled and had many mental health crises, most of which resulted in hospital visits or other inpatient psychiatric stays. She never knew how to handle those situations and found them stressful, chaotic, and traumatic. Her experiences also often involved local or university police.

After many repeated incidents, Ananya's university asked her to take a medical break from school. She took almost two years off from school to focus on her mental health and get treatment for bipolar disorder. While she was at home, she started talking to many friends and peers about mental health crises at her university and was surprised to see that many students had similar experiences. The biggest issue she noticed was the lack of information about mental health crises. Most students had no idea what to do or who they should reach out to for help. Some even told me they had tried looking online for help or researched university resources, but it was difficult to find or understand.

Ananya decided to create Anemone to be an easily accessible tool for students, especially if they do not have the presence of mind to find resources on their own. Many students her age and younger tend to gravitate towards digital tools, so it made sense to create this as an app for users to have all the information they needed on their phones.

Since launching around a year ago, Anemone has received a lot of support from the UIUC student community. Anemone is a completely student-run team but has gotten a lot of feedback and assistance from local mental health professionals, faculty and staff from different departments, our Counseling Center, and chapters of campus mental health groups like Active Minds. Anemone has also been extremely fortunate to receive funding and mentorship from the Carle Illinois College of Medicine and the National Center for Supercomputing Applications located on campus. Ananya was even invited to talk about Anemone at TEDxUIUC. Anemone have been continuing to grow on campus and develop new partnerships with local mental health groups and hope to release a new version of the app soon.

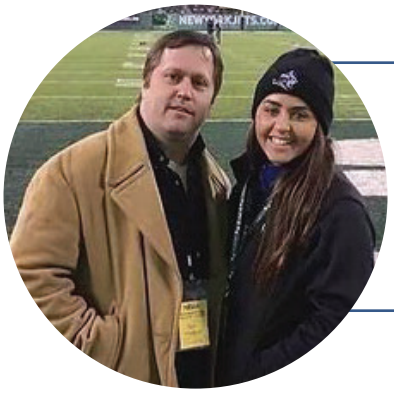
Potential Barriers:

The most significant issues Anemone faced were related to stigma and the sheer nature of mental health crises. Mental health is already a difficult topic to discuss, but when talking about crises specifically, it is even more difficult. Many initiatives, apps, and platforms do not want to handle the issue of mental health crises because it is such a complex issue: mentally, emotionally, and even legally, for a lot of these new groups. Often, the team noticed that programs on campus would avoid the topic of mental health emergencies altogether and talk only about promoting overall wellbeing and daily maintenance. While those are essential aspects of mental health, omitting education about mental health crises makes it even scarier and more confusing for students who do not know what they should be doing in a crisis situation.

In terms of dealing with that culture of avoidance, it was helpful to develop allies in the mental health community to support Anemone's mission and continue to be student advocates on campus. In addition to Anemone, the team had experience working on campus initiatives such as adding a suicide hotline to student ID cards, creating a mental health syllabus statement, and promoting faculty training. Those projects helped team members better understand students' needs through research, and talking to others showed crises are handled within the administration and community. The team met many experts in this area and gained valuable insights and support from them.

Team members also faced challenges learning how to balance their roles as student ambassadors and allies with their own mental health. This one ultimately differs from person to person but is very common. It is sometimes challenging as a mental health ambassador to acknowledge personal mental health struggles because they often seem at odds with a desire to help and support others. The most important thing the team has found is to honest with yourself and others. The Anemone team, and the mental health ecosystem in general, is full of people who are usually very supportive, very compassionate, and - more often than not - understand what others are going through. They encourage people take breaks and put themselves first, especially to avoid burnout. Mental health is a challenging space to work in, but a fulfilling one, and it is essential for advocates to prioritize their wellbeing so they can stay healthy and help others by being a good role model.

PROJECT PIZZA AT FRANKLIN & MARSHALL COLLEGE



CMHIC Member:

Braden Renke

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Summary:

The Pizza Project at Franklin & Marshall College is a student-led initiative that publicizes mental health resources for students found on campus, in the Lancaster, Pennsylvania community, and online.

In publishing these resources, The Pizza Project hopes to help break the stigma that acts as one of the many barriers to mental health care. To help the entire diverse student body, The Pizza Project has mobilized students from different backgrounds to ask various student body organizations what resources they have found helpful or that they may need. The Pizza Project fills gaps in mental health support and services at Franklin & Marshall College by posting QR codes in easily accessible places around campus and holding free pizza giveaways to get mental health conversations started.

With the onset of COVID-19, the Pizza Project had to adjust to serve the Franklin & Marshall student body. Reaching students that are now dispersed around the world has become a significant obstacle for the organization. In a pre-COVID world, The Pizza Project has utilized in-person events, posters, and conversations to help students. It has had used its social media reach to connect with an increased number of students, student body organizations, teams, bands, etc. While the increased social media presence has by no means wholly made up for the in-person campaigning, it has helped the Pizza Project connect with students during this time. The Pizza Project has continued and increased its efforts to post credible resources, memes, motivational quotes, and links on its Instagram page and actively updates its website. Lastly, it held a virtual pizza giveaway at the end of finals to bring some excitement during COVID-19 and finals anxiety.

Fast Facts:

The Pizza Project has united administrators and students of all backgrounds and has created a supportive community.

The Pizza Project has become a "safe space" for people to openly discuss their mental health struggles and feel empowered to help others.

Braden's service dog, Sandy, comes to pizza giveaways to help people feel more comfortable.

Getting Started:

Braden Renke, a member of MHA's 2020 Collegiate Mental Health Innovation Council is the founder of The Pizza Project. Braden was inspired to create an organization that shares resources and simultaneously aids in breaking the stigma associated with mental health and extends support and kindness to the community. Braden lost her father, Steve Renke, to suicide On August 4, 2018. Steve owned a pizzeria that he opened when he was a senior in high school, which he selflessly used as an outlet to give back to the community. Steve was known for giving pizza away to schools, bands, sports teams, hospitals, and religious centers out of the kindness of his heart and to support the community.

Steve also worked hard at making everyone feel at home in his shop. Steve had suffered from Chronic Traumatic Encephalopathy and familial childhood trauma, which ultimately led to his decline in mental health and suicide. Braden wanted to continue his legacy by giving away pizza to normalize talking about mental health and make mental health resources easily accessible. She also wanted those who are suffering or people trying to support a suffering friend or family member to have access to resources that can all be found in one place. Braden started the Instagram page a little over a year ago and subsequently built the website. Many of Braden's friends and other interested students joined the initiative and are now helping The Pizza Project become a recognized organization by Franklin & Marshall College.

Potential Barriers:

The first issue students may face while implementing this program is getting students to "buy in" to the program. The initial step of implementing a program can be difficult because students may not trust the project's legitimacy or may not feel comfortable discussing their mental health issues. The stigma around mental health has been the biggest obstacle to initially overcome because many students, especially male athletes, feel uncomfortable being seen "associating" with mental health initiatives. Breaking into different student body groups is key to having a successful program. Also, getting people from different backgrounds and being involved in other organizations on the executive board is key to tapping into these "harder to reach" student populations.

The second issue that students may face is gaining support from an administrative level to get the organization approved or "officially recognized" by the college. College bureaucracy can be complicated to navigate. One way to help this situation is to stay consistent with emails and follow-up emails. Also, scheduling meetings whenever possible can keep the implementation process on track as it keeps everyone accountable. It is vital to keep a positive yet firm tone in these meetings and emails and not let things slip by. Another critical thing to keep in mind is always to network and create relationships with other community members. It can seem overwhelming at first but having a team of other dedicated students isreally helpful.

FIGHT CLUB

CMHIC Member:

Joi Michelle Rhodes

Summary:

Fight Club is a student-led organization that focuses on psychoeducation and peer support for mental health issues.

The mission of Fight Club focuses on three main concepts: providing a supportive community for students to address their mental health needs, breaking the stigma of mental health on college campuses by fostering open communication, and creating a safe and supportive space for students' voices to be heard through student-led, weekly support groups and monthly community events.

The ultimate vision of Fight Club is to fulfill Oral Roberts' vision of Whole Person Education and healing by creating a network of student support through peer advocacy, education, and innovation. The idea is to create a space to empower students to fight for their mental health, fight for recovery, and fight for their rights together and out in the open, free from administrative and societal stigma. The program design is based on education, resources and support, and community. Meetings include topical information sessions, open discussion, and interactive activities while prioritizing authentic relationships, social inclusion, and diversity.

Before Fight Club, there were no student-led mental health initiatives at Oral Roberts. With the school being a small, private, Christian university, Joi Michelle Rhodes found that the administration would often try to control the narrative on how students should approach their mental health. Many mental health resources on campus were designed, implemented, and led by counseling staff, with no student leadership or input from the student body. As someone with lived experience, Joi knew very well that it is, in fact, the students who are the experts on student mental health—not administrators. Fight Club has allowed students to take back the narrative and use their own voices to break the stigma surrounding mental health on campus.

Fast Facts:

The pilot group involved approximately 10-12 students, meeting five times over a month. Each meeting focused on relevant issues in student mental health, including anxiety, depression, trauma, and self-care.

A pre/post-test analysis revealed that participants experienced a significant increase in knowledge, awareness, and comfort regarding mental health issues, as well as decreased levels of self and public stigma.

The program design for Fight Club was inspired by the Wolverine Support Network model, created by students at the University of Michigan.

Getting Started:

As an incoming freshman with multiple mental health-related diagnoses, Joi was tasked with building a safety net of resources to support her recovery and academic success simultaneously. The only resources available were the student counseling center and student disability services—but both departments had low visibility and were understaffed. Through several conversations with peers, she realized that she was not the only one who was dissatisfied with the state of mental health resources on campus. Students were just hesitant to talk about it because of stigma. Before introducing Fight Club, she knew that she needed to end the silence surrounding the issue and amplify the student voice.

Joi started the initiative with a petition, calling on the administration to hire more counselors for the very understaffed student counseling center. She felt it was essential to pressure the administration to use tuition money to prioritize student mental health. Within a week, the petition received over 1,000 signatures, over one-third of the student body. The response got the university's president's attention, and he allotted funding for a new counseling facility and hired more counselors. This was a great victory in student advocacy, but she did not want to stop there. Students still needed resources that focused on peer-led support. When she had the chance to design and facilitate her own group for an assignment in her Group Dynamics course, she knew it was time to implement her idea for Fight Club. The requirement was to facilitate at least four group sessions, which served as the pilot stage. The group was very successful, and many of the students involved did not want it to end. With help from a professor, Joi and her roommate presented a proposal to the Director of Student Counseling Services seeking administrative support to launch Fight Club as a campus program.

Potential Barriers:

The biggest challenges Joi faced in implementing Fight Club involved strategically organizing and mobilizing students and sustaining a movement. In terms of gathering like-minded students together, she knew that many students on campus had similar passions regarding student mental health and advocacy—but she did not know how to find them or get them all together in one space. She learned that networking and having conversations with peers who share similar interests goes a long way—especially on a small campus. Students can start a conversation with one person, and then they start a conversation with their friends, and then conversations are happening all over campus. Grabbing lunch to discuss ideas with just one person can keep the momentum of a movement going. For her own mental health, Joi had also never been very active on social media Still, she realized that it could be a critical and useful tool in raising awareness and identifying potential student partners and leaders. Starting a movement can seem daunting, but it is really as simple as starting a conversation. It is the job of student advocates to raise their voices and let other students know that they have a voice.

CMHIC Member:

Marissa Howdershelt

About Me and My Advocacy:

My name is Marissa Howdershelt, and I am a queer, non-binary, first-generation college student. My preferred gender pronouns are they/them. I am a fourth-year Public Policy major, Education minor at the University of California, Riverside (UCR).

During my second year at UCR, I was diagnosed with Bipolar II Disorder. Before that, I had experienced both prolonged manic and major depressive episodes. Both dramatically impacted my academic performance and overall quality of life. Luckily, the leave of absence policy at my school both saved my life and my academic journey. This was the only option as my campus' psychological services were under-funded, understaffed, and overwhelmed with students in need.

Upon returning from a two-quarter leave, I became involved with advocacy and lobbying under the UCR student government. In the organization Lobby Corps, I learned both how to lobby state officials and the power of student voices. I lobbied for students' basic needs, emphasizing fully funding counseling and psychological services for ALL UC campuses. Too many students are neglected of care because of underfunding and high demand for services.

When I began MHA's Collegiate Mental Health Innovation Council at the beginning of my third year, I was inspired and empowered to imagine more for myself and my campus. I started to question and wonder what a fully-funded university would look for all students throughout monthly meetings with my fellow members. Our discussions helped me understand that the struggle for adequate psychological services on college campuses is a national issue. As we shared our personal experiences, it gave me the necessary perspective on just how omnipresent disability injustice and lack of care for students' basic needs is for so many students nationwide.

This inspired me to focus my research project on leave of absence policies across the entire UC system. I felt that my leave of absence approval was based on mere luck, and I wanted to see what the process looked like on other campuses. Unfortunately, I found that these policies were confusing across the system, inaccessible, and often placed a financial burden on students via processing fees and possible discontinuation of financial assistance. It angered me and only further highlighted the need to revisit policies to ensure that they support mental health leaves as a valid medical necessity.

While peer support programs are necessary for building community with non-traditional students, they should not be the only form of support within the university. In my opinion, professors often create a toxic ableist environment that shames students into silencing their needs, particularly with mental illnesses. Professors and administration alike need to begin to respect students just as much as they demand respect from us. Radical disability justice is necessary for all college campuses. We need to start to imagine a campus culture that provides student-friendly leave of absence policies, allows for documentation-free disability accommodations, and academic policies that give students struggling with mental illness grace.

A brighter future is always possible, but why does it always fall on the student? Especially if this student is struggling to get their basic needs met? A student that needs disability accommodations but has no health insurance? It is time administration, faculty, and staff are held accountable for creating a campus culture that will ultimately support and empowers students with disabilities.

Take care of yourself.

Organize like-minded students. Build community. Know that there will always be help and resources available.

I completely understand that asking for help is not that simple.

We must learn HOW to ask for help before we do so. Please do not be afraid to speak your mind; your voice and personal experience are both valuable and powerful.

Know when and how to say no.

As someone who took a leave of absence, it is valid and sometimes necessary to take a break in your college education when burnout and your mental health are at risk. The world will be eagerly waiting for your return.

BOUNDARIES. Learn them, respect them, honor them - for yourself and others.

Do not lose sight of who you are. Honor yourself and the things that you love. Invest in your hobbies, practice mindfulness, or anything that takes your mind off the stresses that come with being in your 20-somethings.

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CMHIC Member:

Juan Acosta

About Me and My Advocacy:

While at San Francisco State University, I accepted a position as Assistant Director of the Queer Alliance club before beginning my first semester. I worked collaboratively with the Queer Alliance leadership team, campus officials, and administrators in this new position.

As the Assistant Director, I upheld the Queer Alliance and SFSU's social activism history by striving for Queer and Trans equity, inclusion, and social justice. We also promoted safe spaces for LGBTQ+ students and advocated for more access to mental health resources on campus. We often hear about safe spaces, but they are sometimes just labeled as such and not actually safe. It was important to me to foster an inclusive environment and be held accountable for it.

While I led on campus, I also took it upon myself to continue serving and striving to create more mental health visibility and resource accessibility while off-campus. Throughout my undergraduate experience, I attended class full time, served as Assistant Director of the Queer Alliance club, and served on numerous committees during my free time. One of the committees was the Youth Innovation Project Planning Committee for California's Mental Health Services Oversight and Accountability Commission. I represented San Francisco county as one out of the 14 members selected for this committee throughout California. The committee created the first-of-its-kind regional innovation idea labs throughout the state of California. The idea labs served as an intensive, interactive, and free-thinking environment where adult allies joined youth to immerse themselves in a collaborative thinking process and, together, envisioned a positive community change that improves the mental health services accessible to California's youth. This was a statewide movement that used lived experience and youth voices at the forefront to present what youth mental wellness could be. The workshops held throughout the state resulted in developing innovative concepts to increase preventative mental health services in schools using youth-led approaches.

Additionally, I have spoken at local, national, and global events. I believe peer lived experience is transformational. As a peer myself, I have been able to use my voice and story for good. I most recently wrote about my journey in drafting a historic LGBTQ+ proclamation for my hometown that passed through the city council for the first time in the town's history. The effort was necessary because it helped build a kinder community by acknowledging the LGBTQ+ community and making it a safe space. This story was recently published in a book released by Lady Gaga and the Born This Way Foundation, and our book became a New York Times Bestseller. I have collaborated with numerous organizations, including NAMI CA, Born This Way Foundation, and more. I am currently a Fountain House Young Professionals Committee member, and I serve as Assistant Manager for the California Warm Line. Serving in these roles has expanded my understanding of mental health-related causes statewide and nationwide. These experiences have presented me with the opportunity to become a leader in the mental health field. They have furthered my understanding of the need for more resource accessibility and representation in the mental health field.

Advice for Student Leaders:

Throughout my advocacy, there has been one recurring theme: the need to address and acknowledge intersectionality.

Youth have ideas that can transform the system to serve all and not just some. We have to tap into youth needs and ensure there are preventative mental health resources available to them. Many factors impact someone's mental health. Some can be housing and food security. Many youth struggle with this when trying to obtain their education and beyond. It is crucial for youth on campus and in the community to be a part of informing resource creation. We can no longer present youth with resources that may not serve them or their immediate needs. There is a need for collaboration and lived experience to create genuine resources. Students should be welcomed and should seek opportunities to become more involved in the mental health field on campus and off. There is no need for you to be a director or have a history in advocacy for you to contribute to change. Young people are leading at this moment, and it reiterates what we know is true. There is no age requirement for leadership, and there is no perfect starting point for getting started in advocacy. It takes one person to start a movement, reach out to your peers, and connect with stakeholders or administrators. Change happens in collaboration, and building and fostering a network can bring your vision for change to life.

As a leader, you must challenge yourself and continuously remind yourself of your "why."

What was the catalyst for your desire for change? Lasting change can take years, and you can be faced with opposition and failure along the way, but that is where one must remind oneself of the "why." Remaining committed to your vision by speaking up and standing up for what is right will connect and stick with people for life. It is about striving every time to reach one person who might want to join you in advocating for change or simply be able to relate to your story. Always be willing to learn. Bravery lies within each of us, and using your voice as a vehicle for change can have a lasting impact.

Be kind, be brave, be humble, and take care of yourself along the way.

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SUPPORTING COLLEGE STUDENTS:

Mental Health and Disability in Higher Education