

Minutes of 12 December 2016
Circulated 23 January 2017
Approved 23 January 2017

**THE UNIVERSITY OF MICHIGAN
SENATE ASSEMBLY MEETING
December 12, 2016
Monday, 3:15 pm
Forum Hall, Palmer Commons**

Present: Aidala, Atzmon, Azizi, Bhattacharyya, Beatty, Bertacco, Broglio, Brown, Casida, Djuric, Eaton, Erikson, Freeman, Ghaferi, Greve, Jones, Kaartinen, Kileny, Krivokapic, Kupferschmid, Lenk, Likosky, Liu, Malek, McInnis, Menon, Ortega, Pecina, Princen, Schultz, D. Smith, Szymanski, Weineck, Woodard, Wright

Alternate Requested: Alam, Beck, Bruch, Cattaneo, Mortenson, Friesen, Larson, Schwank, Veatch, Zimmerman

Alternates Attending: Hurst, Vance

Absent: Bagley, Carlos, Chatterjee, Chen, Cohn, Dolins, Ellis, Gaggio, Gallo, Gocek, Jacobsen, Keshamouni, Lehman, Li, Lyman, Mondro, Moss, Noll, Orady, Roddier, Sanchez, Schmidt, Shaefer, Skolarus, E. Smith, Vinkur, Wang, Welsh, Whiting, Zeisberg

3:15 Call to Order/Approval of Agenda

3:20 Consideration of Minutes

3:20 Announcements

Chair Schultz announced that SACUA will meet in Flint with the Provost to kick off the Tri Campus task force.

Provost Pollock will be at the Senate Assembly Meeting in January.

In February, the subject will be the banners for the Fab Five and COIA.

3:30 Mental Health Guests:

Faculty and Staff Assistance Program (FASAP) Director Tom Waldecker

CAPS Director Todd Sevig introduced Central Student Government (CSG) Mental Health Taskforce Chairs Yumi Taguchi, Grace Nasr, Max Rothman

FASAP Director Waldecker introduced the saying that the program has existed since the 1970s, providing services for staff and faculty and eligible dependents. CAPS services primarily students.

FASAP's services are: Assistance with personal issues/problems such as family conflicts, grief and loss, depression, alcohol, or other drug abuse, personal and/or workplace stress, improving communication with colleagues, life transitions, parenting concerns and other emotional issues.

FASAP seeks to destigmatize the use of its services, stressing that it is dealing with emotional, not mental health issues. Director Waldecker noted that depression was the most common problem, with total pharmaceutical costs reaching 10 million in the University

community. Drug and alcohol abuse accounted for 2% of the case sit dealt with. In handling cases FASAP's goals are to provide:

1. Counseling Assessment
2. Short Term Problem Resolution Services
3. Referrals as indicated

Part of FASAP's expertise is finding the best community resources for members of the University community so that people can call without coming in. He said 75% Faculty and staff have Premiere Care, so FASAP aims to guide them to the best care. Other services that FASAP offers include:

1. competency coaching
 - a. Goal Setting
 - b. Improving Work Organization
 - c. Work/life balance
 - d. Addressing writers block
2. Crisis Intervention Services
Trauma and Grief—interventions and Education
3. Return to work transition services
 - a. Coaching to staff for faculty on return transition
 - b. Consult to supervisors on a preparation for a return

Director Waldecker observed that people can have trouble returning from illness and injury.

Therefore, it is important for FASAP to help people with conversations they might have.

Ordinarily there are 5-6 sessions per person, and if a person required more extensive assistance FASAP would refer the person to a specialist. He stressed that FASAP's services are confidential and free of charge; that staff seeking assistance are entitled to relief time for the first appointment. According recent statistics (2016 data) individuals approach FASAP for assistance with problems in the following areas:

1. Marital/Partner/Family 31%
2. Job related 24%
3. Emotional/Psychological 42%
4. Other 3%

FASAP offers the following support groups:

1. Divorce/Relationship
2. Stress relief for Caregivers
3. Managing anger
4. Parenting teens

A Senate Assembly member asked if there was a breakdown of the data by unit. Director Waldecker invited the Senate Assembly member to meet with him.

Director Waldecker concluded by drawing attention to FASAP's 45-minute educational presentations, which are available to any faculty or staff group or organization upon request. Each presentation consists of a brief topic overview and allows time for questions and discussion. "Brown Bags" are held at the requester's site. There is no charge for the presentations. To schedule call (734)936-8660. The Brown Bags are on the following topics:

1. Challenge Yourself-Expand Your Comfort Zone
2. Creative Thinking
3. Cross Culture Differences
4. Finding Happiness in the Cards you are Dealt
5. Humor for The Health of It
6. Strategies for Dealing with Difficult People

7. Introduction to Stress Management
8. Managing Your Stress Through Managing Your Thinking
9. Understanding Generations at Work
10. Understanding Mental Health Conditions & Creating an Emotional Healthy Work Environment

A Senate Assembly member asked if services are available at Flint and Dearborn. Director Waldecker said that there were external counselors at Flint, while the Student Health Service at UM Dearborn also handles faculty and staff.

Chair Schultz asked Director Waldecker if he was a mandatory reporter. Director Waldecker said that he and his staff are not because they are licensed counsellors.

A Senate Assembly member asked how FASAP builds its network of counsellors?

Director Waldecker said that they meet with clinics and interview clinicians.

A Senate Assembly member asked if FASAP got feedback from people who come to them.

Director Waldecker said that FASAP follows up with people, and FASAP has removed people from their referrals, but that most people are happy with the services they receive.

Director Sevig introduced CAPS services, saying that there is such a center everywhere in the country, that student psychological services are a sub profession within the mental health realm. He offered the following history of services at the University of Michigan:

- 1861: Edward Hitchcock appointed “college physician”
- Pre-1945: Advisors, deans, faculty “counseled” students
- 1945-1955: Post WW II; vocational counseling
- 1955-1970: transition to outreach, training, mental health
- 1970-2000: profession of counseling centers as blend of mental health and student development; focus on clinical, outreach, and training
- 2000-present: campus, as well as individual students, as “clients;” dramatic increases in all areas of work; innovative clinical and public health approaches

Director Sevig said that many college students seeking advice from campus mental health services are coming for support (half have no diagnosis), he then outlined the scope of the issues with which CAPS deals:

The scope of the issue (nationwide) is as follows:

1. 24,000 suicide attempts/year on campuses nationwide (~20 million students at institutions of higher education)
2. 1,100 student suicides/year nationwide
3. 7.5/100,000 completed suicides (or, 3.1/41,000) per year (Big 10 Study)
4. 18% of all UM students have ideation per College Student Mental Health Survey Phase II (CSMHS). [23% in Phase I Study]
5. 26% students report mental health issues ‘interfering’ with academics (CSMHS; translates to 11,440 out of 44,000 students)
6. 13% report ever engaging in non-suicidal self-injury (CSMHS)
7. 20% report some history of abuse in family (CSMHS)
8. Graduate students reported higher difficulty with academic issues compared to undergraduates (CSMHS)
9. 16% meet criteria for experiencing traumatic event (CSMHS)

Fundamental themes which guide the delivery of all services from developmental issues to mental health emergencies are:

1. Quick/Immediate Accessibility to High Quality Care
2. Community/communities Approach
3. Collaboration/Coordination
4. Intentional Diversity

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5. Trends/Data/Monitoring & Anticipating Needs
6. Intersections of Policy, Standard Practice, and Law

Director Sevig then outlined CAPS staff and working principals:

1. Currently, 33 Professional Staff (licensed psychologists, social workers, and psychiatrists)
2. 17 Trainees (interns, post-docs, post-MSW's)
3. New funding for 4 Additional Positions
4. Individual, couples, and group therapy
5. Same-day walk-in for urgent/crisis issues
6. Individual as well as the campus as a whole, are CAPS "clients"

In terms of the actual services, Director Sevig said that:

1. There were 4,446 requests for service, with ~20,000 clinical appointments provided
2. 40% of CAPS clients were students of color
3. 17% noted prior counseling
4. 17% were first generation students
5. 10% were international students
6. 30% were graduate/professional students
7. Clientele is 66% female, 33.3% male
8. Students improve after being seen at CAPS (outcome study data)
9. 33% self-reported some degree (1-4 on a 0-4 scale) of thinking about suicide
10. 26% said there was a history of abuse in their family
11. 58% reported some degree of "I feel lonely"
12. 62% reported some degree of "I feel worthless"
13. The "number" of high risk, complex cases have dramatically

A Senate Assembly member asked if the rates were higher or lower than the general population. Director Sevig that the suicide rate for males was 15/1000. A Senate Assembly member asked about trends in mental health issues over the last two-three decades. Director Sevig said that:

1. There has been an increase in reporting abuse
2. That the number of deaths and suicide attempts constant
3. That there was a slight increase in non-suicidal self-injury;
4. Depression was #1 reason for students to seek mental health services until 5 years ago,
5. The #1 reason is now anxiety and it is increasing.

A student guest asked if anxiety increased by year in college, Director Sevig said that was not the case.

Director Sevig offered the following reasons for the increase in student use of mental health services:

1. There is less stigma
2. This is first generation of student who have received services in middle school and high school and whose parents would have received services
3. There is a high premium on community engagement and education

A Senate Assembly member from the College of Engineering asked about students of color seeing CAPS, noting the small numbers on her classes; another Senate Assembly member said observed that the number of students of color in Engineering is small, while observing that the proportion of students of color making use of CAPS services is far higher than the percentage on campus. Director Sevig responded that these proportions are typical of predominantly white campuses, and that people of color make up half of the staff of 33. He added that some students of color feel that they do not belong in the classroom, they feel that everyone is looking at them and they feel they should do better, they fear that if they admit to having trouble, faculty will tell

them they do not belong. He also drew attention to the data suggesting that it has been harder for men to seek help.

A Senate Assembly member asked about proportion of foreign students using these services. Director Sevig noted that the proportion of foreign students is lower than that in the university community, reflecting acculturated avoidance of mental health services. A Senate Assembly member asked about language competence on the CAPS staff. Director Sevig outlined help from people who spoke other languages.

The full range of places where a student can seek support between the Clinical and Student Services side are as follows:

Clinical:

1. Counseling & Psychological Services (CAPS)
2. The Psychological Clinic
3. University Center for the Child and Family (UCCF)
4. Department of Psychiatry (inpatient and outpatient)
5. Depression Center
6. University HealthService (UHS)
7. Psychiatric Emergency Services (PES)

Student Support:

1. Dean of Students Office
2. Services for Students with Disabilities
3. University Housing/Residence Education
4. A wide range of Student Affairs units that support healthy individual and community development
5. A wide range of people/offices/positions in academic units

Related:

Many private practitioners and agencies in Ann Arbor

Director Sevig said that CAPS often helps students connect to larger campus support, and their private practitioner network. CAPS has a biennial community provider orientation to 50-75 community provider come. He also drew attention to the placement of CAPS clinicians inside some of the schools and colleges, known as the “embedded model.” CAPS counselors are now in 8 different Schools and Colleges so each therapist can address the specific and unique needs of each unit through confidential clinical service delivery and tailored outreach, education, and prevention programs, engage with faculty and staff through consultation, and develop materials specifically tailored to each school and college.

Director Sevig concluded by saying that CAPS is not to be the police, and asked that faculty can spend a few minutes talking with a student, helping them find the right place if they need services. He asked that faculty put information about mental services on every syllabus, and directed faculty to the CAPS website for further information (<https://caps.umich.edu/caps-embedded-model>).

A Senate Assembly member asked if training was available at Dearborn and Flint, Director Sevig there are student mental health centers on those campuses.

Professor Atzmon said that a student told him he had exceeded his CAPS session limit and was worried he could not afford further care. Director Sevig, said that CAPS helps people get a referral, and will work with them to get financial support, and that there might be further alternatives. He added that money should not stop a person getting needed service. He added that CAPS remained short staffed. The recommended ratio of counsellors to students is 1:1000, meaning that CAPS should have 44 staff members.

Chair Schutz introduced guests from Central Student Government and Rackham Student Government (RSG).

Max Robbins and Grace Nasr discussed the survey that had been sent to students and faculty, saying that CSG is in the process of analyzing the results to arrive at policy recommendations for the provost and regents. CSG will be holding two town halls in January for all faculty and students Chair Schultz asked for the dates. Doug Montjoy, from RSG, mentioned unique issues that graduate students have when they are assessing how they can help.

A Senate Assembly member asked whether CAPS offered services for students who transition off campus, Director Sevig said that CAPS has usually do so with students with whom they have been working.

A Senate Assembly member pointed out that a 0-4 day wait period is unprecedented in mental health services; that students will often complain about the limited number of sessions with CAPS; and that faculty need to be aware that it is fine for them to call when they meet a student having a problem. Professor Weineck said that it was clear that students have excellent care and asked about services for faculty, saying that depression and anxiety were stigmatized among faculty as things that interfere with productivity. She noted that faculty who have a physical illness will ask for time off, but that those who suffer from depression have trouble doing so. Director Waldecker directed attention to the 2015 M Healthy survey in which faculty reported high stress (<https://hr.umich.edu/sites/default/files/mh-2015-annual-report.pdf>).

Chair Schultz asked how FASAP and CAPS coordinate when there is a problem between a professor and graduate student. Director Sevig said that coordination is around events (e.g. grief counselling).

Professor Ortega asked about students with children, Director Sevig said, there is an embedded counselor in Social Work for these cases. Professor Ortega said students with kids feel left out of the system. Director Sevig said that this is a developing area.

Chair Schultz asked about use of Center for Research on Learning and Teaching (CRLT) players provided help with educating people around issues of mental health, Director Sevig said that Educational Theater Company (ETC) provides sketches in orientation, but had no coordination with CRLT.

4:40 There being no longer a quorum the meeting adjourned.

Next Senate Assembly Meeting: January 23, 2017

Respectfully submitted,

David S. Potter
Senate Secretary

University of Michigan Bylaws of the Board of Regents, Sec. 4.01:

The University Senate

The senate is authorized to consider any subject pertaining to the interests of the university, and to make recommendations to the Board of Regents in regard thereto. Decisions of the University Senate with respect to matters within its jurisdiction shall constitute the binding action of the university faculties.

University of Michigan Bylaws of the Board of Regents, Sec. 4.04:

The Senate Assembly

The Senate Assembly shall serve as the legislative arm of the senate.

The assembly shall have power to consider and advise regarding all matters within the jurisdiction of the University Senate which affect the functioning of the university as an institution of higher learning, which concern its obligations to the state and to the community at large, and which relate to its internal organization insofar as such matters of internal organization involve general questions of educational policy.

Rules of the University Senate, the Senate Assembly and the Senate Advisory Committee on University Affairs: In all cases not covered by rules adopted by the Senate, the procedure in Robert's Rules of Order shall be followed.

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