



Launching Peer Support Programs on College Campuses



MHA
Mental Health America
B4Stage4

Presenters

Bobby Dishell

Advisory Team, The Support Network

Stefanie Lyn Kaufman

Executive Director, Project LETS

the support network



**BLUEPRINT +
TEMPLATES**



**TRAINING +
GUIDANCE**



**DATA +
INSIGHTS**

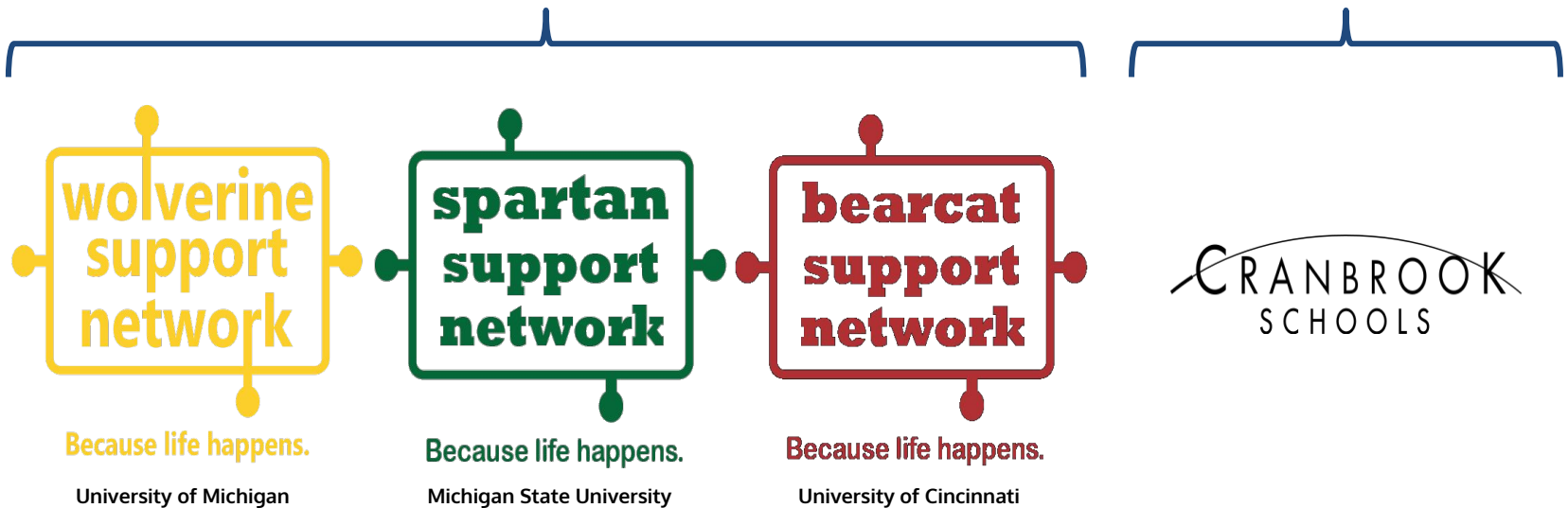


The Support Network

The Support Network provides a handbook and guidance to launch an effective peer-to-peer support model for student leaders, working jointly with administrators

University

High School



Pilot Programs



The Support Network

Fall 2018:

The Support Network was founded to improve student mental health and well-being through the implementation, development, and collaboration of peer support initiatives in high schools and colleges. Specific offerings include, but are not limited to, consultation hours to help start and scale the organization, a web-based hub for Directors and Advisors, funding support, survey design and data analysis.

Fall 2014:

Wolverine Support Network was founded at the University of Michigan by a group of students who recognized the social stigmas, financial burdens, and timing inconveniences often associated with discussing mental health and well-being. These students, working jointly with University of Michigan's Counseling and Psychological Services, refined a model for 'Weekly Groups' and 'Kickback Fridays'.

- ★ **Weekly Group (~6-10 students):** Each Weekly Group includes 4-10 student Members and 2-3 trained student Leaders. This is intended to be an accessible, inclusive, and confidential space where students are comfortable in sharing anything they wish. Student Leaders are trained to facilitate dialogue around topics related to mental health and well-being in a way that is intentionally meaningful, honest, personal, empathetic and respectful and are equipped with knowledge of resources and emergency protocols
- ★ **Kickback Fridays:** Kickback Fridays are bi-weekly events open to the entire Support Network community, as well as the university student body at large. These alternative stress-busting events build a community on campus that is aligned with The Support Network's values



The Power of Students

Models for peer support and peer-to-peer engagement have demonstrated to be influential and highly effective for a number of health and academic-related goals

“Undergraduate students are the single most potent source of influence on undergraduate student affective and cognitive growth and development during college.”

(Astin, 1993; Kuh, 1993; Whitt, Edison, Pascarella, Nora, & Terenzini, 1999)

“Research indicates peer-support programs are helpful when focused on assisting students with social/emotional or academic problems”

(McGannon, Carey, & Dimmitt, 2005; Whiston & Sexton, 1998)

“The frequency and quality of students’ interactions with peers extends to a positive association with college student persistence.”

(Pascarella & Terenzini, 2005; Tinto, 1993)



Expansion Process

1.

Receive inbound interest from students, administrators, and other stakeholders⁽¹⁾

2.

Share overview materials and hold introductory calls to assess student and administrative capacity

3.

Share The Support Network Expansion Agreement, which ensures accountability and model integrity

4.

Provide The Support Network Blueprint (comprehensive instruction manual) and consultation to inform, empower and support students and administrators to a successful launch

5.

The new student Director Team joins The Support Network's web-based portal, which includes each campus' Directors and The Support Network's Advisory Team, in order to resolve inquiries and fully roll-out their organization

6.

Collect data and insights from each campus and facilitates discussions around best practices, troubleshooting and cross-campus coordination

----- **Expansion Agreement is signed**

1) The Support Network has received inbound interest from students and administrators representing 50+ universities in the past 18 months.



Case Study:

Wolverine Support Network:

Peer Support to reshape student mental health and well-being



Wolverine Support Network

seeks to address and promote student mental health and well-being through weekly, peer-facilitated groups and bi-weekly community events.

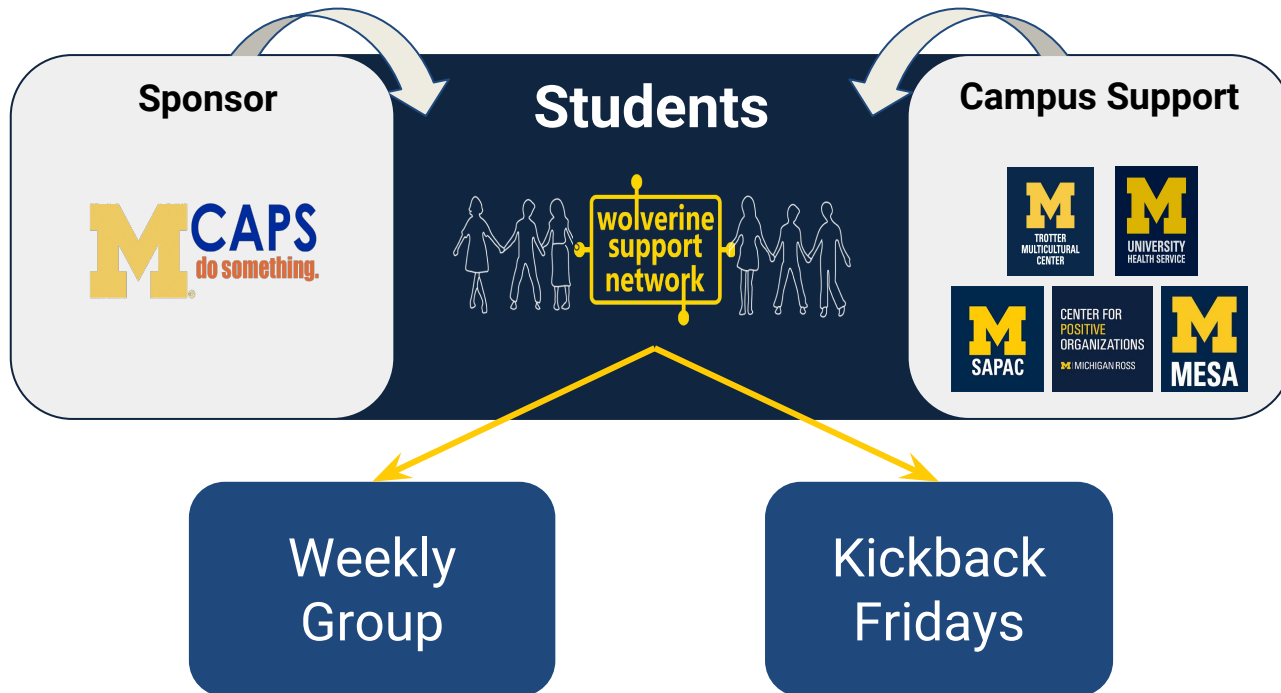
Wolverine Support Network

Pillars

Peer Support, Community, Mental Health & Wellness, Social Capital

Values

Inclusivity, Empathy, Mindfulness, Courage, Accountability, Confidentiality





Rationale for Weekly Group

Barriers to Mental Health Dialogue

WSN MODEL

Sociocultural Stigmas



Confidential, accessible and inclusive space creates new norm

Financial Costs



Cost-free for all students, with student Leaders volunteering time

Timing Inconveniences



Students select a consistent time/ place on campus (Monday - Friday)



Fall 2018 Update

Select Milestones

- ❖ Established The Support Network and Advisory Team
- ❖ Presented at NASPA Mental Health Strategies Conference in Portland, OR
- ❖ Presented at Depression on College Campuses Conference in Ann Arbor, MI
- ❖ Developed computer program to distribute all Members based on time and location preferences

1,000+
total students involved

63 Groups
total groups held



Leader Training

- ❖ Application / Interview Process
- ❖ Off-Campus Retreat
 - Facilitation Skills
 - Boundaries / “Handoffs”
- ❖ QPR Training
- ❖ Campus Resource Presentations
- ❖ Group Scenario Role Play
- ❖ Ongoing Q&A w/ Peer Initiatives Coordinator





Impact on Campus: Fall 2017

As a result of Wolverine Support Network Weekly Group...

74%

felt they are **better equipped to take charge of their personal mental health and well-being**

76%

felt they are **better able to share sensitive topics** with others

65%

felt they are **better able to support others without additional emotional or physical strain** to themselves

81%

felt they are **better able to understand and empathize with others**



Advisory Team



Bobby Dishell

- ❖ *Co-Founder, Wolverine Support Network*
- ❖ *Fmr. Student Body President, University of Michigan*
- ❖ *2015 Corps Member, Teach for America*
- ❖ *Masters, Johns Hopkins School of Education*
- ❖ *J.D. Candidate, Colorado Law School*



Max Rothman

- ❖ *Fmr. Director, Wolverine Support Network*
- ❖ *Fmr. Member, MHTF, Athletes Connected, U-Mich CSG*
- ❖ *Fmr. Member, MHA Mental Health Innovation Council*
- ❖ *Student Voice of Mental Health Award, JED Foundation*



Emily Lustig

- ❖ *Fmr. Director, Wolverine Support Network*
- ❖ *Fmr. Student Body VP, University of Michigan*
- ❖ *M.S. - Psychology - Georgia Institute of Technology*
- ❖ *Psychology PhD Student - Georgia Institute of Technology*



Samuel Orley

- ❖ *Fmr. Executive Director, Wolverine Support Network*
- ❖ *Fmr. Member, MHA Mental Health Innovation Council*
- ❖ *Student Voice of Mental Health Award, JED Foundation*



Kelly Davis

- ❖ *Director of Peer Support, Services & Advocacy, Mental Health America*
- ❖ *Advisory Council Member, Well Being Trust*
- ❖ *Guest Speaker at Obama White House, NBC News*



Sonia Doshi

- ❖ *Product Manager and Learning Designer, Imbellus*
- ❖ *Fmr. Board Member, Steve Fund's Youth Advisory Board*
- ❖ *Student Voice of Mental Health Award, JED Foundation*
- ❖ *Masters, Stanford Graduate School of Education*



The Support Network

Select Universities with interested students and/or administrators:



INDIANA UNIVERSITY



★ Indicates interest from both administrators and students

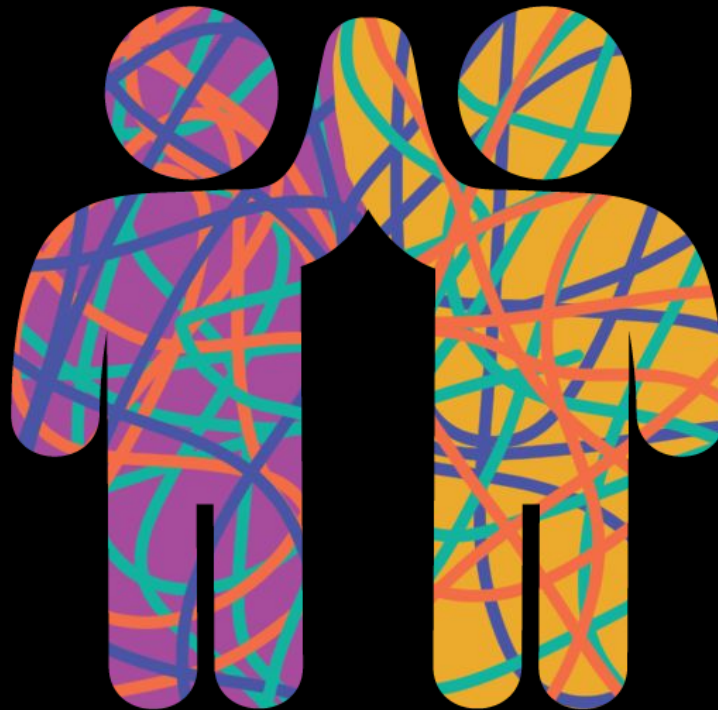
Project LETS: PMHA Model

Supporting Students with Mental Illness, Trauma,
Disability and Neurodivergence



Project LETS
LetsEraseTheStigma.com

Project LETS is a national 501(c)(3) grassroots organization led by and for folks with **lived experience** of mental illness, disability, trauma, & neurodivergence. We establish peer-led communities of advocacy & support; produce resources and educational materials; and aim to protect the civil and human rights of mentally ill folks through policy change — especially those who experience multiple forms of oppression and are rendered particularly vulnerable.





R Packet chairs near on front

OUR CORE IDEA IS SIMPLE:

PEOPLE WHO HAVE LIVED EXPERIENCE WITH MENTAL ILLNESS CAN OFFER

**A SPECIFIC, UNIQUE, CULTURALLY AND SOCIALLY RELEVANT, AND ACCESSIBLE
TYPE OF MENTAL HEALTH CARE KNOWN AS PEER SUPPORT.**





I literally spent an entire summer in a psychiatric treatment facility, but I believe I have a bright future.

my life,
at you.

Your memory lives on with us, Preya.

Hope you're at peace up there.

hadn't come to such an abrupt end.

♡♡♡♡♡

Dear Paul,
I miss you. I miss your class. I missed ~~to~~ about music on your pencil or about your fan. You are missed. Same without.

♡ MARIA
S
♡

background & history

Social Model of Disability



Important Factors in Preventing a Suicide Attempt

Answered by ideators who had not attempted suicide in the past 12 months	Undergraduates (%)	Graduate students (%)
★ Disappointing/hurting my family	77	77
★ Disappointing/hurting my friends	56	49
★ Hope/plans for the future	42	35
★ Wanting to finish school	39	32
★ Support of my friends	38	28
Support of my family	35	33
Disappointing/hurting my partner	34	46
Religious/moral beliefs	34	33
Support of my partner	26	28
My net(s)	19	20
★ Relationship with mental health professional	10	14

Note. For undergraduates, $n = 761$; for graduate students, $n = 370$.

64% of students no longer in college left due to a mental health-related reason.

Only **23%** come back.

“Not only did I leave school, I also left school knowing that if I did come back, **it would be even harder to begin with** because I would have to retake everything. And then I’d have to pay for it.”

*Danny, Bergen
Community College*



“Who do college counseling centers exist to serve?”

- Yale’s **Sterling Memorial Library** kept records of the Division of Mental Hygiene’s operations from 1926-1955, because it was the third department of its kind in the country, and at the time it was an “anomaly”
- A Yale student, **Clifford Beers**, experienced abuse in an asylum. In response, he founded the National Committee on Mental Hygiene, through which he called for such departments of mental hygiene to be embedded within universities
- While the wellbeing of the students may have been the initial intention for its founding, in the 1950s the head of the Division, Dr. Clements Fry, told university administrators, “[The Division was] started in 1926... to prevent suicides, breakdowns, and bad publicity.”

We just can't have you here.





Student Intervention Services

THE CHRONICLE OF HIGHER EDUCATION NEWS OPINION D

SECTIONS FEATURED: Starter Kit: New to the Faculty How to Make the Most of the Chronicle What College Presidents M

Campus Fears Drive Boom in Threat-Assessment Teams

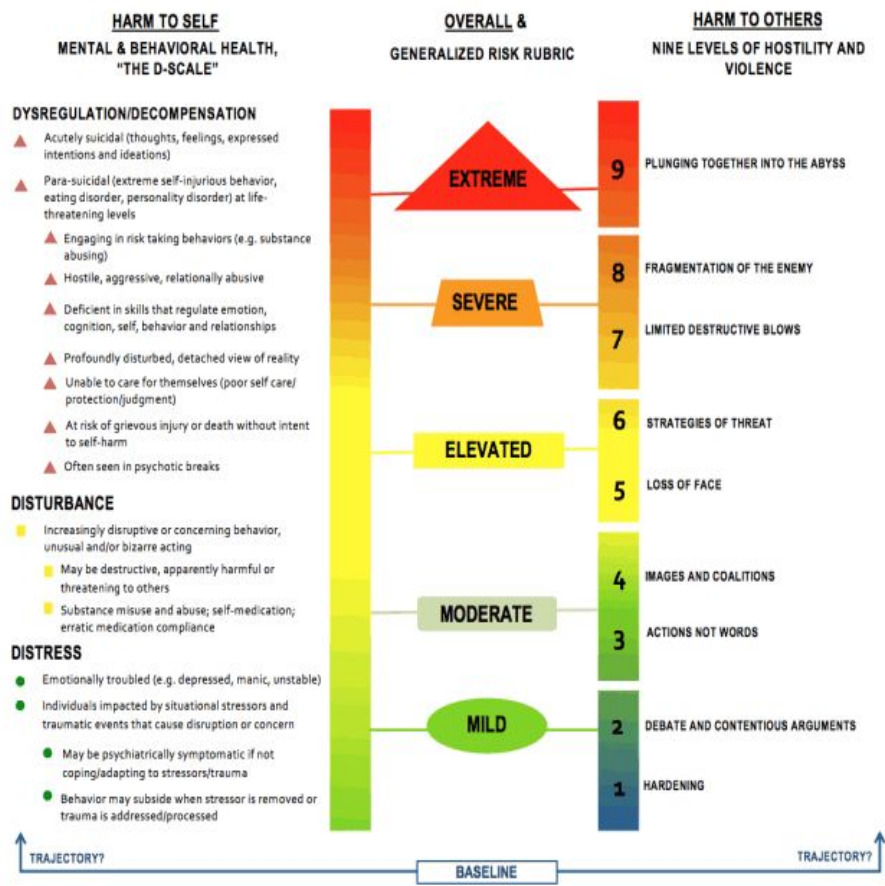
By Sam Hoisington | OCTOBER 18, 2017

Student of Concern Reporting Form

I am concerned about the following (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Excessive absences | <input type="checkbox"/> Significant changes in appearance | <input type="checkbox"/> Family concerns |
| <input type="checkbox"/> Failure to complete assignments | <input type="checkbox"/> Poor hygiene | <input type="checkbox"/> Emotional distress |
| <input type="checkbox"/> Poor performance | <input type="checkbox"/> Disordered eating behaviors | <input type="checkbox"/> Impulsive or erratic behavior |
| <input type="checkbox"/> Change in quality of work | <input type="checkbox"/> Self-injurious behaviors/cutting | <input type="checkbox"/> Isolation |
| <input type="checkbox"/> Disturbing content in written work | <input type="checkbox"/> Death of a friend or family member | <input type="checkbox"/> Disruptive behavior |
| <input type="checkbox"/> Unable to locate student | <input type="checkbox"/> Injury or illness | <input type="checkbox"/> Other (specify in narrative below) |
| <input type="checkbox"/> Suspected alcohol/substance misuse | <input type="checkbox"/> Financial concerns | |

NaBITA THREAT ASSESSMENT TOOL



the PMHA program



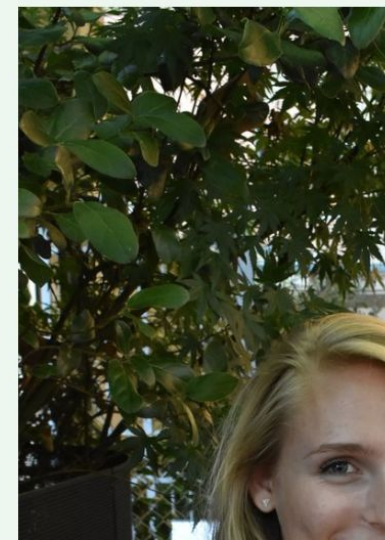
Shivani Nishar - Cognitive Science '20: Shivani's focus and lived experience relates to social/generalized anxiety, seasonal affective disorder, self-harm, suicidal ideation, and the complex dynamics of being a mentally ill woman of color. Much of her support is grounded in empowering and uplifting POC communities and their mental wellbeing, as well as utilizing forms of care outside of



Sumera - Health & Human Biology, Music '21: Lived experience with depression, generalized anxiety disorder (GAD), eating disorders, OCD, chronic pain, experiences with taking corresponding medications, and cultural differences. I know how hard it is to come to an entirely different environment and having to struggle with these things on top of everything so I just hope I can provide help and as much support as needed!



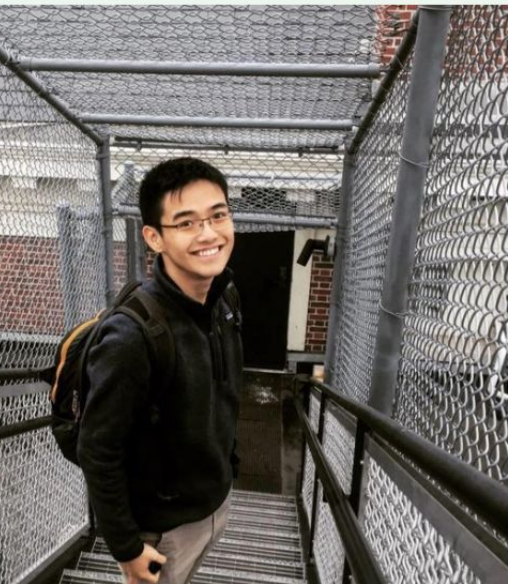
Evan - Behavioral Dec
(maybe?) '22 - lived exp
depression, self-harm,
social isolation, genera
issues, including cultu
therapy (primarily CBT
looking for treatment,
balancing classes with
stress, or literally anyt
hope to be supportive
whatever way I can!



Psychology '21: Lived with depression, generalized anxiety disorders, self-harm, and suicidal ideation. Personal understanding of mental health diagnosis in POC, dealing with SEAS and CAPS, and therapy. I hope to be a supportive and beneficial support for anyone who has the capacity you feel comfortable. I hope to provide care and people :) so feel free to reach out.



JC: J.C. has experiences with recovering from suicidal depression, C-PTSD from childhood abuse, and living with social anxiety & Asperger's syndrome. Her strong belief is that we are strong enough to handle whatever the universe gives us and there is a reason we were chosen to be put on Earth. Although it may feel unfair that we are the ones chosen to experience emotional struggle, pain can eventually be transformed into purpose, meaning, depth, and beauty...all things people strive for. Those who experience depression, trauma, or other kinds of pain at an early age are also uniquely gifted to endeavor in



Elena, Philosophy '22 - Lived with depression. I focus on community and self-care based management of mental health (not much experience with professional care and no lived experience with medication), but I'm always happy to talk about any options or strategies. I hope to provide support to me about self-care systems in a structured schedule, being queer at Brown, and anything else!





PEER MENTAL HEALTH ADVOCATES OFFER
FREE, ONE-ON-ONE, LONG-TERM MENTAL HEALTH SUPPORT.

THE PEER MENTAL HEALTH ADVOCATE PROGRAM AIMS TO **ADDRESS THE BARRIERS** THAT
MANY PEOPLE FACE WHEN SEEKING MENTAL HEALTH CARE
AND **PROVIDE THEM WITH A SUPPORT SYSTEM** TO HELP BREAK DOWN THOSE BARRIERS.



WHAT ARE THE BENEFITS OF WORKING WITH A PMHA?

PERSONALIZED, ONE-ON-ONE SUPPORT.

FREE ADVOCACY SERVICES.

AVAILABLE WHEN CLINICAL CARE ISN'T.

IMPROVED COPING SKILLS.

CONNECTIONS TO COMMUNITY + RESOURCES.

ASSISTANCE NAVIGATING CLINICAL CARE.

EQUAL PARTNERSHIP AND TRANSPARENCY.

COMPASSIONATE CRISIS SUPPORT.

CONFIDENTIAL (SEXUAL ASSAULT, SELF-HARM, SUICIDE).



SOMEONE WHO GETS IT AND IS RIGHT THERE WITH YOU.



WHAT DOES WORKING WITH A PMHA LOOK LIKE?

THE PEER AND PMHA WOULD **COLLABORATIVELY PLAN** A MEETING SCHEDULE THAT IS CONVENIENT. PMHAS **WORK IN PARTNERSHIP WITH PEERS** TO DETERMINE SESSION STRUCTURE, GOALS, AND HOW TO BEST PROVIDE SUPPORT.

WHAT A PMHA CAN DO:

- * DISCUSS LIVED EXPERIENCE TO NAVIGATE MOOD OR SYMPTOM FLUCTUATIONS, DEVELOP CONFIDENCE, AND REDUCE STRESS

- * ASSIST PEER IN ACCESSING HELP/RESOURCES + LEARNING HOW TO INTERACT WITH THE HEALTHCARE SYSTEM

- * HELP PEER IDENTIFY AND BUILD ON STRENGTHS

- * CULTIVATE PEER'S ABILITY TO MAKE INFORMED, INDEPENDENT CHOICES

- * HELP PEER GAIN INFORMATION AND SUPPORT FROM THE COMMUNITY TO MAKE THEIR GOALS A REALITY


- * PROVIDE SUPPORT IN TIMES OF STRUGGLE AND CRISIS

- * CREATE A PERSONALIZED SAFETY/RELAPSE PREVENTION PLAN

- * PROVIDE INFORMATION ABOUT COPING MECHANISMS AND HOW TO FACILITATE HEALING

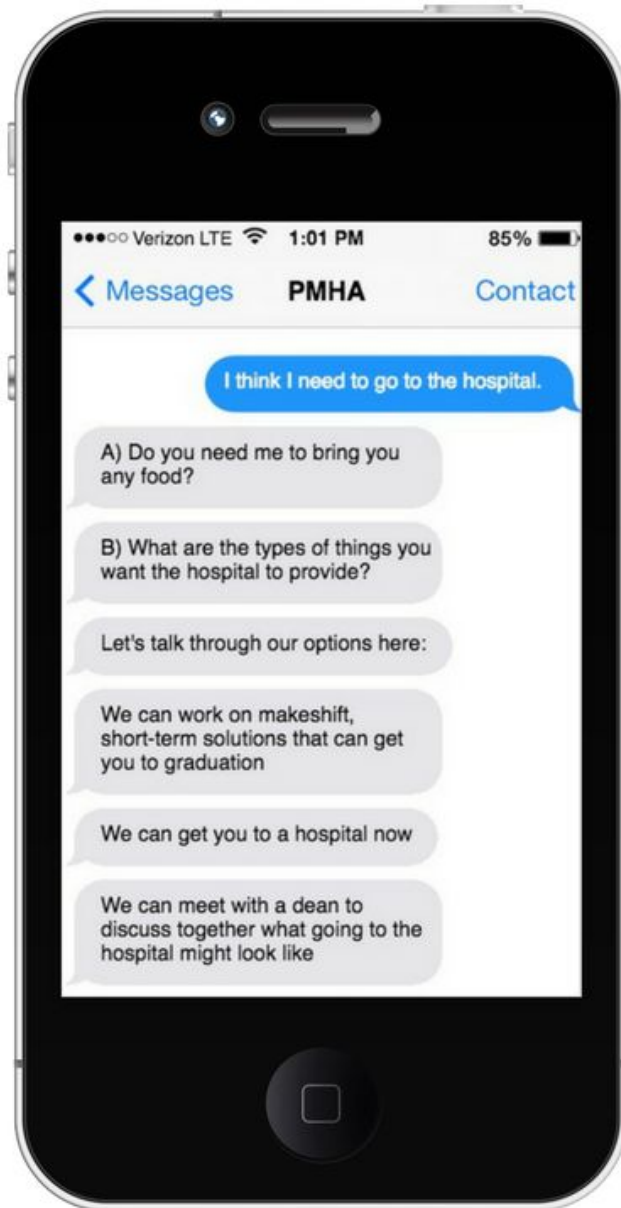
- * ... AND MUCH MORE! WE WILL FIGURE IT OUT TOGETHER.





PMHAS ARE **NOT THERAPISTS.**
THEY DO NOT ASSESS OR DIAGNOSE. THEY ARE
EDUCATED PEOPLE WITH LIVED EXPERIENCE,
AND EVERY PMHA KNOWS TO ADDRESS
THIS DISTINCTION BY ESTABLISHING CLEAR
BOUNDARIES WITH THEIR PEER.





- ✓ PMHA remained calm
- ✓ Offered various options, and did not force one
- ✓ Asked what the peer wanted
- ✓ Did not assume the peer could not make decisions for themselves
- ✓ Addressed social factors primarily

Liability: We follow mandatory state and federal reporting requirements



*We do not report in the past.
These are ongoing situations.



Child abuse



Elderly abuse



Imminent threat to self/other

We also fill out a Crisis Planning document with all peers in the program.

What does 'imminent threat to self/other' mean?



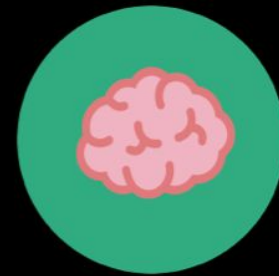
PLAN

Plan refers to a specific course of action or thought-process that the peer has gone through, indicating they have given considerable thought to how they would end their life.



MEANS

Means, or resources, refers to the actual, physical tools your peer has to attempt suicide. This includes: a firearm, hoarded pills, razor blades, etc.



INTENT

Intent refers to the process of suicidal ideation- or thinking about ending one's life. This is often the space people are in when they say they're "suicidal."

All 3 need to be present before moving forward with getting others involved

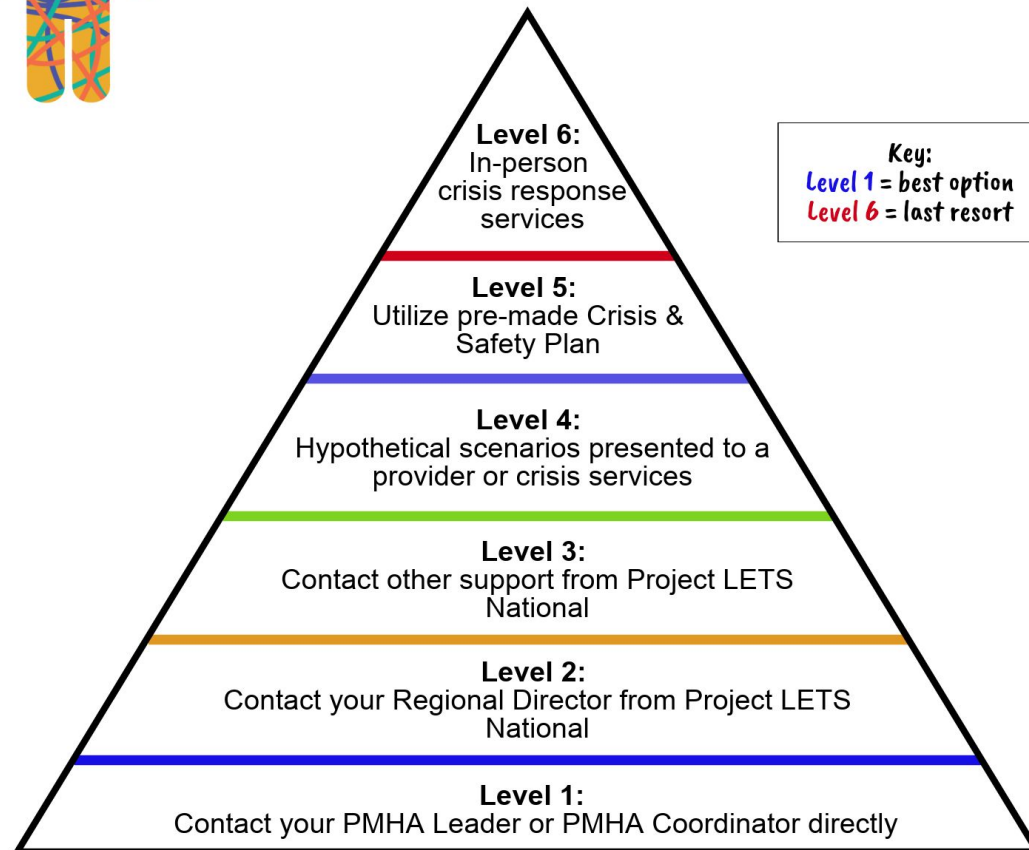
**We never want our PMHAs to feel stuck,
with no resources or solutions available.**



"I went through all of the de-escalation skills, relationship building techniques, and social & environmental suggestions. I am feeling stuck and am unsure of what to do."



At our current capacity, Project LETS National is not a 24/7 crisis response service-- and we do not expect PMHAs to be available as crisis resources 24/7. This is why, in addition to all of the pre-made resources you have available, we've developed a crisis response hierarchy full of resources for you to use as a crisis situation is happening.



PROJECT LETS



CRISIS RESPONSE GUIDE

WEST VIRGINIA UNIVERSITY:

PROJECT LETS

IMPLEMENTATION PLAN

PROJECT
LETS 

Chapter
Guidebook

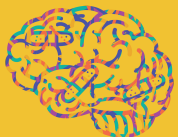
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**lessons
learned**

"I realized a tendency I have to **fault myself when a system failed to meet my needs**. For example, blaming myself for bad experiences with therapists or little responsiveness in terms of accommodations from the university. **Learning about the progress to be made in systems of mental health care has been a relief**, and definitely re-framed my perception about my ability to be helped and supported through different services I've used in the past."

PMHA, Fall 2017



“I’m no longer scared of entering places on campus that trigger me.

Even just creating a safety plan has been really reassuring. I’m better at asking for help when I need it and knowing the language I need to talk about what I’m going through.”

Peer, Fall 2017



“When I worked with my PMHA, I was able to **regulate my studies and manage myself better**. I was more conscious of the medical leave re-application deadlines, **therefore able to successfully submit to the university before the deadline**. This was integral in me returning to Brown. Though I was seeing a therapist, my PMHA was useful in **pinpointing academic & emotional issues** I had in the past at Brown and how to deal with those in the future (especially as it relates to my first-gen identity). My PMHA also **connected me with a student who successfully returned from leave**, which was incredibly helpful.”

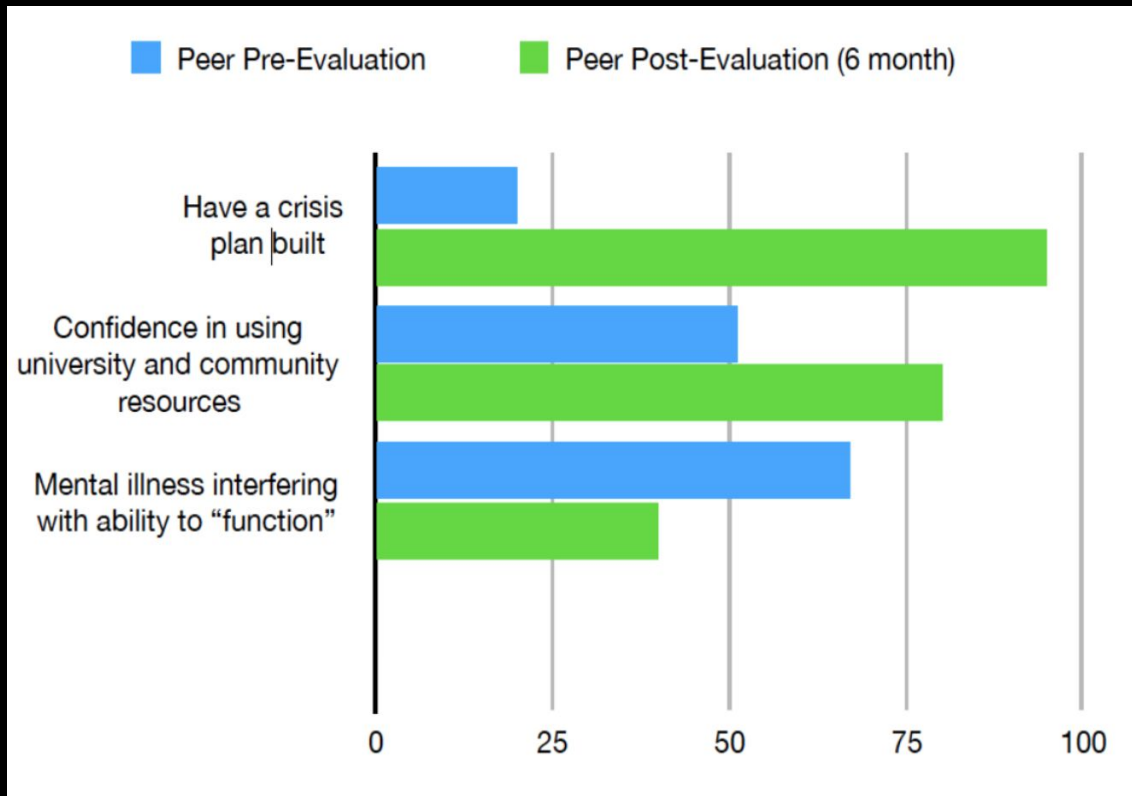
Peer, Fall 2017



“Having a PMHA to talk to, who was much closer in age than a psychologist, was really beneficial because **they understood firsthand about the difficulties.** It felt great to finally be able to talk to someone that I could consider a friend about my mental illness particularly because I had never told anyone outside of my family. I really want to help others and guide them through college as my PMHA did for me.”

PMHA, Fall 2018





- **90%** of peers report an increase in their knowledge of and ability to utilize coping skills
- **60%** of students report an increase in their quality of life
- **65%** of students report an increase in their ability to manage self-destructive behaviors/suicidal thoughts
- **70%** report an feeling more confident in their ability to handle crises
- **60%** report an increase in their help-seeking behaviors



The source of
administrative
power lies **within**
the system while
activists often find
their power by
interrupting
systems.

PROTECT THE UNIVERSITY'S BOTTOM LINE

Despite rampant administrative bloat (the number of administrators on college campuses has doubled in the past 25 years), many universities are finding themselves more cash strapped than ever before. Fundraising has become very important.

PROTECT THE REPUTATION OF THE UNIVERSITY

Damaging the reputation of the university can affect enrollment of new students, alumni donations, and the university's relationship to other organizations.

PROTECT THE UNIVERSITY FROM LIABILITY

Universities do not want to be sued because it is expensive and damaging to the university's reputation.

PROTECT THEIR OWN CAREERS

High-ranking administrators hop from one university to the next. They get promoted when their tenure increases the university's budget, the college goes up in the rankings, and they are able to keep the campus calm. Sometimes, administrators even receive bonuses for "good performance."





**what you
can do**

ON DAY OF ACTION

~ APRIL 19TH 2018 ~

COLLEGE STUDENT MENTAL HEALTH ORGANIZERS ARE CALLING FOR #DISABILITYJUSTICEONCAMPUS BY ADDRESSING SYSTEMIC ISSUES WITHIN UNIVERSITY MENTAL HEALTH CARE SERVICES, INCLUDING:

MAD
AS
HELL

#DisabilityJusticeOnCampus

Learn more at:
LetsEraseTheStigma.com

LACK OF TRANSPARENCY (FUNDING, POLICY)

DISCRIMINATORY LEAVE PRACTICES

PROFESSORS DENYING ACADEMIC ACCOMMODATIONS

LIMITED CRISIS SERVICES



a PROJECT LETS event

JOIN US IN DEMANDING GREATER
TRANSPARENCY AND ACCOUNTABILITY!

Common Student Concerns About Counseling Centers

- Long wait times
- Limited hours
- Scope of practice
 - Diagnoses
 - “Serious” mental illnesses
 - Psychiatry
- Short-term model
 - Session limits
 - Continuity
- Cultural and structural competency
- Minimal crisis care
 - Follow-up
 - Mandated appointments

Off-campus care: Financial burden, time commitment and insurance concerns



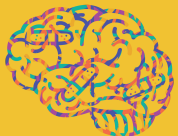
Potential Changes: Counseling Centers

- Increasing funds for additional resources
 - Crisis care, longer hours
 - Case managers to follow up and coordinate care
 - Diversifying counseling staff
- Directing students to group therapy
- Reserving days for drop-in sessions
- Providing shorter appointments
- Eliminating unnecessary intake sessions
- Eliminating unproductive mandatory appointments
- Launching community education initiatives
- Collaborating with student groups
- Increasing transparency
- Providing opportunities for feedback



Medical Leave: Common Challenges

- Mandated minimum time off
- Restrictive reapplication and assessment processes
 - Assumes ability to seek care and safe home environment
- Involuntary leaves imposed without opportunities to:
 - Seek care and use accommodations while at school
 - Appear before deciding committee
 - Utilize retroactive withdrawals
- Possible negative impact on GPA and financial aid
- Possible student loan repayments while away



27. In the uncommon circumstance that a student cannot safely remain at [college/university] or meet academic standards even with accommodations and other supports, [college/university] may require the student to take a leave of absence.

28. Decisions whether to impose an involuntary leave will be made by a committee that includes the director of the counseling center.

29. The committee may impose an involuntary leave for safety reasons if it finds, after an individualized assessment, that there is a significant risk that the student will harm him/herself or another, and that the risk cannot be eliminated or reduced to an acceptable level through accommodations.¹⁵

30. In making its decision, the committee will:

- Consider whether there are accommodations that would allow the student to meet academic standards and remain safely in school, and
- If safety is an issue, consider the nature and severity of the risk, the probability that injury will actually occur, and whether accommodations can sufficiently mitigate the risk.

31. Before making its decision, the committee must:

- Notify the student that the committee is considering imposing an involuntary leave and the basis for the committee's belief that the student may need to be placed on involuntary leave, and
- Provide the student and his/her representative the opportunity to appear personally before the committee and provide relevant information.

Academic Accommodations: Common Challenges

- **Barriers to entry**
 - Lack of education about mental illness and the ADA
 - Paperwork and multiple meetings
 - Requiring official diagnosis
 - Multiple departments
 - Frequent renewal
- **Lack of enforcement**
 - Minimal outside accountability
 - Individual, private conversations with professors
 - Pressure to self-disclose
 - Pressure to “water down” accommodations



“**None** of my teachers told me about getting incompletes, or getting accommodations to be able to do things online.”

Sofia, Montclair State University*



How Can Professors Set Appropriate Boundaries?

Suppress
“Curiosity”



Zoom Out

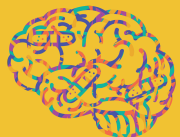


Acknowledge
Dynamics



Assist Student Advocacy Initiatives

- Provide outside peer support services and encourage community-building
- Conduct surveys and assessments to hear student concerns about campus climate
 - Including microaggressions and issues of culture, race, ethnicity, class, gender, religion, ability, sexuality
- Connect students to organizations and individuals who can hold institutions and professors accountable
- Provide peer support and advocacy services to faculty and staff
 - Create a culture where it is safer for employees to be open about mental illness
- When evaluating professors, assess their inclusivity and accommodation
 - Provide trainings for faculty and staff
- Offer platforms for students to share their stories
- Provide financial support for low-income students aiming to access care



Other Initiatives to Consider

- Support for easier academic transitions to college
- Food pantries, meal swipe exchanges, on-campus childcare, and transportation
- Financial aid adjusted for students taking more than 4 years
- Accommodations forms for all students upon entry
- Faculty training re: accommodations
- Safer spaces after on- and off-campus tragedies



Outreach Strategies

- Using diagnostic language in description of programming, but always add more inclusive terms
 - “Illness” or diagnoses can be more effective than “wellness”
- Mentioning lived experience and lack of affiliation with the university (*don't have campus reps present at events*)
- Assessing campus climate and pushing the conversation forward
 - Minimal conversation about mental illness, trauma, disability, and neurodivergence → more interest in programs about eating disorders, depression
 - More conversation about mental illness → more interest in programs about abuse and trauma, toxic families
 - Normalizing conversations about failure
- Collaborating with identity-based communities





Thank you!

Any questions?

Contact Project LETS at info@letserasethestigma.com


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Questions?

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