

Date	3/22/2023 / Time: 1:00 - 2:00 pm					
Invitees / Attendance	P	David Hinks	P	Logan Opperman	A	Kimberly Bush
	P	Nancy Whelchel	P	Diane Chapman	A	Kenneth Royal
	P	Anna Manzoni	P	Gareth Washington	A	Traci Lamar
	P	Sarah Carrier	A	John Wes Parker		
Action Items from last meeting	<p>Meeting was called to order in Zoom at 1:06 p.m. with a quorum present. It was advised that the meeting would be recorded for use in capturing the Minutes and the recording would not be shared publicly. The February 22, 2023 meeting minutes were approved. Motion to approve by Dr. Anna Manzoni, seconded by Dr. Sarah Carrier.</p>					

Student Mental Health

Recap of Discussion

- i. In the February committee meeting there was a discussion regarding development's with the report of the Mental Health Task Force concerning NC State faculty and how to help them manage the process of identifying students that may be challenged in some way and knowing how to help them while at the same time; trying to avoid as best we can making faculty members feel pressured or stressed if they cannot identify the students challenges and the student potentially harm themselves.
- ii. The committee agreed to invite Dr. Monica Osburn to have an open discussion about this topic to possibly help the committee form a recommendation to present to the Provost for consideration.

Dr. Monica Osburn

- iii. Dr. Monica Osburn, Executive Director of the Counseling Center and Prevention Services came and spoke to the committee about student mental health.
- iv. Dr. Osburn shared a link to [The Counseling Center's](#) webpage.

- v. Dr. Osburn spoke about normalizing the grieving process and the stages of grief which are:
 - 1. Guilt - "Did I do enough?", "Did I see enough?", "What if I missed something?" - these are very normal reactions.
 - a. It was suggested for the committee to think about these reactions in the context of how to support our campus community as a community and it not being just one or a few individuals responsibility.
 - b. Also, what might be ways for those individuals who want to gain more knowledge and insight in this area of mental health.
 - i. How does our campus community provide training that helps faculty feel supported in seeing these signs and symptoms while not sending unintended messages that they are responsible or expected to figure out what is happening with every student?
 - 1. What has been the most helpful method for outcomes?
 - a. Having a faculty or staff member have a conversation with the student to check in with them such as: "I've noticed you hadn't come to class, how are you doing?", "Is everything okay?", "Is there something I can help support you with?" That gesture of showing care and compassion has made significant differences.
 - b. Submitting care reports to the counseling center and increasing positive and known contacts/connections to the student are good intervention tools.
 - ii. In the event that a student in a class commits suicide, is there help for the staff and faculty members in all of the classes that the student had that offers them support and how they manage through the process?
 - 1. The Prevention Services and the Counseling Center team attends every class that the student was enrolled in and will talk to the students and offer them resources.

The Counseling Center team also speaks to the faculty members ahead of time to ask what the needs are and how they can help manage the classroom situation.

2. The Counseling Center also provides a script for the faculty member that will help with dialoge for their classrooms.
 3. Faculty members are also made aware of the EAP resources available and how the Counseling Center can support the needs ongoing.
 4. Prevention Services and the Counseling Center team also works (with the students permission) with other students (i.e. - roommates, close friends and contacts) that might be significantly impacted by the loss.
- iii. The Prevention Services and Counseling team will also come and do post-prevention training for any college called the QPR Training (Question, Persuade, Refer); the signs and symptoms of suicide prevention.
1. This training is available for faculty, staff and students who want to learn more and gain in that area.
 2. The faculty toolkit is another resource that is provided for faculty to pace themselves and they can review the modules.
 3. There is a faculty folder that is in the process of being updated on the website by Prevention Services and the Counseling Center team that will provide all resources and contact information.
- iv. Does the Prevention Services and the Counseling Center work with other deaths as well?
1. It does not matter the cause of death, Prevention Services and the Counseling Centers goal is to normalize the grieving process and make sure that the community is supported.
 2. It was suggested that the committee think about what resources they would consider

putting on the syllabus as it relates to this topic.

- a. Do you find that the majority of students that come in to use the counseling services are there for some version of the grieving process?
 - i. The top concerns year in and year out are: anxiety, depression and relationship issues/stress. The Counseling Center sees between 5-6000 individuals that comes through the Counseling Center per year.
- b. Do you have any inclination as to what percentage of those anxiety cases and those depression cases are sourced back to their school work?
 - i. None of them are single modality issues. When the student comes into the counseling center they complete a C Caps assessment scale; the norm standardized assessment tool that has 8 subcategories. Academics is one of them that is never seen. The Counseling Center never sees heightened academic scores on the assessment and normal scores on everything else. The elevated issues are family issues (i.e. divorce, mental health issues in the family), depression, anxiety, substance abuse. It rare to get academic test anxiety, etc.

- c. What is the process and who is notified when there's a death on campus or death of a student?
 - i. Prevention Services and the Counseling Center follows guidelines out of the Mental Health Alliance Schema. Their guidance is to use metrics of closest impact of the student and work their way out. The way that this impact is determined is there is a data form that goes out to key individuals across campus.
 - ii. Once the form is filled out, it tells if the student had a contact in their area meaning, were they in a fraternity or sorority, a particular club or an organization member, an athlete, were they registered with disability, resource, offices, etc.; also, where are the places of impacts and academic units that are connected to that? Does the student live on or off campus? This helps the Counseling Center determine how to reach out.
- d. Are there any thoughts about what the committee would like to consider recommending to the Provost with regard to how to communicate to our faculty colleagues expectations around being prepared to respond to students that they see struggling or the feelings of blame or guilt?

- e. How could the committee communicate to faculty that they are supported?
- f. How much training is needed and what are faculty tasked to do in this realm?
 - i. Having conversations with the faculty and creating spaces to talk about what is going on with students is always helpful to be able to learn and help support each other; as faculty work can often times be isolating.
 - ii. Having a menu of training options that reinforces that a faculty member does not need to become a mental health expert. The goal is to bring in and help to recognize human awareness that is already present; trusting your gut instincts and noticing when something is not right and connecting that individual to someone who does have those skills; and not the faculty member managing the individual themselves.
- g. In regards to the faculty toolkit, how can we help faculty members feel eased about preparing for the many different options?
 - i. How do we communicate and support our faculty so that they don't feel even more overwhelmed on how to manage these complexities.
 - ii. It was recommended as a path forward to provide resources in the onboarding

process for new faculty
coming into NC State.

Recommendations For Draft For The Provost

Interdisciplinary, Childcare and Eldercare

- a. Dean Hinks will work with Dr. Nancy Welchel and Sunanda Dillon on drafting the recommendations for the Provost.
- b. Dean Hinks, Dr. Welchel and Sunanda will meet via zoom for about 30 minutes to create the draft.

Recommendations For Student Mental Health and Faculty Expectations/Communication

- c. Would any of the committee members like to draw up a brief recommendation for the Provost regarding student mental health and faculty expectations and resources as it relates to the discussion the committee had with Dr. Monica Osburn? Or, is one needed?
 - i. A suggestion was made that 2-3 sentences be written stating that this topic should be a priority for the University to communicate the expectations of faculty members to support mental health situations that may arise with students in the classroom, lab, studios, etc.

Data on Childcare and Eldercare

- d. Dr. Welchel shared some COACHE trend data on the childcare survey regarding the question of - How satisfied are you with child support for childcare?
 - i. There was not a lot of movement in satisfaction which might be an indication of more communication is needed, or a lack of awareness of resources.
 - ii. Dr. Welchel shared some COACHE trend data on the eldercare survey regarding the question of - How satisfied are you with eldercare?
 1. There was slight movement of professors being less likely to be dissatisfied now than they were in the past.

Adjourn

Meeting Adjourned at 1:56 p.m.