

Technological Solutions to Foster Student Mental Well-Being

Because every mind matters



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PRESIDENTIAL
LEADERSHIP ACADEMY

EXECUTIVE SUMMARY

According to the Center for Collegiate Mental Health, 20% of students use over 50% of mental health support on college campuses (CCMH 2015). This an unfortunate but necessary result of CAPS prioritizing students with life-threatening concern, making it difficult for students with less serious concerns to seek help. Furthermore, many students are unaware of mental health resources available to them beyond CAPS, causing the counseling center to become overloaded. To address these problems, we propose three policies meant to present the entire Penn State community with a variety of mental health resources via technological means.

Our proposed Triage Tool is a screening tool accessible to any Penn State student. The tool would survey the user on their mental health condition, funneling down from broad information to a resource recommendation. This recommendation would emphasize alternatives to CAPS, publicizing lesser known resources to help all students find the right resource for them. To accommodate students who are dissatisfied with their recommendation, the Triage Tool would end with a catch-all database, containing all avenues for help at Penn State.

The Red Folder Initiative, started by the University of California school system, equips faculty members with appropriate resources for handling a student facing mental health concerns. We propose creation and distribution of an electronic version of the Red Folder to all Penn State faculty, staff, and students. This resource would include a flowchart for helping a student in need, and a list of emergency and non-emergency resources. With the Red Folder, faculty should be able to effectively direct distressed students toward relevant resources.

Our final policy proposes creation of a Lean On Me chapter at Penn State. Lean On Me, started at MIT in 2015, is a national organization that provides text-message based peer support networks on college campuses. By establishing a chapter at Penn State, students would be able to anonymously talk with a trained peer supporter and express their struggles without judgment via text messages. Lean On Me would create a community of peer support that emphasizes mental wellness at Penn State.

Our upbringing and education have emphasized sympathy and compassion for others. We need to acknowledge the significant burden that mental illnesses place on students, and the need to support these students. We believe accessibility to resources is key for students to feel supported. We aim to create a culture of wellness and community across Penn State's campus. The university has the ability to prevent these dangerous thoughts and emotions by providing appropriate, timely support. To improve mental health services at Penn State, we recommend utilizing technology to eliminate barriers that are preventing students from receiving treatment.

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POLICY I: TRIAGE TOOL

Exigence

Background

Struggling with mental health problems can cause one to feel helpless and alone, especially in a college setting, where students must deal with living away from their families and homes for the first time. Students may not know if their issues stem purely from adapting to a new environment or if they could be an indication of something deeper. During this difficult period of transition, it is imperative that students have resources to which they can turn to receive guidance and help. Furthermore, it is crucial that these resources not only exist, but also be highly publicized, so that they immediately come to mind whenever a student is in need. This is not possible if resources are disconnected, for the average person will not remember the functions and contact information for all relevant modes of assistance.

Fortunately for Penn State students, the University already offers a plethora of resources and opportunities from which students can receive help with whatever struggles they are facing. These range from CAPS to small student-run clubs that serve more as peer discussion therapy groups. When high school students visit the university, tour guides and admissions officials emphasize that Penn State offers more than 1,000 student clubs and organizations, and use this vast array of options as a selling point for ambitious, involved students (Penn State Student Organization Directory). As current undergraduates, it is easy to confirm that there is indeed a mind-boggling number of clubs on campus, more than any one person could easily keep track of. Yet in times of distress, students need to be able to quickly and easily locate appropriate resources. Sifting through websites, descriptions, and meeting times for hundreds of different groups is an infeasible task for a person to conquer, and despite

the availability of a huge number of options, students can end up feeling lost and confused in a sea of information.

The Problem

The primary resource for Penn State students in need of mental health services is CAPS. Led by Dr. Ben Locke, CAPS is the most prominent, well-advertised, and university-linked resource for those needing guidance concerning mental health issues. Unfortunately, CAPS has become extraordinarily backlogged in recent years, due to several factors. First, the Penn State student population is increasing, and in the past 10 years, enrollment has increased from 40,709 to 46,848 (Penn State University Budget Office). Averaging data from a variety of national public health organizations, the percent of adults in the US who suffer from some sort of mental illness is 21.1%. Since Penn State contains a significantly large quantity of students, it is reasonable to believe that this number can be applied to the general Penn State population. As shown in Figure 1, this means that the number of students requiring mental health treatment has increased by over 1,200 just in the last 10 years.

Nationally, growth in number of students seeking services at collegiate counseling centers increased at more than five times the growth rate of institutional enrollment over the last six years (CCMH). As more and more students become aware of the potential that they may have mental health issues and are less ashamed to seek them out, CAPS receives more requests for

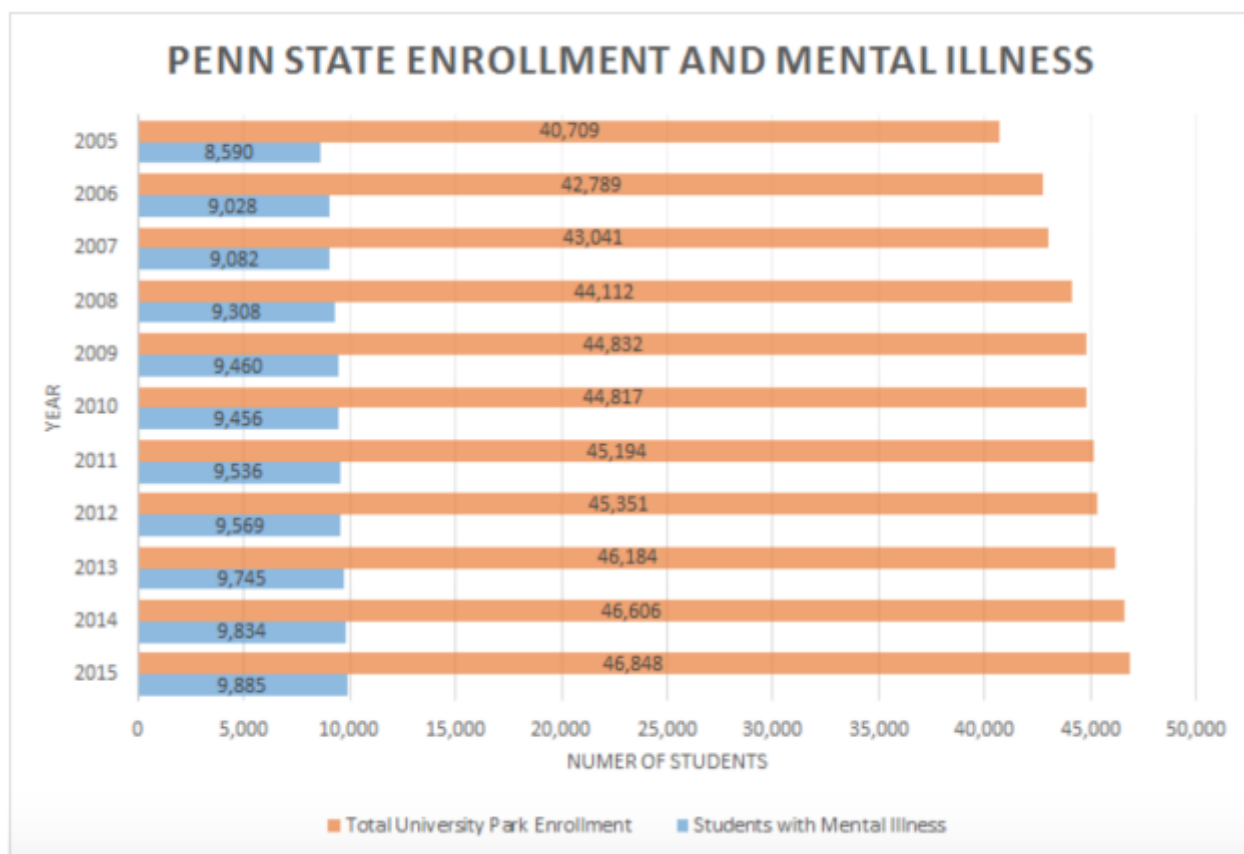


Figure 1: Number of Penn State students enrolled at University Park campus compared to proportion with some sort of mental illness.

**Mental illness numbers estimated from data collected from National Alliance on Mental Illness, Centers for Disease Control and Prevention, National Institute of Mental Health, National Institute of Mental Health Disorders, and American Psychological Association*

appointments than it can handle. Although these numbers indicate that there is less of a stigma around seeking mental health treatment, a positive trend for those concerned about the perception of mental health, both the increase in enrollment and usage present a problem for CAPS. As further demonstration of the need for help, the 2013 National College Health Assessment showed that nearly a third of U.S. college students have endured some type of depression, and almost half have experienced a feeling of overwhelming anxiety in the past year. There is no shortage of students in need of mental health support at Penn State.

Clearly, the demand for mental health services has increased at Penn State. Unfortunately, the supply of such services has not grown at quite the same rate. CAPS has the capability to see slightly under 4,000 students per year, with approximately 26,000 total appointments (Penn State Center for Counseling and Psychological Services). In comparison, the earlier chart shows close to 10,000 students with some sort of mental illness. Though not all of these will seek out treatment, the overall demand for CAPS services greatly exceeds the amount it is able to provide. This results in, for non-emergency situations, an often-lengthy wait for appointments with a professional who can address the problem. This can lead to serious threats to some students' overall health, for as Dr. Locke remarks, "You have to wait two or three weeks ... That wouldn't happen in a health setting where somebody would say 'I have strep throat,' and they'd be sent away for a couple of weeks." (Maiken) Alternatively, students could seek out off-campus professional help, but this solution is often much too expensive for unemployed undergrads. On the whole, over half of collegiate mental health resources are consumed by only 20% of patients, which proves a weighty issue for the providers, which must service those with the most pressing issues first, often at the expense of those with less severe, but still important conditions (CCMH). As these trends continue, something must change in the setup of CAPS so that the growing number of students requesting mental health treatment can receive it.

Recommendations

Background

There are several ways for Penn State to address the problem described above. First, it could pump more money into CAPS, hiring more counselors and staff to deal with the ever-increasing demand for services. Unfortunately, budget inflation is very difficult to accomplish, and it would take a substantial amount of funding to fully bring CAPS up to its needed funding

levels. Other universities have attempted this approach, but only found that “every time [they] got an increase in funding and got more staff, [they] just had more students who wanted services.” (Novotney) Granted, CAPS expansion could certainly help more students to receive professional services, a benefit that cannot be discounted. Any funding that can be raised for CAPS should contribute towards hiring more counselors and increasing its services. This limited funding, unfortunately, may not by itself create a large enough boost to CAPS resources to service everyone who requests help. Thus, we decided to investigate supplementary solutions that would assist large numbers of students in receiving mental health treatment without requiring formidable amounts of funding.

As stated earlier, Penn State is fortunate in that it has an abundance of student clubs and organizations. There are a number of these groups that deal with the issue of mental health or offer various peer services to those seeking help for mental health issues. The blessing of a wealth of clubs, however, can also overwhelm students with an inundation of options and information, leading to a general unawareness of a vast majority of organizations. This leads to a lack of participation and involvement in many outside mental health resources, resources which could be used in lieu of traditional counseling visits for those whose problems do not require professional help.

Whenever a student believes they need to seek out mental health resources, their first move is often to schedule a meeting at CAPS. The CAPS website offers alternate resources and helpful practices for relieving stress and adjusting to college life, but these are not all easy to locate on the website. Additionally, many students go to the CAPS website with full intention of scheduling an appointment at CAPS and are not interested in browsing other service options. How can Penn State redirect these students to the most appropriate resource?

We believe that by disseminating information to the general population of Penn State students, there will be a greater awareness of the options open to those seeking mental health treatment so they can select a resource that would specifically help them. This would be done by creating an online tool, known as the “triage tool,” that would recommend students to appropriate resources based on their symptoms and feelings, and would also include a complete, consolidated directory of all services available to students. By having an easily accessible, widespread, compact guide to mental health resources at Penn State, students should be able to not only easily determine where to go for assistance, but also be more aware that such resources exist if they are ever in need. Furthermore, as one Eastern Washington University student says, “I can't really time my panic attacks to hit only on weekdays during the center's 11 a.m.- 4 p.m. counselor walk-in hours.” (Novotney) Students need to be aware that there is assistance open to them outside of the limited appointment availability of CAPS, and we believe our tool can be greatly effective in transmitting this information.

Other universities have also experimented with alternative mental health services with great success. For example, the University of Texas at Austin implemented a Brief Assessment and Referral Team that provided students with a quick screening that would refer the student to a fitting level of care. Chris Brownson, the University's Counseling Center director, described the initiative as a success, saying that, "for some students, a single session with a mental health professional is all they need, perhaps to help them problem-solve a situation or talk about a personal concern ... Other students are in need of more intermediate or even extended care. This is a way of getting students in front of a counselor more quickly and then ultimately getting them connected to the type of treatment that they need in a much faster way." (Novotney) The University of Florida began an online program in order to connect students with anxiety disorders to treatment more quickly. These modules, videos, text

reminders, and brief online conferences allow the counseling center to treat a greater number of patients at little marginal cost. Furthermore, the UF counseling center director believes “the program's success is due to how it's integrated into each student's life via smartphones.”

(Novotney) Our solution combines these components, providing preliminary self-led mobile screening and potential connection to a student group, ultimately directing students to the best option for them.

Functions

Necessity and utility of the triage tool established, we now move to the specifics of the tool. Foremost, the tool would serve as a screening, aiming to improve upon the online self-screening CAPS already offers. There are several advantages of a comprehensive self-screening, available anytime and anywhere. First, an online self-screening would allow for complete privacy for the student, since the student’s answers would be seen only by the student and responses would not be tracked by the program. Such would eliminate two primary concerns for students who need mental health treatment: fear of stigma, and concern that information they share will not remain confidential (Gruttadaro & Crudo).

Second, the triage tool would permit free access without time or location restrictions. This is particularly useful for a two groups of people—those with less severe mental health concerns and those who do not want (or cannot get) a formal appointment. The first group would be less likely to find a CAPS meeting productive than those with severe concerns, as they may wait weeks for the appointment for a concern that could be helped without a formal appointment. A statistic from the CCMH report illustrates the likelihood of this scenario in revealing, “One (1) is the most common number of appointments per client per year.” While this could be seen as evidence of CAPS’ success, it is also a possible indicator that many mental health concerns could be treated in a single consultation.

While the previous scenario is certainly not representative of every case, a free option that requires no appointment would be likely to encourage more students to try to seek some kind of help. The second group is comprised in part with people who do not believe a CAPS appointment would be beneficial, but includes an even larger body of students, like those afraid of mental health stigma, those who do not have time to go to a CAPS appointment, those who do not want to wait for a CAPS appointment, and those who cannot afford CAPS after the initial six appointments, meaning they might look for more long-term options.

Finally, the triage tool would have the potential to continually improve upon itself through collaboration with opinions from CAPS counselors and IT specialists. In its initial stages, this could be accomplished with comment sections, where users could highlight any potential deficiencies in the system in order to let the tool develop even further. Additionally, the tool could use self-reported results and feedback, showing whether users decide to follow the suggestions of the tool and whether they find the results to be effective. Though feedback will require some website maintenance and updating, it will allow the feature to adapt to the experiences of its users and become more efficient and effective as it becomes more heavily utilized.

Following the screening, the user would be presented with a suggestion of relevant resources to use. CAPS would be among the resources listed no matter the survey results, but there would be particular emphasis on publicizing the lesser known resources like clubs, community events, and self-help options. This system of resource recommendation after a screening would accomplish a few primary tasks.

Importantly, emphasis on alternative resources would reduce strain on CAPS, which has to keep up with continual rise in demand for services. Figure 2 from the CCMH illustrates the rising strain on CAPS, with 38.4% more appointments with only a 5.6% increase in enrollment over a 5-year period.

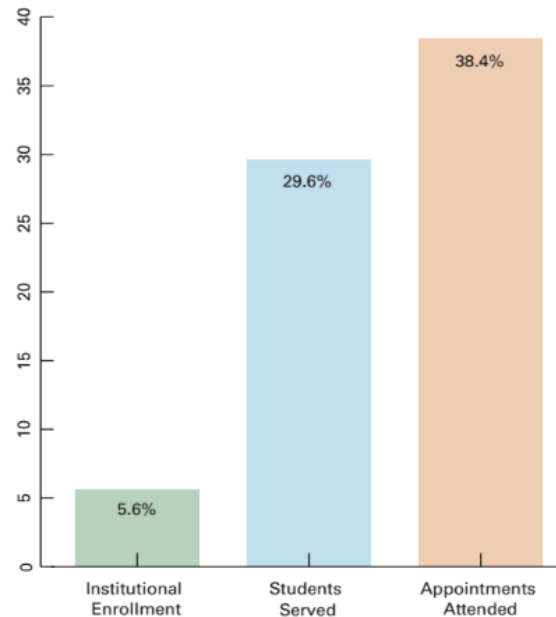


Figure 2: Change Rates between 2009-2010 and 2014-2015 for Counseling Centers and Institutions (N=93)

In response, the CCMH explains:

The average increase in demand for services, without commensurate increases in resources, will make it difficult to provide responsive mental health services. Counseling centers that have not been equipped to respond to this trend may have to reduce other critical services such as education and training of campus stakeholders, consultation services for faculty and staff, participation in research, treating students with less severe concerns, and the training of future mental health providers.

The way to counteract this startling trend and preserve all programs available to treat mental health conditions is to offer alternate programs to ensure CAPS does not carry the burden on

its own. Fortunately, these programs are already in place, located everywhere throughout campus, and simply have to be advertised better so they are used more, which the triage tool would accomplish.

On a similar note, promoting alternative resources may result in better care for students.

Looking at Figure 3, alternative resources would solve four of the five biggest problems students have with campus clinical services (Gruttadoro & Crudo). Regarding the first point, there is no limit to the number of appointments a student can have with most non-CAPS services, and the limited resource problem would be solved by making students aware of non-CAPS services. The third point is the most well-addressed by the triage tool, in that it will encourage students to use the many Penn State mental health clubs or services that are not CAPS. A number of these—including Scholars Helping Scholars and Active Minds—are based on peer-to-peer support. Finally, regarding the fifth point, organizations other than CAPS will have no authority to prescribe medications. It is important to remember that CAPS will be available (and probably less congested with wait times) to those who need it, but there will be a multitude of other options as well.

The triage tool will make these alternatives much easier to find. Currently, it is necessary to sift through large amounts of resources in order to find the resource applicable to one's condition, but with the triage tool, only relevant resources will pop-up after the

Top five reasons students found services and supports poor
There are a limited number of counseling visits allowed on campus and a limited number of resources.
There are not enough adequately trained mental health providers .
The college does not recognize the importance of peer support.
There is a lack of communication between mental health providers and others involved in students' care.
The college is too quick to prescribe medications or hospitalize students with mental health issues.

Figure 3: Top five reasons students found services and supports poor

screening. This process will endeavor to reduce search time and complications in finding the right resource greatly.

The last aspect of the triage tool, appearing after the screening and resource recommendation will be a database, which will aim to accommodate those who did not feel the recommendations were useful. The database, which will be comprehensive and include every Penn State mental health organization, will be useful in consolidating available resources into one location, while also containing every way Penn State can help. It will be a safety net for those whose needs are not met by the triage tool screening and recommendation, but who still do not want to use CAPS.

Implementation

Details

Moving on from a general overview of the benefits and features of the triage tool, we look now to the challenges of implementing the tool. The underlying infrastructure of the tool will rely on a flowchart linking each question to the next, attempting to go from broad probing questions to questions that can pinpoint the nature of the mental health condition. This design is analogous to a funnel, which works towards the final recommendation, as shown in Figure 4. The more technical design details would be determined based on a hopeful partnership with the CAPS IT department.

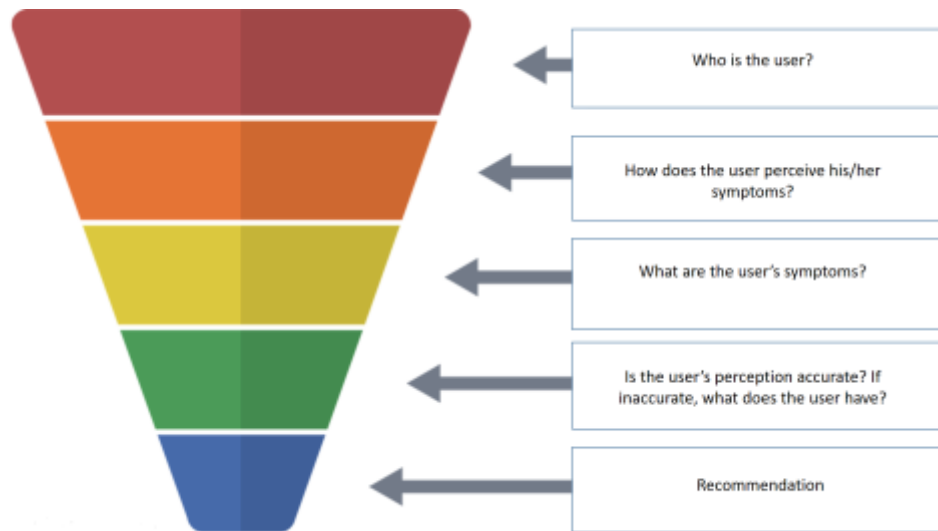


Figure 4: Triage tool flowchart diagram

The outward design would be a simple survey design, similar to the aesthetics of a typical Survey Monkey survey. Such would allow for easy accessibility, aiming to promote usage. There would be three stages to the survey. The goal of the first would be to collect basic demographic information as shown in Figure 5.

What is your age?

- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44
- ☐ 45 to 54
- ☐ 55 to 64
- ☐ 65 to 74
- ☐ 75 or older

What is your gender identity?

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Other

Figure 5: The first step of the triage tool; collecting basic demographic information

The survey would pose these questions alongside a promise for privacy and confidentiality, while also never asking for a name. The second section would aim to gauge the symptoms of the user, first asking what they have been experiencing, then trying to determine the severity of their condition, and ending by assessing whether or not they have any condition (Figure 6).

What are you seeking help for?

☐ Sadness, emptiness

☐ Mood swings

☐ Anxiety

☐ Substance Use

☐ Stress

☐ Drinking

☐ Weight, eating habits

☐ Traumatic events

☐ Sleep

☐ Other (please specify)

How severe would you rate your symptoms (1-10, 10 stars being most severe)?

☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆

Figure 6: Questions used to determine the severity of the user's symptoms

The third and final part would suggest a list of possible concerns and recommend a list of resources to use (Figure 7).

In large part, this new survey could resemble the tool already provided by CAPS, but would be an adaptive tool, able to be expanded by input from both CAPS psychologists and students through use of comment sections in the survey. Accordingly, the

I am terrified of being overweight.

☐ Always

☐ Usually

☐ Often

☐ Sometimes

☐ Rarely

☐ Never

Figure 7: The third stage of the triage tool

sample questions are based in part on the existing survey (Mental Health Screening).

Furthermore, and most importantly, the screening would improve upon the current CAPS survey with a more comprehensive resource at the end to go along with a recommended action to take. In addition, the end of the survey will include the database described earlier, nearly guaranteeing accommodation for everyone.

Creation

Next, we discuss creation of the survey, which would be accomplished in collaboration with CAPS and CAPS IT. Fortunately, much of the resources are already available, limiting much of the strain on CAPS. Accordingly, the majority of the work required with CAPS is already finished, leaving CAPS to focus on bolstering the survey in an effort to make it a robust screening. CAPS IT would then take over, with their role being to create the connections between resource, triage, and website. Again, the pieces are already made, just scattered and disconnected, necessitating an infrastructure for the triage tool.

Financial Considerations

One of the biggest benefits of the tool is that it can help a large number of students for a relatively small cost. Per Cheri Graham from the PSU Student Affairs Information Technology staff, the tool could either be produced using the existing Penn State underlying webpage programming, or depending on its configuration, could require some additional software that goes beyond existing templates. As the CAPS website is currently being reconfigured, the tool could ideally be created as part of the reconfiguration in conjunction with CAPS counselors. If the tool requires software beyond current programming capabilities, Graham estimates the implementation to take about 40 work-hours, which though not a negligible amount, is certainly feasible. Once implemented, the tool would also require ongoing upkeep and evaluation. These costs could likely be covered by the student mental health fee implemented as

part of the newly designed student fee. Considering that the tool could function to serve as many Penn State students as may possibly need it, the benefits of the tool can far outweigh the limited costs.

Publicizing the Tool

The final consideration with triage tool implementation is with publicizing the tool and ensuring its use. In terms of publicization, the tool would have to be advertised to ensure students know about it. This could be accomplished with a few tactics, and a combination of all of them would likely be the best option. Most easily, an email to all Penn State students from CAPS could describe the tool, including its use and location. In tandem with the email, CAPS could play a role in New Student Orientation (NSO), requiring students to click on the survey, take the survey, or simply listen to a description of the survey. This would be at the discretion of Penn State and the NSO planners, but presents a good educational opportunity. As an additional publicizing effort, flyers placed around campus in prominent locations like bathrooms, classrooms, and dining halls could further publicize the tool. In essence, we aim to expose as many students as possible to the triage tool, with the hope that they then know about the tool if they ever need help with a mental health condition. To further ensure publicity and use, the tool would have to prominently displayed; Canvas would be the optimal place to put the tool. Students frequently use Canvas, often multiple times a day, and it could be made available in an unobtrusive “Account” pull-out menu (Figure 8).

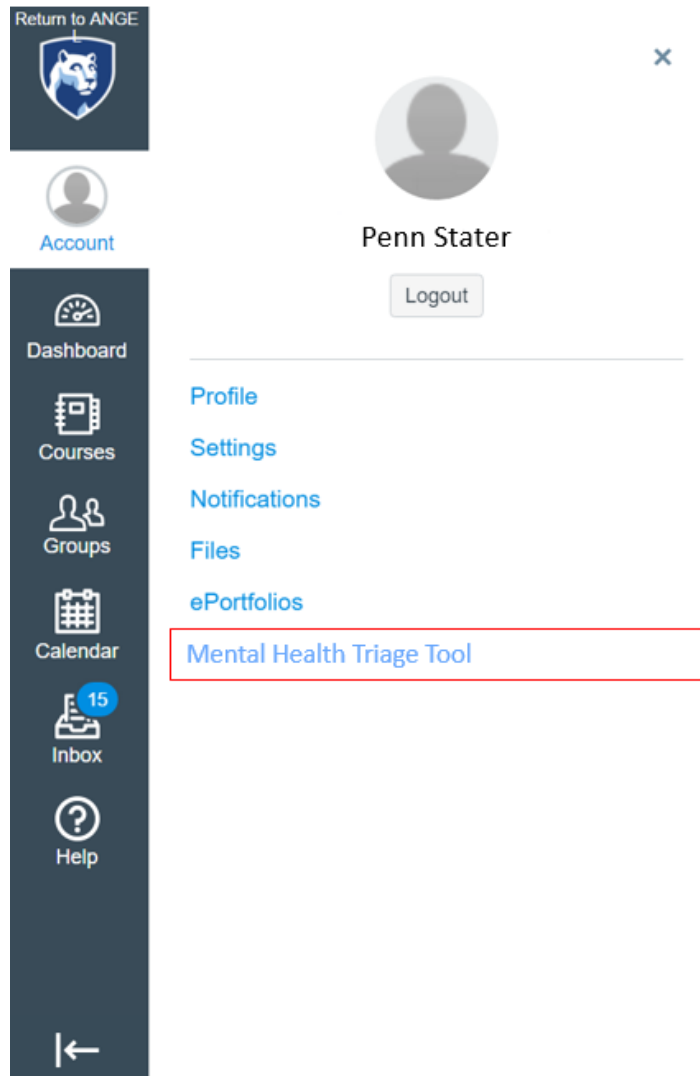


Figure 8: A possible approach to integrate the Mental Health Triage Tool into a student's CANVAS account

Impact

The triage tool impact will be far-reaching, addressing problems for students and the overall Penn State community. The primary goal would be to help students with mental health concerns. It would provide an outlet for students who do not want or need an appointment with CAPS, accommodating them sooner and with more diverse end results because of the push for alternative resources. Further, a completely online tool would help to assuage concerns regarding confidentiality and privacy. Finally, students would have the opportunity to explore

resources that might meet their needs better than CAPS. Moreover, the triage tool will help fight back against the ever-growing demand for CAPS appointments, which will allow increased CAPS access for the students who more desperately need an appointment, rather than an alternative resource. This in sum will aim to impact the entire Penn State community, bolstering mental health and generating peace of mind by ensuring there is always an open outlet for each student. The triage tool will help fill the current Penn State mental health void of an involved, comprehensive online screening that works to give an applicable resource recommendation.

POLICY II: RED FOLDER INITIATIVE

Exigence

On April 16th, 2007, Seung-Hui Cho, a senior at Virginia Tech, open fired on campus and killed 33 people including himself. This was one of America's largest mass shootings in history. This story is not intended to villainize mental illnesses, but bring awareness to the discrepancies that occurred at Virginia Tech and the likelihood of prevention if there had been better campus communication. Seung-Hui Cho had struggled with depression and extreme social anxiety throughout his childhood and young adulthood. After the event, several faculty members and students recalled noticing concerning behaviors during his time at Virginia Tech. Following the shooting, Governor Tim Kaine created a panel to delve into the events leading up to the shooting. The panel found that faculty members were concerned for Cho, writing, "Cho would become known to a growing number of students and faculty not only for his extremely withdrawn personality and complete lack of interest in responding to others in and out of the classroom, but for hostile, even violent writings along with threatening behavior" (Virginia Tech Review Panel, 2007). The governor and his panel formed a report with details surrounding Seung Hui Cho, his mental illnesses, his time at Virginia Tech, and the shooting itself. Their overall conclusions strongly criticize the educators and mental health professionals who interacted with Cho throughout his time at Virginia Tech and noticed his struggling mental health and abnormal behaviors, but never took any action. If one of the bystanders who noticed Cho's behavior would have intervened, Virginia Tech may have avoided this tragedy.

This second policy will address the need for a resource for faculty members to determine how to address distressed students and what resources to provide to these students.

Stories like Seung Hui Cho's make us aware of the pertinent role faculty members play in the wellbeing and safety of students.

The policies in this proposal all stress the need for technology in mental health awareness and as a means of accessing resources. This policy will continue to emphasize the benefit of technology and its effectiveness in providing resources to faculty members in order to deal with mental health crises.

Recommendations


We recommend implementing the Red Folder Initiative, a program first initiated at the University of California in 2012, as a technological resource at Penn State University Park to better create common language and equip faculty to handle mental crises and distressing situations.

The Red Folder Initiative aims to provide guides and mental health resources to faculty members who may encounter distressed students or situations. Each of the 10 campuses in the California university system have their own folder, but the general information is the same for all campuses. Elizabeth Gong-Guy, director of UCLA's Counseling and Psychological Services, explains, "This document pulls together all of the resources in one place so that faculty and staff have a single-source, comprehensive guide." Taisha Caldwell-Harvey, PhD, the Mental Health Program Manager for the University of California, coordinates the Red Folder Initiative for all ten campuses. In a phone interview we conducted with her, she said in 2012 they received a grant from the state of California and put that into funding the Red Folder idea. According to Caldwell-Harvey, before the Red Folder was available there were plenty of pamphlets and booklets that contained mental health resources, but nothing that offered a quick guide of resources for faculty members.

When compiling the resources for the Red Folder, Dr. Caldwell-Harvey said there was no data collection to determine the better resources to include. They simply selected frequently used resources on each campus using the same template. All the folders appear different; however they include a flow chart, list of easily accessible resources - non-emergency and emergency - and some other helpful tips. The point of these folders is that they are quick reference guides, as each folder is no more than 3 pages. Figure 9 is the University of California Irvine's folder.

Assisting Students in Distress

See Something. Say Something. Do Something.



See Something.

UC faculty/staff and graduate teaching/research assistants are in a unique position to demonstrate compassion for UC students in distress.

Both undergraduate and graduate students may feel *alone, isolated, and even hopeless* when faced with academic and life challenges. These feelings can easily disrupt academic performance and may lead to dysfunctional coping and other serious consequences.

You may be the first person to **SEE SOMETHING** distressing in a student since you have frequent and prolonged contact with them. The University of California, in collaboration with the California Mental Health Services Authority (CalMHSA), requests that you act with compassion in your dealings with such students.

Say Something.

Students exhibiting troubling behaviors in your presence are likely having difficulties in various settings including the classroom, with roommates, with family, and in even in social settings.

Trust your instincts and **SAY SOMETHING** if a student leaves you feeling worried, alarmed, or threatened.

Do Something.

Sometimes students cannot, or will not turn to family or friends. **DO SOMETHING!** Your expression of concern may be a critical factor in saving a student's academic career or even their life.

The purpose of this folder is to help you recognize symptoms of student distress and identify appropriate referrals to campus resources.

The Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) permits communication about a student of concern in connection with a health and safety emergency. *Observations of a student's conduct or statements made by a student are not FERPA protected.* Such information should be shared with appropriate consideration for student privacy.

Academic Indicators	Physical Indicators	Safety Risk Indicators	Psychological Indicators
<ul style="list-style-type: none"> ✓ Sudden decline in quality of work and grades ✓ Repeated absences ✓ Errors common in writings or presentations ✓ Multiple requests for extensions ✓ You find yourself doing more personal rather than academic counseling during office hours ✓ Overly demanding of faculty/staff attention 	<ul style="list-style-type: none"> ✓ Marked changes in physical appearance including deterioration in grooming, hygiene, or weight loss/gain ✓ Excessive fatigue/sleep disturbance ✓ Intoxication, hang over, or smelling of alcohol ✓ Disoriented or "out of it" ✓ Cackled, tangential, or slurred speech 	<ul style="list-style-type: none"> ✓ Unprovoked anger or hostility ✓ Implying or making a direct threat to harm self or others ✓ Academic assignments dominated by themes of extreme hopelessness, rage, worthlessness, isolation, despair, acting out, suicidal ideations/violent behaviors — a "cry for help" ✓ Communicating threats via email, correspondence, texting, or phone calls 	<ul style="list-style-type: none"> ✓ Self-disclosure of personal distress - family problems, financial difficulties, contemplating suicide, grief ✓ Excessive moodiness, panic reactions, irritability or unusual quality ✓ Verbal abuse (e.g., teasing, badgering, intimidation) ✓ Expressions of concern about the student by his/her peers

Wellness, Health & Counseling Services
University of California - Irvine

Figure 9: The Red Folder used at the University of California – Irvine

There are 46,000 individuals at University Park that include 7,500 international students. This does not even include the other 23 campuses totaling 70,680 undergraduate

students. Penn State is a massive community and it is critical that the students' well-being and safety come first. The CAPS program at University Park indicated they see an average of 2,500 students annually and 16,000 in person treatment contact per year. Every day at Penn State hundreds of bright, young individuals face the challenges of their mental illnesses. This cannot be a burden that we allow our students to face alone anymore. The faculty on this campus needs to be aware of the stakes that mental illness poses and how they can assist their students. The National Alliance on Mental Health (NAMI) compiled an extensive report concerning college student mental health in 2012. They found that 79% of students indicated that offering mental health training for faculty and staff was the single most important awareness activity colleges can provide ("Mental Health by the Number", 2016). While the Red Folder Initiative does not replace faculty training, it does provide key accessible information for faculty members when facing a distressed student.

Implementation

This policy specifically speaks to the Red Folder Initiative at University Park as we are not aware of the specific resources available at other branch campuses, however, we would like to expand the initiative after seeing it succeed at UP. Penn State offers a plethora of resources for students struggling with mental health issues. Some are sponsored through Penn State like CAPS and others are student run organizations. Figure 10 is an example of the types of resources we would use based on UC San Diego's Red Folder. The left side of the guide offers emergency numbers and additional resources. The template that the UC schools used is very straight forward and includes: a brief overview of how to respond to a student using a flow chart, information on how to de-escalate the situation, and numbers to call for help. We have compiled a list of resources we would like to see in our Red Folder. See Appendix B for a complete list of our suggested resources.

FACULTY & STAFF 911 GUIDE

SEE SOMETHING? SAY SOMETHING.
 Concerned about what you have witnessed in a student's behavior or class work?
 Call for assistance or a consultation.

TELEPHONE NUMBERS AT A GLANCE

(All numbers in 619 area code)

EMERGENCY – Life threatening situation:

- From a campus phone: Dial 911
- From a cell phone, call UCSD Campus Police: 534-HELP (4357)

PRINCIPAL ADMINISTRATORS (PA):

Revelle	534-3493	Marshall	534-4390	Roosevelt	534-2237
Muir	534-3587	Warren	534-1720	Sixth	822-5953

Office of Graduate Studies (OGS) 534-3871
 School of Medicine (SOM) 534-3700
 Skaggs School of Pharmacy & Pharmaceutical Sciences 822-5581

ADDITIONAL RESOURCES:

Counseling and Psychological Services (CAPS)	534-3755
Student Health Services (SHS)	534-3300
Student Policies and Judicial Affairs (SPJA)	534-6225
Student Sexual Assault Resource Center (SARC)	534-5793
Office for Students with Disabilities (OSD)	534-4382
International Center	534-3730
Office of the Ombuds	534-0777
Office of Sexual Harassment Prevention & Policy (DSHPP)	534-8298
Women's Center	822-1577
Lesbian, Gay, Bisexual, Transgender Resource Center	534-3456
Cross-Cultural Center	534-9689

**If in doubt, call the UCSD Police Department
 534-HELP (4357)**

ASSISTING STUDENTS OF CONCERN

DISRUPTIVE STUDENT

A student whose conduct is clearly and eminently reckless, disorderly, dangerous, or threatening including self harmful behavior

GETTING HELP
 If you are concerned for your/others' safety due to a student's disruptive and/or threatening behavior
Call 911 or the Campus Police

THEN REPORT TO:
For Undergrads:
 The College Dean of Student Affairs (PA)
 The Department Undergraduate Student Affairs Coordinator
For Graduate and Professional Schools:
 The Office of Graduate Studies (PA)
 The School of Medicine (PA)
 The Skaggs School of Pharmacy (PA)

CONSULTATION OR EMERGENCY COUNSELING
 Call a PA, SPJA, CAPS, OSD, SHS or the Ombuds

If a student is causing a disruption but does not pose a threat:

- Ensure your safety in the environment. Use a calm, non-confrontational approach to de-escalate the situation.
- Set limits by explaining how the behavior is inappropriate.
- If behavior continues, ask the student to stop and warn them that official action may be taken.
- If the disruptive behavior persists, notify the student that disciplinary action may be taken. Ask the student to leave. Inform them that refusal to leave may be a separate violation subject to discipline.
- If you believe there is a safety risk, contact campus police. Immediately report the incident to the appropriate PA (listed above).

DISTRESSED STUDENT

A student with a cluster of persistent behaviors who seems unduly anxious, sad, irritable, withdrawn, confused, lacking motivation and/or concentration, seeks constant attention or demonstrates bizarre, erratic behavior or expresses suicidal thoughts

GETTING HELP
Consultation and Referrals
 Call CAPS, OSD, SHS, Ombuds or a PA.
Administrative/Judicial Affairs:
 Call a College Dean of Student Affairs, or the PA for the OGS, SOM, the Skaggs School of Pharmacy, SPJA.
Academic Status
 Call and consult
 College Dean of Student Affairs
 College Academic Advising
 Dept. Undergraduate Student Affairs Coordinator
 Graduate Department Chair
 Graduate Advisor


IN CASE OF ILLNESS OR INJURY
 Emergency medical situation: 911
 Non-urgent: SHS

Figure 10: The faculty and staff resource guide used at the University of California - San Diego

The second component to the Red Folders would list common indicators of distress such as academic indicators, emotional indicators, physical indicators, and safety risk indicators. Figure 11 lists the indicators that UC Merced included in their distress indicators section.

Indicators of Distress

Be aware of the following indicators of distress. Look for groupings, frequency, duration and severity — not just isolated symptoms.



Academic Indicators	Physical Indicators	Psychological Indicators	Safety Risk Indicators
<ul style="list-style-type: none"> ✓ Sudden decline in quality of work and grades ✓ Repeated absences ✓ Disorganized performance ✓ Multiple requests for extensions ✓ Overly demanding of faculty and staff time and attention ✓ Bizarre content in writings or presentations ✓ You find yourself doing more personal rather than academic counseling during office hours 	<ul style="list-style-type: none"> ✓ Marked changes in physical appearance including deterioration in grooming, hygiene, or weight loss/gain ✓ Excessive fatigue/sleep disturbance ✓ Intoxication, hangovers, or smelling of alcohol ✓ Disoriented or "out of it" ✓ Garbled, tangential, disconnected, or slurred speech ✓ Behavior is out of context or bizarre ✓ Delusions and paranoia 	<ul style="list-style-type: none"> ✓ Self-disclosure of personal distress such as family problems, financial difficulties, contemplating suicide, grief ✓ Unusual/disproportional emotional response to events ✓ Excessive tearfulness, panic reactions ✓ Irritability or unusual apathy, ✓ Verbal abuse (e.g., taunting, badgering, intimidation) ✓ Expressions of concern about the student by his/her peers 	<ul style="list-style-type: none"> ✓ Unprovoked anger or hostility ✓ Physical violence (shoving, grabbing, assault, use of weapon) ✓ Implying or making a direct threat to harm self or others ✓ Academic assignments dominated by themes of extreme hopelessness, rage, worthlessness, isolation, despair, acting out, suicidal ideations/violent behaviors — a "cry for help" ✓ Stalking or harassing ✓ Communicating threats via email, correspondence, texting, or phone calls

Figure 11: The distress indicators section of UC Merced's Red Folder

Based on the provided indicators the Folder would follow up with a flow chart indicating what kind of action the faculty member should take when responding to a distressed student or situation. Figure 12 is UC Merced's response protocol flow chart.

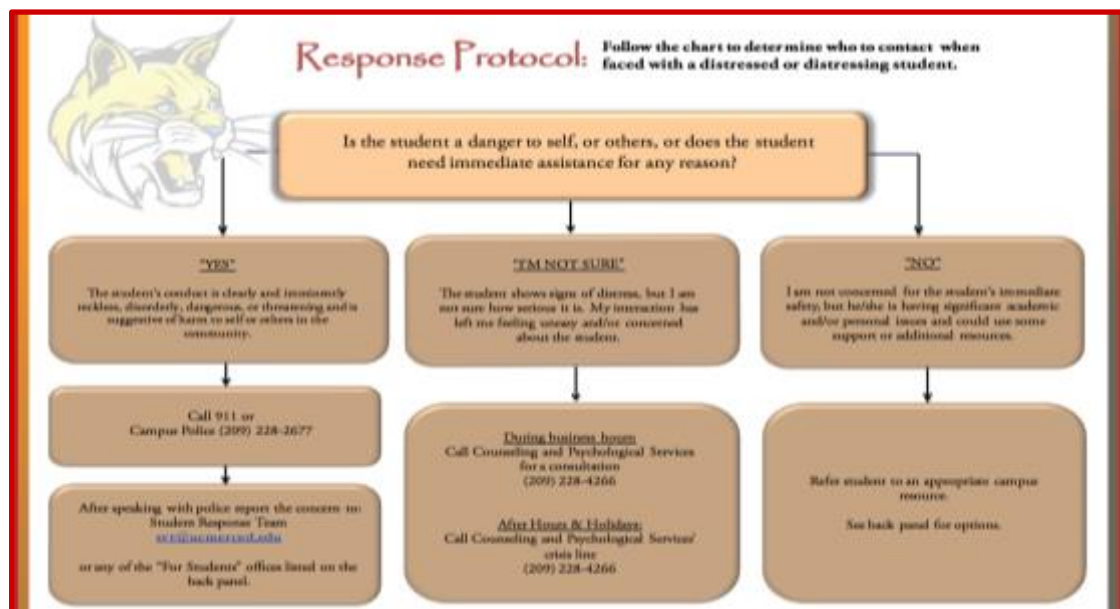


Figure 12: The response protocol flowchart for UC Merced's Red Folder

The flow chart offers a rapid guide to how to respond to a distressing situation. It is important to note, however, while some of this may seem like common sense, the “I’m Not Sure” and “No” responses are critical as well. All students deserve treatment for their mental health, even if they are not yet a threat to themselves and others. This guide offers information on what to do if the professor is just not sure what to do. The UC schools have a saying: “See Something, Say Something, Do Something”. Penn State faculty need to exemplify this motto and act as a proactive institution. Penn State also has a similar motto, “See Something, Say Something” which reflects the foundation for implementing this Red Folder.

With sponsorship from CAPS and the Faculty Senate we would introduce the Red Folders as a university wide initiative. A PDF format of the Red Folder would be emailed to every single professor, faculty member, and RA, and it would also be stored on their desktops. With IT assistance we would format the Red Folder to be accessible on mobile devices. The Red Folders are easily understandable and readable so that no training would be required. A simple introduction into their use and the importance of this initiative would suffice. Our folder would also be accessible to anyone by providing the downloadable PDF on the Penn State main page. Students, parents, and faculty all will have access to this resource.

Like any newly created program, measuring the success after implementation is crucial. We would follow up with random surveys asking the faculty to measure their success objectively. Caldwell-Harvey claims that since its implementation in 2012 they have received nothing but positive feedback, however, they have not conducted any research to measure the subjective success of this program. The Red Folder is a difficult subject to measure. General feedback from both faculty and students is the best way to visualize its success and progress. Dr. Caldwell-Harvey mentioned how the best way for her to see its success is from the stories that faculty members tell her. She said professors appreciate its easy-to-read layout that allows

to professors to figure out what students need without being a psychologist. Mental Health coordinator for UC Berkeley, Dr. Aaron Cohen, asserts that faculty interest in student mental health increased by 10-20% in another phone interview we conducted. It sparked a major interest which just shows how successful the program is.

Impact

Virginia Tech is not to blame for the horrific massacre that took place on April 16th, 2007, however, had there been a common language set across campus for how to handle distressed students, Seung-Hui Cho may have received the desperate medical attention he needed. It often takes a tragedy for people to make a change. Between 2007 and 2011, nineteen Penn State students took their own lives. Faculty members are the main connection between students and this university. They see students on a regular basis and often develop close relationships, however when confronted with a distressed student they may not know how to respond. The Red Folder is a simple initiative that can help fix a complex situation. Referring a student to CAPS or the Center for Women Students or the LGBTQ resource center could be a life saving gesture that now only points that student in a positive direction, but shows him or her that the university cares. By creating the Red Folders, we are 1. Enabling an open dialogue about mental health on campus, 2. Educating professionals on campus about the resources available and humanizing our student body, and 3. Informing these professionals on the proper responses for distressed students. We have laid out the need for this policy, the impact this policy can have based on its success at a similarly large set of campuses, and described its implementation process. Having a readily available reference guide to mental health situations will create a healthier and safer Penn State campus.

POLICY III: LEAN ON ME

Exigence

The Problem

Severe mental health problems often do not arise out of thin air. Many mental health issues follow a four-stage timeline of severity – with the first stage being “Mild Symptoms and Warning Signs” as shown in Figure 13: (Mental Health America, 2016)

Stage 1 – Mild Symptoms and Warning Signs
Stage 2 – Symptoms Increase in Frequency and Severity and Interfere with Life Activities and Roles
Stage 3 – Symptoms Worsen with Relapsing and Recurring Episodes Accompanied by Serious Disruption in Life Activities and Roles
Stage 4 – Symptoms are Persistent and Severe and Have Jeopardized One's Life

Figure 13: The four stages of mental Health Conditions, via Mental Health America

This ‘staged’ development of mental health issues shows that there are a variety of areas that we need to target with treatment and prevention. Seeking professional help is always the best option to prevent and treat mental illness, as it best identifies the underlying issues and can provide the best treatment. However, at Penn State, mental health resources are not in an ideal state – as demand for services severely outnumbers the supply of services. This predicament leaves us with two main options – create more services to help treat mental illness,

or create initiatives that can help prevent the formation of mental illness in the first place. While the ideal approach would cover both fronts, in this policy we will focus on the opportunity of helping to prevent the formation of mental illness by fostering and supporting a culture of mental wellness.

The Opportunity

Penn State and its students can benefit greatly from a more supportive and accessible culture of promoting mental well-being. Initiatives that aim to create a culture that promotes mental wellness will help students better address and take action towards their mental distresses. Furthermore, by creating a community that is aware of and engaged in supporting those who are struggling with mental distresses, we can create an effective, sustainable, campus-wide culture that works for the good of all students. Ideally, these initiatives will be largely student run, as the students are the crucial building blocks of this campus community, and are imminently the source of campus culture. Being student-led, these initiatives are focused on the very minor of issues on the mental health spectrum (Pre Stage 1 - Stage 1), as more serious cases must be dealt with by mental health professionals.

Existing Initiatives

Creating student-led mental health initiatives is a trend that we hope to continue at Penn State. The most prominent student-led groups that are engaged in fostering an environment of mental well-being are Active Minds, an official student organization, and Scholars Helping Scholars, a program housed inside of the Schreyer Honors College. While both of these initiatives are creating a positive impact on the campus community in terms of promoting mental well-being, they have their limitations. Active Minds, whose priority is to educate and encourage students to seek help for their mental health concerns, is not officially a peer support network. The club does have a portion of its meetings dedicated to talking

through students' distresses, but is mainly focused on disseminating information to students throughout campus through tabling and hosting events. Scholars Helping Scholars, on the other hand, is a peer support network that is focused on having one-on-one conversations with students dealing with a less serious distresses. Scholars Helping Scholars (SHS) is a great start for creating peer support networks at Penn State, however due to the initiative being housed within the Schreyer Honors College, SHS is limited in scope – marketed to only a select group of students on campus. Furthermore, conversations taking place through SHS are not fully anonymous, which could keep some students from accessing the service due to the stigma associated with trying to get help with mental health related issues (Eisenberg, 2014).

Active Minds and Scholars Helping Scholars are wonderful examples of how student networks can work towards bettering the mental wellness of the campus community, and also validate our proposal to create student led initiatives. We envision an initiative that has the campus-wide outreach of Active Minds, with the one-on-one peer support of Scholars Helping Scholars.

Recommendations

As a strategy to promote mental wellness on campus and provide an additional resource for students facing stress and difficulties, we recommend creating a chapter of Lean On Me at Penn State.

Lean On Me is a national organization that creates text-message-based peer support networks on college campuses. Started in 2015 at MIT, Lean On Me is a space for students to share their experiences without judgment in a confidential, digital platform. It connects students seeking help to peers who are trained and excited to help. Lean On Me utilizes personal technology to provide support to students conveniently and anonymously.

When explaining this peer support network, it is helpful to delineate what it is not. Support via Lean On Me is *not* professional treatment, a crisis intervention tool, or a suicide hotline. Peer supporters at Lean On Me are *not* certified counselors, social workers, or specialists in any regard. Most importantly, Lean On Me does *not* function as a substitute for CAPS for serious mental illnesses.

Lean On Me *is* intended to provide support and encouragement for students who may not otherwise seek help for being stressed or having a rough time. These peer supporters are here to listen to students going through difficult times. Having someone there to listen in times of stress can be indispensable in promoting a positive culture of mental wellness.

Having a peer support network can be incredibly beneficial for both students not suffering from a mental illness, and those who are. The target demographic of Lean On Me is students without a serious mental health concern. These students may be struggling academically, socially, or emotionally, but not enough to warrant a diagnosis. For them, Lean On Me can give validation to their feelings and help put their situation into perspective. For those who *do* have a mental illness, studies have shown peer support to be a “valuable and useful complement to existing mental health resources” and encourages others to “engage in care” (Davidson, 2014). Beyond the genuine assistance that this service provides to those seeking help, having a peer support network also develops a community that responds positively to mental health concerns and engages students with one another.

Two of the most significant benefits of Lean On Me’s texting platform are convenience and anonymity. Besides a suicide crisis hotline, most mental health resources are not available 24/7. For students, it is nearly impossible to get immediate mental health help unless it is an emergency, given that the waitlist at CAPS has reached seven weeks at times. With Lean On Me, it is possible for a student to seek support at any hour, even say 2am on a Saturday

morning. Furthermore, Lean On Me's texting platform does not require the user to talk on the phone. Many millennials have an aversion to speaking on the phone, so texting makes it even easier for them to seek help. Beyond convenience, anonymity is a crucial benefit of this program. According to a 2014 study from HealthyMinds, 47% of college students believed their peers would think less of them if they received mental health treatment, while only 7% actually would (Eisenberg). From this, it is apparent that mental health treatment comes with a certain stigma. People are reluctant to seek treatment for fear of seeming weak, sensitive, or inferior. Because of this, the anonymous features of Lean On Me are increasingly important. The SMS functionality of Lean On Me anonymously pairs users to supporters, so all phone numbers are hidden; and because each conversation is entirely over text, a user cannot be identified by their voice. A user of Lean On Me can seek support for mental health concerns from the comfort of their dorm room without fear of being judged for seeking help.

A text-based peer support network like Lean On Me would fit especially well into the context of Penn State, given its size and the existing strain on CAPS. At a university of this size, it can be difficult for some students to find someone to open up to about their struggles. Even at a school of over forty thousand, many students feel very lonely. Lean On Me would allow every student the opportunity to speak with a peer about the struggles of being a Penn State student. For many, having a fellow Nittany Lion who understands the realities of life at Penn State, like living in East Halls, being frustrated with Lionpath, the culture of football games, etc., is a benefit that cannot be understated. Currently, the on-campus counseling and psychological services are wildly overburdened. For any student who wants to speak to a counselor about less serious concerns, such as roommate issues, test anxiety, etc, they currently have very few formal outlets. Lean On Me would provide someone to talk to about these comparatively minor issues. Furthermore, if Penn State can use Lean On Me to help students

address their concerns before they “snowball” into formal mental illnesses, we can help alleviate the strain on CAPS’ resources long term. Finally, a chapter of Lean On Me at Penn State would contribute to the culture of wellness and community. In the past few years, initiatives like Stand for State and All In have promoted inclusivity and empowered the Penn State community to look out for each other. Establishing a chapter of Lean On Me would further the campus’ sense of community while also providing a valuable mental health resource for students.

Implementation

In this section, we discuss the reality of creating a chapter of Lean On Me at Penn State and break down the implementation process into a series of subtopics.

I. Organizational Structure

A. Lean On Me’s Existing Organizational Structure

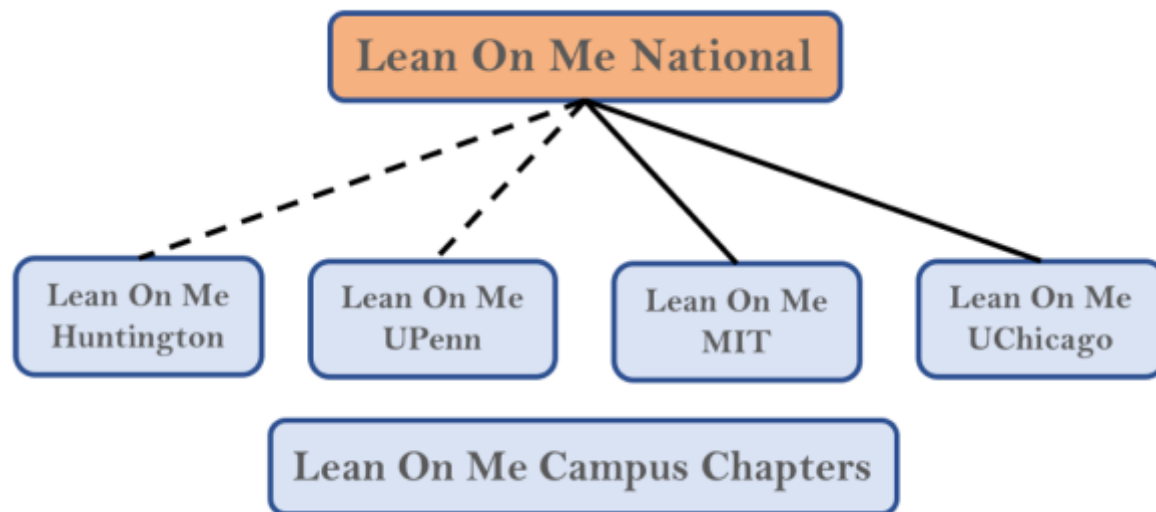


Figure 14: Lean On Me Organizational Structure

Lean On Me has a two part organization as pictured in Figure 14: Lean On Me National and Lean On Me Campus Chapters. Lean On Me National is housed in the Martin Trust Center for MIT Entrepreneurship, not to be confused with the MIT Lean On Me Chapter.

Lean On Me National's main role is to facilitate the creation of new Lean On Me Chapters through training, setting up technological infrastructure, and assisting with finances. Under Lean On Me National are the Lean On Me Campus Chapters. Currently, there are two active Lean On Me Chapters: Lean On Me MIT and Lean On Me UChicago. The third chapter noted in the diagram above, Lean On Me Huntington, is currently in the process of being developed (there are other chapters such as UPenn and SUNY Stonybrook that are also in progress of being founded). We chose to highlight Lean On Me Huntington, which is the Lean On Me network for Northeastern University, because Northeastern is also a large university whose student mental health services are also facing a large influx of students needing support and treatment. In this case, Lean On Me National has planned to set up the Huntington Chapter as not affiliated with Northeastern, due to the University's pushback on the creation of a peer support network, fearing that students would treat Lean On Me as an alternative to professional care, which is *not* the purpose of Lean On Me.

On the other hand, Lean On Me MIT is an official student organization, which validates that Lean On Me can be effectively adopted through this method. Finally, UChicago has taken a more independent route than the MIT Chapter, not being an official student organization, but being recognized by UChicago as being a legitimate network.

B. Proposed Organizational Strategies for Lean On Me Penn State

For establishing a Lean On Me Chapter at Penn State, we propose two possible implementation strategies: as a recognized UPUA student organization, or as an independent Lean On Me organization.

Our first implementation strategy is to register Lean On Me Penn State as an official UPUA organization. By doing so, this will allow us to use UPUA funding to create marketing

materials and provide food for volunteer training sessions, the two major costs of running the peer network. Furthermore, Lean On Me Penn State would benefit from the credibility and accessibility that being a UPUA organization entails. One anticipated challenge in being an official student organization on campus is that there may be liability and risk involved on Penn State's end if a crisis situation were to be handled incorrectly by a Lean On Me supporter. We will go further into anticipated risk management problems in the *Concerns of Liability* section. This strategy has been successful for the MIT Chapter of Lean On Me, allowing Lean On Me to have a more active and open relationship with administration and student mental health professionals.

An alternative method of implementation is to create a Lean On Me chapter that is independent of Penn State, solely relying on Lean On Me National and the activities of Penn State chapter members. In this structure, Lean On Me Penn State would depend on money raised through chapter fundraisers and donations to maintain operations, and would not have any perks associated with UPUA. While this structure is possible, as this is how the UChicago Chapter is currently structured, a Chapter running with this structure would be more difficult to scale up. Having the ability to scale up and serve the entire campus community is a fundamental aspect of the vision of establishing a chapter of Lean On Me at Penn State. While it would still be achievable to scale up using this model, this would put a lot of financial constraints on the Chapter and Lean On Me National – which is *not* a profit-driven operation. However, having Lean On Me independent of Penn State eases the concerns of liability for the University.

II. Personnel

The chapter of Lean On Me at Penn State would be comprised of three groups of members: the Executive Board, peer supporters, and “super-supporters.” To begin, the

Executive Board would consist of three specific roles. The President would communicate with the national organization of Lean On Me, represent the chapter to university administration and to other chapters, and preside over executive board meetings. The Vice President would fill in for the president when necessary, develop and implement the chapter's training program and coordinate recruitment efforts. The Treasurer would be responsible for the finances of the chapter and also maintain the chapter's website. Other executive board positions could be created when deemed necessary, and may include Public Relations Chair, Recruitment Chair, Social Media Chair, etc.

The peer supporters are the crux of Lean On Me; these are the students who are passionate about listening and supporting their fellow students during times of difficult. As described by the Lean On Me chapter handbook, the ideal supporter would be "kind, accepting, empathetic, enthusiastic... comfortable and comforting, non-judgmental and tolerant" (2016). Through the chapter's training program, these peer supporters would learn how to actively listen and tactfully respond to a user's concerns. "Super-supporters" are peer supporters who have received additional training in a specific topic. Each super-supporter must be trained in emergency protocol response, and can take additional training modules including: LGBTQIA+, Race Relations, Sexual Assault, etc. If a supporter feels unequipped to handle a situation, they are able to refer the conversation to a super-supporter who has further training. Super-supporters' exact roles within the Lean On Me chapter are currently in development through Lean On Me National. Super-supporters will most likely become apart of the Lean On Me chapter after a few semesters of gaining experience, as well as being given additional training.

Ideal membership at Penn State would be an executive board of about 5-7 members, with an overall organization size of about 50. With fifty or more supporters, we can ensure that every conversation can be answered without placing too much of a burden on each supporter.

III. Recruitment

The success of the Penn State chapter of Lean On Me would rely on effective recruitment of peer supporters. In order to achieve a satisfactory number of enthusiastic members, we propose a three part recruitment process: advertising, application, and interview. Figure 15 gives a general framework for recruitment:

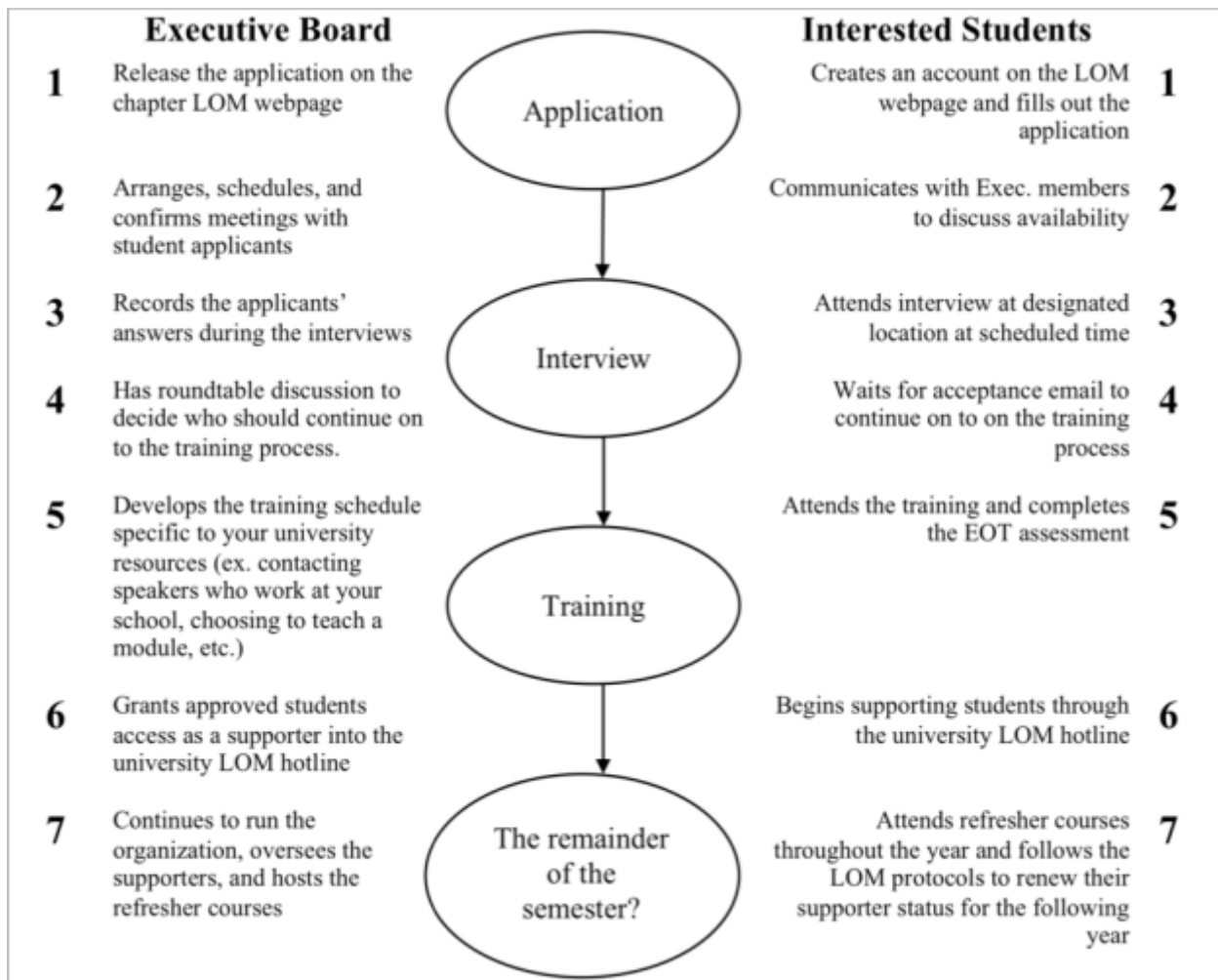


Figure 15: Proposed Recruiting Process for Lean On Me

The first step of recruiting new members is to advertise Lean On Me and encourage members to apply online. In order to make our presence known on campus, we suggest that Lean On Me take part in the involvement fair and spend time handing out flyers in the HUB.

Also, speaking to psychology classes may be an especially effective strategy, as these students are likely interested in mental health and in helping others. Next, we would generate and release an online application to join the Penn State Lean On Me through the chapter's website. This application would consist of basic demographic and contact information, while also gauging interest in Lean On Me through short answer responses. The online application would be open for about two weeks at the beginning of the semester. A roundtable discussion of the Executive Board would decide which applicants receive interviews. These interviews would be either in person or over the phone, and would be used to gauge the character and enthusiasm of the applicant through a series of basic behavioral questions. The ultimate decisions on accepting an applicant would occur through a majority vote of the Executive Board.

The entire recruitment process would ideally happen within the first four weeks of the semester, so we can utilize the remaining eleven weeks to training our peer supporters and register them as supporters to start engaging with users through our network.

IV. Training

The Lean On Me peer supporter training program is arguably the most important aspect contributing to the organization's success. The training program is meant to "enrich supporters' active listening and communication skills," while also allowing trainees to "acknowledge and actively engage in essential dialogues." As described in the Chapter Handbook, the training program consists of eight modules concerning topics like "Communication Skills" and "Overview of Mental Illnesses." Each module is taught by a chapter leader, a mental health professional, or a Title IX coordinator. (See Appendix C for a complete list of these training modules.) While most traffic on Lean On Me is expected to be more common issues like stress and academic struggles, peer supporters are trained on how to handle cases of sexual assault and rape and cases of abuse. Following each module, the trainees

engage in 20-30 minutes of Practice Text Sessions (PTS). With PTS, the trainees are paired up with one another and given a dialogue to practice responding to, allowing for an immediate application of skills learned.

At the end of the eight modules, each trainee must complete and pass an End-of-Training (EOT) assessment which tests them on warning signs for mental health crises and methods for effective communication. Make-up assessments are available for students who did not pass the EOT the first time.

Throughout the semester, all peer supporters (new and returning) are required to attend mandatory “refresher modules,” where a chapter leader reviews a selected topic relating to text-based peer support. The purpose of these refresher modules is to ensure that each peer supporter is providing the best possible encouragement to the users of Lean On Me.

V. Marketing

Lean On Me would only be a valuable resource for Penn State students if they know that it exists. Without an aggressive marketing strategy, the chapter would not receive enough users to be most impactful. To accomplish this, Penn State Lean On Me should utilize social media, flyers/posters, involvement fair/orientation events, and word of mouth to spread the word about our existence. However, it is important that our marketing coherently explains what we are. Any advertising must specify that Lean On Me is non-professional peer support for when you need someone to talk to - not a substitute for formal mental health treatment.

VI. Technology

All necessary technology for the operation of this chapter would come from the national Lean On Me organization. They would provide the chapter with the text-platform to receive these conversations and a chapter website.

The “SMS engine” is maintained by Lean On Me national and is not a concern of the chapter. Members of the chapter do not need to be familiar with the backend coding behind Lean On Me, but rather they should be aware of certain commands. For example, typing “/bye” ends a conversation with a user, and typing “/emergency” initiates a conference call with the supporter, the user, and a third party crisis hotline.

The chapter website should contain tabs for: Frequently Asked Questions (FAQs), Terms of Service and Privacy Policy, Contact Us, and Donate (fundraising via Paypal). For the chapter, the website houses the online application and also maintains statistics on number of conversations for each supporter.

VII. Budget/Operational Costs

The financials for creating a Lean On Me Chapter at Penn State are broken into two sections: start up costs and operational costs. Start up costs, which are primarily costs associated with setting up the SMS technological infrastructure. These costs will be covered by Lean On Me National, who spearheads the setup of the SMS engine. We are defining operational costs as those required to market to students and potential supporters and provide training sessions for our supporters. To continue our operations, we will utilize funding from UPUA/UPAC as well as donations or alternative fundraising through our chapter. Finally, abiding by Lean On Me National policy, our Chapter will have a PayPal to receive donations that will be reported to Lean On Me National (Lean On Me Chapter Handbook, 2016).

VIII. Liability Concerns

Lean On Me *is* peer support network of trained college student volunteers, *not* an alternative professional mental health service, a certified counselor, or a replacement for long term care. No matter how well we define what Lean On Me is or is not, there is always the risk that students in need use Lean On Me as an alternative to getting professional care. Mental

health runs on a very broad spectrum, often making it difficult for people in distress to properly determine how they should go about in caring for their distresses. For Lean On Me, we hope that students in seeking out a peer support network are not misinterpreting Lean On Me as an alternative to receiving professional advice and treatment.

Given the following concerns, it is very likely that Lean On Me will be used by some students who need assistance that is outside the expertise of Lean On Me Supporters, worst case being a crisis situation. If Lean On Me were to be housed in Penn State and if a crisis situation (and if this situation were to end undesirably) were to occur during a Lean On Me Conversation, there could be consequences for the University and for Lean On Me. Therefore, if we were to create a Lean On Me Charter that is tied to Penn State, there will inherently be many concerns of liability involved.

Lean On Me National has an established Terms and Services document which limits much of the organization and its supporters' liability:

“Except to the extent required by applicable law and then only to that extent, in no event will the Company, its employees, members, Peer Supporters, contractors, officers, directors, affiliates or agents, be liable to you on any legal theory for any incidental, direct, indirect, punitive, actual, consequential, special, exemplary or other damages including without limitation, loss of revenue or income, lost profits, pain and suffering, emotional distress, cost of substitute goods or services, or similar damages suffered or incurred by you or any third party that arise in connection with the Services (or the termination thereof for any reason), even if foreseeable or if any form of notice has been provided.” (Lean On Me Chapter Handbook, 2016)

Furthermore, Lean On Me clearly explains that its supporters are not licensed therapists or mental health professionals, and are not equipped to handle an emergency situation.

The aforementioned concerns of liability are very valid in the case of establishing an officially recognized chapter of Lean On Me at Penn State. However, by having a more active relationship with Penn State administrators and CAPS, Lean On Me can better find its role within the Penn State ecosystem of mental health related services. Having dialogue and partnerships with the University can result in a better understanding of how Lean On Me can have a positive impact on the student body. Furthermore, if Lean On Me and the University are on the same page through a close partnership, they can work together to communicate to students when Lean On Me is appropriate, and not appropriate to use.

While liability will be a recurring concern for the University, in the long term, Lean On Me can become a fundamental part of the mental health ecosystem, and will almost always be used in the appropriate context by students in need of a peer support network. In its pilot in the Spring of 2016, Lean On Me MIT received texts from someone thinking that the service was capable of suicide ideation talk (which Lean On Me is not). The supporter handled this situation perfectly, correcting the misunderstanding and recommending that the user call Samaritans to get the help they needed. This interaction illustrates that Lean On Me is prepared in how to handle crisis situations properly, and gives us great confidence in the consistency of Lean On Me's service.

Impact

College is a stressful time for many, and being away from home, family and friends often makes these times worse. Although college is a major transition for many, we hope to live in campus community in which there is always someone to lean on. By creating a Lean On Me chapter at Penn State, we will provide students with an on-demand network of concerned and caring student volunteers who are there to help talk through the many stresses of college -- whether it is failing an exam, roommate issues, or just having a rough day. Having a network of

peer supporters is especially advantageous due to there being a greater likelihood of shared experiences between supporter and supportee. Furthermore, being anonymous, and text based, the Lean On Me network is incredibly accessible and convenient for college students. By utilizing Lean On Me's peer network, students in distress will be able talk through their problems as they arise, which can keep minor problems from developing into more serious mental health issues.

As conversations continue and usage of Lean On Me rises, the peer network will become a trusted community of support for students going through stressful times, and reaching out for help with dealing with stress, anxiety, or other minor mental health issues will be less stigmatized. Ideally, if students are able to keep their minor distresses from transforming into more serious mental issues through conversation with Lean On Me Supporters, there will be less of a burden on CAPS and other professional mental health services in the Penn State community. While Lean On Me is *not* an alternative to professional counseling and treatment, we believe that the network will act as a support to help *prevent* mental health issues from becoming more serious.

All in all, Lean On Me will make a positive impact on the Penn State campus community by providing a safe, confidential, on demand, digital space for students to talk through their concerns. We hope that this peer support network will transform into a peer support community, that helps to destigmatize mental health and provide all students a voice in overcoming the stresses and hardships of college life.

CONCLUSION

Few will dispute that the student mental health is a significant issue at Penn State. Upwards of ten thousand students at University Park may be suffering the daily effects of mental illness, whether bipolar mood swings, difficulty focusing, general anxiety, or anything in between. These conditions have an impact on every interaction the students have with their peers, teachers, and family, greatly affecting their daily lives. As an extreme example, nineteen Penn State students took their own lives in the last five years. Nineteen young lives, full of intelligence, passion, and potential, departed with only devastated family and friends left behind. We as a campus community must dedicate ourselves towards slowing or halting the mental health epidemic that has been afflicting our school.

Such widespread and tragic effects must be limited, using all our capabilities we have to offer. In today's world, technology is more implemented into daily life than ever before. Technology allows us to connect with others immediately and efficiently, and provides many platforms for reaching out to college students. Thus, we propose utilizing technology to increase accessibility and generate new mental health resources for Penn State students. First, a triage tool should be implemented, equipping students with a self-led mobile screening tool that will direct them to and inform them of appropriate campus mental health resources. Second, introducing the Red Folder initiative will provide resources to faculty members in order that such campus figures of respect and guidance can properly deal with mental health crises. Finally, starting a Penn State Lean On Me chapter will grant all University Park students 24-hour anonymous support during times of distress. We believe that each of these policies will contribute to improving the mental health of the Penn State student body, and that the use of technology in the implementation of the policies will make them more efficient, accessible, and impactful.

All too often, technology can serve as an agitating factor in mental health issues. The inability to isolate oneself from abusive acquaintances or stressful situations, the stress to uphold an unrealistic online image, and the potential to immerse oneself in a virtual world can all exacerbate mental health issues in people of all ages, but particularly in increasingly connected college students. However, we have a vision of technology that functions not to harm students, but to serve them. Rather than feeling alone and isolated in the huge digital world, we want to surround those in need with people and resources who can provide them with real, effective care. If the school can make a difference in the life of just one student, it should consider a program a success. However, we believe that through these policies, we can truly create a positive impact, one that will both influence the lives of thousands of individuals and strengthen the entire student community at Penn State.

REFERENCES

- Admission and University Statistics. 2016. *Penn State Undergraduate Admission*. Retrieved November 14, 2016.
- American Psychological Association. (2016). Data on Behavioral Health in the United States. Retrieved November 15, 2016.
- Anxiety and Depression Association of America. (2016, August). Facts & Statistics. Retrieved November 15, 2016.
- Caldwell-Harvey, T. (2016, November 10). Phone Interview
- Center Directors Annual Survey. The Association for University and College Counseling Center.
- Center for College Mental Health Data. (2014). Retrieved November 10, 2016.
- Center for Collegiate Mental Health. (2016, January). 2015 Annual Report (Publication No. STA 15-108).
- Centers for Disease Control and Prevention. (2011, December 2). Fact Sheet: Mental Illness Surveillance Among Adults in the United States. Retrieved November 15, 2016.
- Community Safety Net - Community Help Centre. Retrieved November 15, 2016.
- Davidson, L. (2012). Peer support among persons with severe mental illnesses: A review of evidence and experience. *World Psychiatry*, 11(2), 123-128.
- Eisenberg, D. (2014, July). The Healthy Minds Study: 2014 Data Report. Retrieved from http://healthybodiesstudy.org/wp-content/uploads/2014/07/HMS_national.pdf
- Gruttadaro, D., & Crudo, D. (2012). College Students Speak: A Survey Report on Mental Health. *National Alliance on Mental Illness*. Retrieved November 17, 2016.
- Johns Hopkins Medicine. Mental Health Disorder Statistics. Retrieved November 15, 2016.
- Kuperburg, A. (n.d.). "Diagnosis of Mental Illness Hinges on Doctor as Much as Symptoms." *Behavior Health Digest*. Retrieved from <http://behaviorhealth.org/index.htm>
- Lean On Me: *Chapter Handbook*. Retrieved November 14, 2016, from <https://docs.google.com/document/d/1MuEKukwFhPouRJD9763EqLtxJD9nmYqnPp0n3AupVuc/di>
- Maiken, S. (2015, February 17). Penn State Study Says Some Colleges Struggle to Meet Growing Need for Mental Health Services. *NBC Philadelphia (Newsworks.com)*. Retrieved November 15, 2016.
- Mental Health America. (2016). "b4stage4: Changing the way we think about mental health." Retrieved from Mental Health America website: <http://www.mentalhealthamerica.net/b4stage4-changing-way-we-think-about-mental-health>

- “Mental Health Screening.” Screening for Mental Health. Retrieved from <https://mentalhealthscreening.org/>
- National Alliance on Mental Health. (2016). “Mental Health by the Numbers”. Retrieved November 15, 2016.
- Nazar, J. (2011). Red Folder Initiative to the Rescue. *UCLA Newsroom* Retrieved November 14, 2016.
- Novotney, A. (2014, September). Students Under Pressure. *American Psychological Association*, 45(08), 36.
- Penn State Center for Counseling and Psychological Services. How to Schedule an Appointment. Retrieved November 15, 2016.
- Penn State Center for Counseling and Psychological Services. Overview: Important Statistics. Retrieved November 15, 2016.
- Penn State Center for Counseling and Psychological Services. Intervention Resources. Retrieved November 15, 2016.
- Penn State Office of Student Activities. (n.d.). Penn State Student Organization Directory. Retrieved November 17, 2016.
- Penn State University Budget Application. (n.d.). Historical Fall Headcount Enrollment Since 1859. Retrieved November 17, 2016.
- Rando, R., Barr, V., & Aros, C. J. (2007). The Association for University and College Counseling. Retrieved November 15th, 2016.
- Ritz, D. R., Krylowicz, B., Bershad, C., Lawrence, J. M., & Mistler, B. (2016). The Association for University and College Counseling Center Directors Annual Survey. The Association for University and College Counseling Center, 66.
- Simpson, K. (2013, May 13). Is Overuse of Technology Affecting Mental Health? *University of New Hampshire*. Retrieved November 15, 2016.
- United States Census Bureau. (2015). QuickFacts. Retrieved November 15, 2016.
- Virginia Tech Review Panel. (2007). *Mass Shootings at Virginia Tech April 16, 2007*. Retrieved from <https://governor.virginia.gov/media/3772/fullreport.pdf>
- Tully, J (2012, April 13) “Suicidal Thoughts not Uncommon at Penn State”. *The Daily Collegian*. Retrieved from http://www.collegian.psu.edu/archives/article_43877b0f-8a72-5cdc-83a3-6cd1ff53fc17.html

APPENDIX A – MENTAL HEALTH RESOURCES

AT PENN STATE

Though this is not a complete list of all the mental health resources available to students at Penn State, it could be used as a basis for a more comprehensive database and a demonstration of the existence of current resources

Counseling & Psychological Services (CAPS)

501 Student Health Center, M-F 9-5

(814) 863-0395

Services: Crisis Intervention, Counseling, CAPS Chat, Group Counseling, Psychiatric Services, Consultation, Outreach, Workshops

<http://studentaffairs.psu.edu/counseling/>

Emergency, Crisis, and Medical Services

Mt. Nittany Medical Center – Primary Emergency Contact

1800 E. Park Avenue, State College, PA 16803

(814) 231-7000 -- General Information

(814) 234-6110 -- Emergency Medicine

<http://www.mountnittany.org/patient-tools/get-directions>

Centre County CAN HELP Crisis Line

1-800-643-5432

<http://centrecountypa.gov/index.aspx?NID=593>

Community Help Centre

139 South Pugh Street, State College, PA, M-F 9-6

814-235-1890: 24-hour hotline

<http://www.communityhelpcentre.com/home>

Sexual Assault and Relationship Violence Hotline

1-800-560-1637: 24-hour hotline

The Meadows Psychiatric Center

132 Meadows Drive

Centre Hall, PA 16828

1-800-641-7529 – 24-hour Mental Health Crisis Line

<http://www.themeadows.net/>

University Health Services

Student Health Center

(814) 863-0774 -- Schedule an Appointment by Phone

(814) 863-4463 – 24/7 Advice Nurse

<http://studentaffairs.psu.edu/HEALTH/>

Dating & Domestic Violence, Sexual Assault, Stalking

Center for Women Students (CWS)

204 Boucke Building

(814) 863-2027

<http://studentaffairs.psu.edu/womenscenter/>

Centre County Women's Resource Center (open 24 hours)

40 W. Nittany Avenue

Daytime: (814) 234-5050

Hotline: 1-877-234-5050

<http://ccwrc.org/>

Reporting and Referral Information

Office of Student Conduct

120 Boucke Building

(814) 863-0342

<http://studentaffairs.psu.edu/conduct/>

Police and Legal Information

Police, Emergency, University Ambulance

9-1-1 (Remember to identify yourself as a student)

University Police

Eisenhower Parking Deck

(814) 863-1111

<http://police.psu.edu/police-university-park>

State College Police

243 S. Allen Street

(814) 234-7150

<http://police.psu.edu/police-university-park>

Ferguson Township Police

3147 Research Drive

(814) 238-4651

<http://www.twp.ferguson.pa.us/Police/>

Patton Township Police

100 Patton Plaza

(814) 234-0271

<http://twp.patton.pa.us/departments/police/patton-township-police-department>

District Attorney

Centre County Courthouse

Bellefonte, PA

(814) 355-6735

<http://centrecountypa.gov/index.aspx?NID=366>

Emotional Support**CAPS Chat**

Redifer Commons, suite 202

Hours: MTW 2-4 PM, R-F 10 AM – 12 PM

<http://studentaffairs.psu.edu/counseling/capschat.shtml>

Community Help Centre

139 South Pugh Street, State College, PA, M-F 9-6

814-235-1890: 24-hour hotline

<http://www.communityhelpcentre.com/home>

Local Providers

<https://elections.psu.edu/caps-cpd/>

LGBTA Student Resource Center

101 Boucke Building

(814) 863-1248

<https://studentaffairs.psu.edu/lgbtqa/>

Penn State Student Clubs**Active Minds**

Mental Health Awareness, Education, and Advocacy

Meetings Tuesdays 8-9 PM in 331 HUB

<https://psuactiveminds.wordpress.com/about/>

**Dharma Lions: The Mindfulness and Meditation Community at Penn State
Group Meditation Community**

Meetings Thursdays 6 PM, 103 BBH Building

Tuesdays 12 PM, Memorial Lounge (Room 107) Eisenhower Chapel

kud167@psu.edu

DharmaLions.com

Physical Fitness

<http://studentaffairs.psu.edu/campusrec/>

Scholars Helping Scholars

Confidential Peer Support

<http://schreyershs.wixsite.com/home>

Yoga

Sessions Wednesdays 8 – 9:30 PM in IM Building Room 7

<http://sites.psu.edu/clubsports/clubs/yoga/>

Tips for Family and Friends

General - <http://studentaffairs.psu.edu/counseling/showyoucare/principles.shtml>

Suicidal - <http://studentaffairs.psu.edu/counseling/showyoucare/helpsuicidal.shtml>

Out of Control - <http://studentaffairs.psu.edu/counseling/showyoucare/helpcontrol.shtml>

Eating Disorder - http://studentaffairs.psu.edu/counseling/showyoucare/help_eating_disorders.shtml

Violence and Hate Crime - <http://studentaffairs.psu.edu/counseling/showyoucare/takeaction.shtml>

Manage Stress - <http://studentaffairs.psu.edu/counseling/showyoucare/managestress.shtml>

<http://studentaffairs.psu.edu/counseling/family.shtml>

Internet Resource Sites

Pennsylvania Coalition Against Rape

<http://www.pcar.org/>

Pennsylvania Coalition Against Domestic Violence

<http://www.pcadv.org/>

The National Center for Victims of Crime

<http://www.victimsofcrime.org/>

Rape, Abuse, Incest National Network Hotline (RAINN)

<https://rainn.org/>

National Domestic Violence Hotline 1-800-799-SAFE.

www.thehotline.org

Stress Management and Reduction

<https://cmhc.utexas.edu/stressrecess/index.html> (U Texas)

Stress and Self-Help Strategies

<http://edge.psu.edu/workshops/StressMgmt/>

Various Mental Struggles

<http://www.halfofus.com/>

OCD

<http://beyondocd.org/information-for-college-students>

Online Workshops

General Mental Health

<https://alison.com/learn/mental-health-studies>

<http://studentaffairs.psu.edu/counseling/services/videos.shtml>

Depression/Bipolar Support/Anxiety

http://www.dbsalliance.org/site/PageServer?pagename=education_Living_Successfully

http://www.allaboutdepression.com/workshops/CBT_Workshop/index.html

<https://www.beckinstitute.org/get-training/training-environments/online-training/>

<http://www.anxietyawareness.com/anxiety-panic-workshops.php>

Addiction

<http://www.addictionrecoveryguide.org/treatment/online>

APPENDIX B – RED FOLDER RESOURCES

Below is a preliminary list of mental health resources for faculty to access when assisting a student facing a mental health crisis. This list is an initial compilation, and the actual implementation of Red Folder Initiative will have resources not listed here.

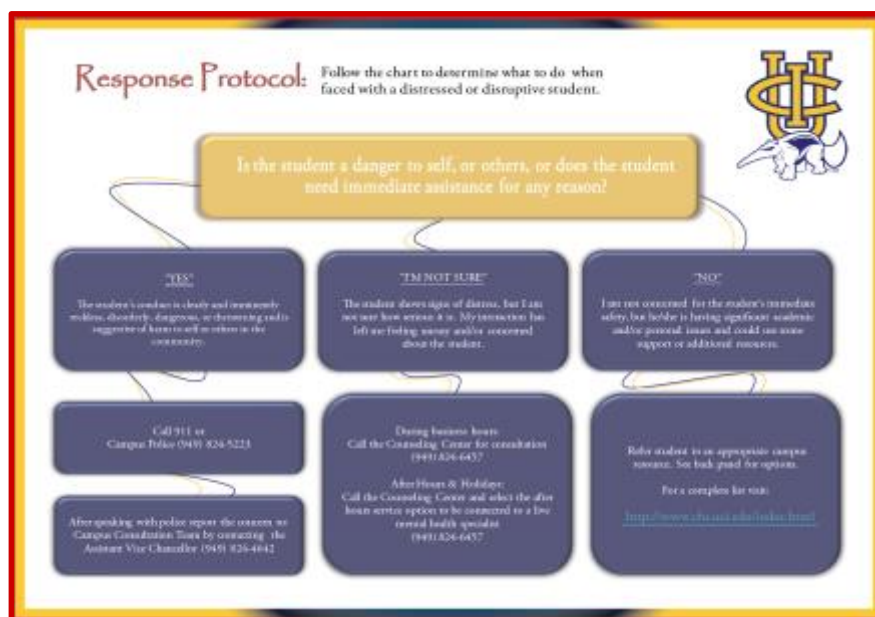
Emergency Numbers:

- 911
- Penn State Police emergency number: 814-863-1111
- CAPS Main: 814-863-0395
- Centre County CAN HELP 1-800-643-5432

Additional Resources (Non-emergency)

- Trevor Project (LGBT+): www.thetrevorproject.org 1-866-488-7386
- Trans Lifeline: www.translifeline.org (877) 565-8860
- Penn State LGBTQA Resource center: 814-863-1248
- Penn State Center for Women Students: 814-863-2027
- Centre County Women's Resource center: 814-234-5050
- National Sexual Assault Hotline (RAINN) 800-656-4673
- Childline Telephone: 800-932-0313
- Penn State Behavioral Threat Management Team Hotline: 1-855-863-BTMT (2868)
- Penn State Student Conduct: 814-863-0342
- State College Alcoholic's Anonymous-(814) 237-3757
- Food Pantry (Lion's Pantry) lionspantrypsu@gmail.com
- Veterans Crisis Line - 1-800-273-8255

Figures 16 and 17 below show additional slides from the Red Folder Initiative, specifically regarding Response Protocol and How to Refer.



How To Refer: Use these tips to help you refer a student in need of assistance.

Preparing to reach out to the student	Communicating with the student	Making the referral
<ul style="list-style-type: none"> Consult with the Consultation Team to explore the issues involved and course of intervention. Ensure the available campus resources and the referral process. Seek suggestions from experienced colleagues and the department chair. Allow sufficient time to thoroughly address the issues of concern. Review your physical environment and make provisions for your safety and that of others. If necessary, notify colleagues in close proximity of your intended intervention. Remember calm and know when to call for help is one of most. When a student expresses a direct threat to self or others, or acts in a hostile, highly irrational and disruptive way, contact UCPD. If you decide not to have direct contact with the student, refer incident to the proper resources. 	<ul style="list-style-type: none"> Listen supportively. Repeat the student's statement to clarify and to demonstrate an understanding of the student's perspective. Do not challenge, shock, or become argumentative with the student. Do not try to minimize the student's distress. If safe, meet and talk in private to minimize embarrassment and defensiveness. Clearly express your concern focusing on the behavior to non-disputing terms. Ask if the student wants to hear himself. Asking does not plant ideas in the student's mind. Offer supportive alternatives, resources and referrals. Respect the student's privacy without making false promises of confidentiality. Explore the student's support potential. Emphasize the importance of professional help for the student. Document all incidents and attempts to resolve the situation, the factual and objective. 	<ul style="list-style-type: none"> Recommend services and provide student with resource expectations. Note that some campus resources can offer confidential support while others are required to report or report. Reassure the student that students often seek help over the course of their college career to effectively achieve their goals. Direct the student to a preferred assistance source. Be frank with the student about your limits (from reporting student's reluctance to call). Students are free to seek and accept help in an intelligent and wise choice. Make sure the student understands what actions are necessary. Encourage and assist the student to make and keep an appointment. If necessary, find someone to stay with the student while calls to the appropriate resources are made, and offer to escort the student. Set a follow-up appointment with the student.

APPENDIX C – LEAN ON ME TRAINING

Below is the list of training modules recommended by Lean On Me National, complete with designated instructors, duration, and content covered:

Module 1: Introduction and Lean On Me Policies

Led by: Chapter Leader

Duration: 30 minutes

Content:

1. History of Lean On Me
2. Introduction of chapter at Penn State
3. Defining confidentiality
4. Grounds for probation and termination

Module 2: Communication Skills (Active Listening)

Led by: Conflict Management Officer, Clinician/Psychologist

Duration: 45-60 minutes, followed by 30 minutes PTS (Practice Texting Session)

Content:

1. Importance of active listening
2. Micro skills
3. External resources
4. On-Campus resources
5. Practice Texting Session

Module 3: Overview of Mental Illnesses

Led by: Clinician/Mental Health Representative

Duration: 45-60 minutes, 30 minutes PTS

Content:

1. Symptoms and Warning Signs
2. On-campus resources
3. Practice Texting Session

Module 4: Cases of Sexual Assault and Rape

Led by: Representative of Title IX Office/Violence Prevention and Response

Duration: 45-60 minutes, 30 minutes PTS

Content:

1. Symptoms and Warning Signs
2. No victim blaming
3. On-Campus resources
4. Practice Texting Session

Module 5: Cases of Abuse

Led by: Clinician/Mental Health Representative

Duration: 45-60 minutes, 30 minutes PTS

Content:

1. Symptoms and Warning Signs
2. On-campus resources

3. Practice Texting Session

Module 6: General Problems and Situation

Led by: Chapter Leader

Duration: 60-75 minutes, 30 minutes PTS

Content:

1. Academic
2. Personal
3. Health
4. Practice Texting Session

Module 7: Super Supporters Overview

Led by: Chapter Leader/Training Coordinator

Duration: 30 minutes

Content:

1. Overview:
 - a. Emergency Protocol
 - b. Roles and Responsibilities

Module 8: Safety Issues

Led by: Clinician/Mental Health Representative

Duration: 45-60 minutes, 45 minutes PTS

Content:

1. Key words to look for
2. Resources
3. How to talk to a supportee
4. Super supporter involvement
5. LOM safety issues policy -/emergency
6. Practice Texting Session

Module 9: End-of-Training (EOT) Assessment

Led by: Chapter Leader

Duration: 90-120 minutes

Content:

1. Chapter leaders/training coordinator administer EOT to students