Student Government
UNIVERSITY *of* NOTRE DAME

Campus Life Council Meeting #2

Date: Monday, November 13th, 2023 | Time: 5:00pm | Location: Lafortune 306

I. Introductions

II. Approval of Minutes

III. Optimal Format of Campus Life Council Going Forward

    A. Daniel Jung: We are in a unique position because we have rectors, faculty, and students all in one room. The main concern is how we can go from meeting and talking about issues to making things more actionable. In the past, there have been subcommittees, like DEI and Health & Wellness. This would mean we do individual work and meet outside for meetings and update in these meetings. Then, we would present at the end of the year, possibly to Fr. Gerry. Or, we can be all together and then meet with someone in a higher position at the university and work with them to form an actionable plan. Does anyone have a perspective?

    B. Belle Marchetti: I like the open discussion to be able to hear all of our different backgrounds and points of view.

    C. Bridget Schippers: I say we start with a main topic and ask who is interested in particular topics. Then, those people can meet outside and check in during the actual meeting time.

    D. Daniel Jung: Is anyone diametrically opposed to having subcommittees tailored toward specific issues? Or do you all prefer one main one?

    E. Megan Moore: My main question is how many more meetings will I have to attend? I feel like my whole life is meetings.

F. Daniel Jung: I know we are all busy and involved. I don't want to give people an undue amount of work?

G. Megan Moore: I might make sense if we had an allotted amount of time. If people wanted to continue discussions, they could talk in a smaller group. In all honesty, I find in the halls that we over discuss topics.

H. Daniel Jung: Would that mean we talk about multiple topics in a meeting or stick to one topic? What do people think about multiple topics in one meeting?

I. Paul McGlinn: That is fine as long as we keep topics specific.

J. Amy Stark: And the timing.

K. Kaitlyn Garcia: Also, it would have a list to keep us on track. No list would mean some meetings may end up being really long and others really short depending on how much we have to talk about.

L. Daniel Jung: So, multiple topics at a meeting. In terms of making it actionable, I think we can have discussions and then rope in people more tailored and focused in that area. For example, if we are talking about mental health, we can invite Dr Christine Caron Gebhardt to hear her thoughts. What do people think about that idea in terms of making things actionable?

M. Amy Stark: That is a good idea.

N. Laura Connelly: I also think that is a good idea.

IV. Continuation of Conversation from Last Meeting

A. Daniel Jung: To start off, Bridget, I remember you talking about peer to peer support.

B. Bridget Schippers: I talked about it in a different meeting, but I am not sure how much support there was. But, yes, a similar topic was brought up and I wanted to bring it up here.

C. Laura Connelly: Do you mind sharing more details?

D. Bridget Schippers: I think Luzolo from Student Government pitched the idea. The idea is having one person in each dorm act as a go to peer who knows all of the resources for mental health and health and wellness. If people see an RA as an authority figure, it would be better to have someone else who knows about the resource. The concerns are that training would affect the type of reporter they would be. I don't know if it is a legal or university policy issue. They would need to be redirecting to resources, not providing help or counseling themselves. Also, we need to address how to get a buy-in to have one person in every dorm. Would it actually have an impact on students?

E. Daniel Jung: For the rectors here, what are you all seeing in terms of mental health with regards to finals and the holidays? Is there a heightened concern around that sort of issue or is it pretty level?

F. Daniel Driscoll: What I see is the amount of stress because of work is elevated. If that turns into a mental health crisis, I am personally not seeing that. I am seeing added stress and worry, but it hasn't elevated at this time to need to get them into care right away.

G. Elizabeth Clarke: It goes back to: What are we defining mental health as? Is it about well being on a spectrum? Crises? No matter what, sleep goes down and personal care and eating changes. Some of that is natural and normal around finals time. I don't know if it is any different from past years. Mental health crises happen at any point of the semester. Finals don't help, but if someone is already struggling significantly, that can make it worse. For all students, there is a lower level of self care and restoration of well being, as opposed to an actual crisis.

H. Eric Styles: I think going back to the possibility of inviting Dr. Gebhardt or Margaret Morgan, the Director for the Center of Student of Care and Support, to talk about where we are and what the year is looking like this far. All we can offer is anecdotal evidence, but not systematic to what is going on. We were told a couple years ago, post-covid, that we had the highest number of hospitalizations. These are concrete things we can point to: a substantially higher number of hospitalizations after the mask year. There has been some drop. It hasn't stayed here. That would give people a sense of what is real and what isn't. The fact that people are having crises is just called being people. It happens to each individual. It is hard for me to say that things are worse. I don't perceive them as being worse than last year.

I. Megan Moore: With each passing year, people are more comfortable naming things like anxiety and depression around mental health. The stigma is slowly shifting and being recognized Ihave residents saying "I'm anxious." While they always realized it, they never said it out loud. The reality is, we aren't mind readers and we can't know what people are dealing with unless they tell up. Statistically realities from Christine and Margaret versus our perspectives may be helpful.

J. Eric Style: We need analysis of a deeper question. I imagine the fact that most public school systems have ways to accommodate and assist people with Asperger's, those on the spectrum, and those that have ADHD means that are going to matriculate to college. How do we prepare for that? The fact that there is a wider range of people does not necessarily mean things are harder. Another good person to consider is Megan Brown in McWell, she is a trained psychologist and has all those statistics at her fingertips. She may be helpful to hear from them and then we talk.

K. Paul McGlinn: Is the issue that people don't want to identify themselves, that they don't know where to turn, or that there is a lack of availability of stuff? Maybe they just don't recognize they are at a high level of anxiety. There is no one who can help unless they know there is a problem. It seems like we have plenty of resources, but are there enough resources?

L. Eric Styles: There was a time when we were overwhelmed.

M. Megan Moore: There was a time when we had too many people dropping in for appointments with counselors. Largely, there is a lack of student awareness of what resources are available and what the appropriate resource is for what they are experiencing. Not everyone needs a 1 on 1 with a licensed therapist. Maybe they need more of a social worker, which would be a care consultant. Maybe they need a group of peers. There are those opportunities as well.

N. Eric Styles: Laura, do you know the increase of available resources? It seems like there are a number of people.

O. Laura Connelly: The Counseling Center is fully staffed to meet demand. Like Megan said, there are different levels of help that students need. The number of counselors goes up. We also now have Timely Care.

P. Eric Styles: I know that two new positions were hired.

Q. Paul McGlinn: What are the skills needed for someone to help? What you describe is like triage, like in an emergency room. What kind of psychological triage is needed to figure out the help people need?

R. Bridget Schippers: The existing tool is an interactive wellness tool. You can google it. It's a survey that is anonymous with a catalog of all the resources that should direct people to the appropriate one.

S.   Eric Styles: That is what we do for a living. We are primary resource people. We are supposed to know what is available or know how to find out very quickly.

T.   Paul McGlinn: We do what is appropriate.

U.   Eric Styles: We start here, then we keep going. Once you have a relationship, they will know how to open up the next door. You have to actually say out loud: "I need help".

V.   Paul McGlinn: Who has the metrics on the use of this app? We should find out how well used it is. If that is the key, then how do we get more people engaged. We may already have the tool we need and it is just underutilized and unknown.

W.   Belle Marchetti: I have found that people get overwhelmed and don't even have time to seek help when they need it. They recognize they probably should go to McWell, but don't end up going.

X.   Kaitlyn Garcia: I think we need to help people recognize they need help before they get to that point. Student Government does a bunch of events, but maybe we should be pushing for that more. For the most part, if students are just asking for help when it's overwhelming, we should be trying to provide resources or awareness before they get to that point. I asked some friends and they think there are plenty of resources, but people don't know. Or they are coming to them a little too late when it is too much. .

Y.   Laura Connelly: Fr Gerry has two committees: DEI and LGBTQ+. This exact conversation happened in that room. To Kaitlyn's point, there are so many resources, but students are overwhelmed by the number of resources. Also, in that moment of crisis or stress, students don't know who to talk to or where to go. Inviting Dr. Gebhardt and Kate Morgan would be beneficial because they are working on something easier: One resource. One website to figure

out what next step should be. Not everyone has a rector they can go to or they have one but don't want to go to them.

Z. Daniel Jung: It sounds like we have enough resources, but need to work on awareness of resources and timing. Students are often going to them too late. They don't know where to find resources and what the appropriate resource is for students' level of concern.

AA. Eric Style: The appropriateness of which resource is far less important. Than the fact that a student reaches out to somebody to say they need some help is most important. Once you reach out to someone: rector, professor, resource center. Once they say "I need help" then doors can open. Don't just give me an app so I'll do it myself. I can't say out loud that I need some help. Help is almost always going to be huma.

BB. Kaitlyn Garcia: There is a mental help stigma. Another point we have to address beyond ND is that people aren't comfortable with saying they need help. This is a big idea.

CC.   Megan Moore: Eric, a counter to that is sometimes an app could be that first step. It is scary to say outloud to another person. I might be more likely to fill out a Qualtrics survey.

DD.   Eric Styles: I agree. There is a larger question about one's ability to engage. Simply saying that the app is an option is good, but the perennial issue is that human interaction is very difficult. If People are unable to make that connection so something can start.

EE. Megan Moore: Vulnerability is scary. Admitting you need help or you are not 100% perfect all the time, especially as an ND student, is a scary thing.

FF. Eric Styles: It is normal that the transition is difficult. There is nothing wrong with them. People think everyone is having a good time but me.

GG.   Bridget Schippers: If we invite Caron, would it be helpful to create a list of topics and questions? I would add to that list: preventative care.

HH.   Daniel Jung: Yes, I will send out a Google Form to allow people to add topics.

II.   Kaitlyn Garcia: I have another thing from when I was surveying the people. One thing I heard a lot was that the UCC drop-in can be inconvenient. The window of time is hard and people do not know how long the wait will be. Could we consider being able to schedule ahead of time?

JJ.   Collette Doyle: One thing our administration is working on is a UCC wait time checker. UHS online scheduling was completed last year. This is almost finalized, but will help students. Dropping into the UCC is never a guarantee, but this should curb some sentiments if there is enough time. It will hopefully be finalized by this semester and published on our website, in addition to UCC's.

 V.   Discussion on Notre Dame's Mental Health Resources

VI.   Direction for Next Meeting

A.   Daniel: Next meeting is the last meeting of the semester. We will be sticking with mental health. I will reach out to Dr. Christine Caron Gebhardt, Margaret Morgan, and Kate Morgan. I will also be sending out a Google Form for you to add questions and topics to talk about.