University of California Equity in Mental Health

Funding Evaluation

Deliverable 5:

The Student Wellbeing Leadership Summit Report

Mark Savill
Regina Gemignani
Erin Dowdy
Mike Furlong
Christian Jacobs
Genie Kim

UCDAVIS HEALTH   **UNIVERSITY OF CALIFORNIA**   **UC SANTA BARBARA**

Executive Summary

Background

As part of the Equity in Mental Health (EMH) Funding Plan, University of California (UC) campuses were invited to participate in a two-day Student Wellbeing Leadership Summit at the UC Davis Campus. This summit aimed to understand system-wide needs regarding student wellbeing data and develop a shared consensus on essential approaches to help the campuses meet these needs. The meeting afforded a vital opportunity to discuss common definitions of fundamental concepts across campus and service groups to promote clarity and consistency across student well-being policies and practices. The summit's theme, "The evolution of holistic wellbeing within higher education: Harnessing data to enhance student well-being," highlighted how meaningful, targeted data approaches can help support students' equitable opportunities for health and success in the UC system.

Methods

The Summit was held on October 4-5, 2023. The 104 thought leaders who attended the conference came from all ten UC campuses and included student leaders as well as representatives from campus departments and service units that are instrumental in student wellbeing efforts. The following topics were discussed during the summit: (a) the UC Holistic Wellbeing Model; (b) shared definitions of essential health and wellbeing concepts; (c) ongoing UC campus data needs; (d) current approaches to meeting data needs; and (e) alternative approaches and their feasibility for implementation. Thought leaders shared ideas and experiences concerning a wide range of data efforts, including wellbeing indicators, screenings for services, and data used in providing care, among others.

The research team analyzed qualitative data gathered during the summit. A primary focus was to understand data collection and analytic approaches that best support broader collective goals and specific aims described by different groups. Three main sources of data were used in this analysis. First, the team recorded detailed notes during the sharing-out activities at the end of each conference session. As each session was organized by campus or service groups, this approach provided diverse opinions and perspectives. Second, an activity packet was developed to gather information from individuals on each topic covered during the conference. Third, data were collected as part of a reflection exercise, where participants could respond to a series of presented questions or statements. All summit data were evaluated using a content analysis approach with NVivo qualitative software. This analysis involved an iterative process of identifying key concepts that emerged from the data and using these concepts to code and categorize responses.

Main Findings

Thought leaders defined equity as removing barriers so all students can access what they need to thrive in their campus environment. They reported that addressing systemic barriers to access to care is a key concern as they strive to tailor services and programs to meet all students' needs. While the leaders shared a unified vision, they suggested that further efforts were necessary to unite the broader campus behind equity goals. They also contrasted a holistic model of wellbeing with more limited perceptions of student "success" commonly found on university campuses. Asset-based and community-level constructs were seen as especially relevant to conceptualizing wellbeing in the UC context. Thought leaders identified data needs to support EMH goals, including designing campus wellbeing surveys that are aligned with shared wellbeing constructs and improving information sharing across providers and campuses through greater integration of data systems. Across the two-day summit, the participants provided a series of recommendations to

harmonize and utilize data in the most effective way possible to support equity and wellbeing efforts, which are summarized as follows:

| Key Recommendations For UC Campus Wellbeing |
|---|
| • **Use the terms Mental Health and Wellbeing instead of Behavioral Health and Wellness.**
• **Develop a broad, UC-wide definition of equity that can be adopted across the different services.**
• **Develop a campus wellbeing survey that incorporates well-being indicators that stakeholders find most relevant to wellbeing concepts (self-determination, resilience, social connection, and other strengths-based assets); identify community assessment indicators that measure systems, capacity, and the presence of a culture of wellbeing.**
• **Consider an alternative to the National College Health Assessment (NHCA) that is focused more on students' strengths and flourishing indicators, and that can be completed annually and integrated into a wellbeing index that considers system/environmental factors.**
• **Explore universal screening approaches that may improve identification and access to care, but do not perpetuate historical inequities.**
• **Use service utilization data to support and evaluate initiatives to address inequities.**
• **Enhance communication with the student body, including undergraduate and graduate students, to better incorporate their experiences and perspectives into identifying needs and evaluating programs and approaches.**
• **Identify opportunities to combine qualitative and quantitative data collection approaches to better evaluate services and wellbeing efforts.**
• **Harmonize data collection across campus services and UCs to support systemwide approaches to service delivery and evaluation.**
• **Create mechanisms where identifiable data can be more effectively shared across services to support care delivery and reduce data collection redundancy, and de-identified data be available to staff and students to support wellbeing advancement efforts.**
• **Develop procedures to support transparency and student agency regarding data sharing choices.**
• **Build capacity for data analytic support either through sharing resources between services and/or UCs, or create an analytics support team at the UCOP level. Ensure accessibility to analytics support for both UC staff and students to address key wellbeing issues.**
• **Support the development of system-wide collaboration including department-specific and UC-wide opportunities.** |

Table of Contents

Background

The California Budget Act of 2021 included $15 million in ongoing funds to support the mental health and wellbeing (MH&W) needs of University of California (UC) students. This funding led to the Equity in Mental Health (EMH) Funding Plan, where the 10 UC campuses were invited to submit proposals to address key MH&W areas. The EMH Funding Plan supports a holistic approach to addressing MH&W concerns, considering intrapersonal, interpersonal, institutional, community, and public policy issues to promote an equitable culture of health and wellbeing within each campus. In doing so, the EMH funding plan aims to address inequities and improve student MH&W campus-wide. Given the direct link between student wellness and academic success, such enhancements to the system are integral to reaching the University of California's stated goals of improving student wellbeing, retention, academic success, and graduation (University of California, Graduate, Undergraduate, and Equity Affairs, 2021).

EMH plans have been developed and implemented by each campus to address health inequities and foster an inclusive culture of wellbeing across the UC system. Efforts to promote student wellbeing are related to three domains of wellbeing care: Treatment and Recovery Support, Early Intervention & Collaborative Wellbeing, and Universal Prevention & Wellness (also referred to as Tier I, Tier II, and Tier III services.) The following diagram of the UC Holistic Wellbeing Model (see Figure 1) was developed by the research team and the UC Student Mental Health Oversight Committee (SMHOC) to illustrate these three domains and the principal wellbeing services and programs included in each. It is important to note that the domains are viewed as fluid and intersecting, and wellbeing supports are not limited to one care domain.

As part of the EMH Funding Plan, UC campuses were invited to participate in a two-day Student Wellbeing Leadership Summit at the UC Davis Campus with the theme, "The evolution of holistic wellbeing within higher education: Harnessing data to enhance student well-being." The summit was envisioned as an opportunity for wellbeing thought leaders, including practitioners and student leaders from all ten UC campuses, to engage in collaborative discussions to identify shared future priorities and explore how meaningful, targeted data approaches can help support students' equitable opportunities for health and success in the UC system. An additional purpose of this summit was to understand system-wide needs regarding student wellbeing data and develop a shared consensus on some of the key approaches to help the campuses meet these needs. These aims are essential, given improvements in data collection approaches have been identified as a potential area for growth for the UC (University of California 2022, University of California 2023). Finally, the meeting also afforded an important opportunity to discuss common definitions of fundamental concepts across campus and service groups to promote clarity and consistency concerning student well-being policies and practices. This deliverable details the main findings of this summit, held on October 4-5, 2023, at the UC Davis campus.

Figure 1: University of California Holistic Wellbeing Model
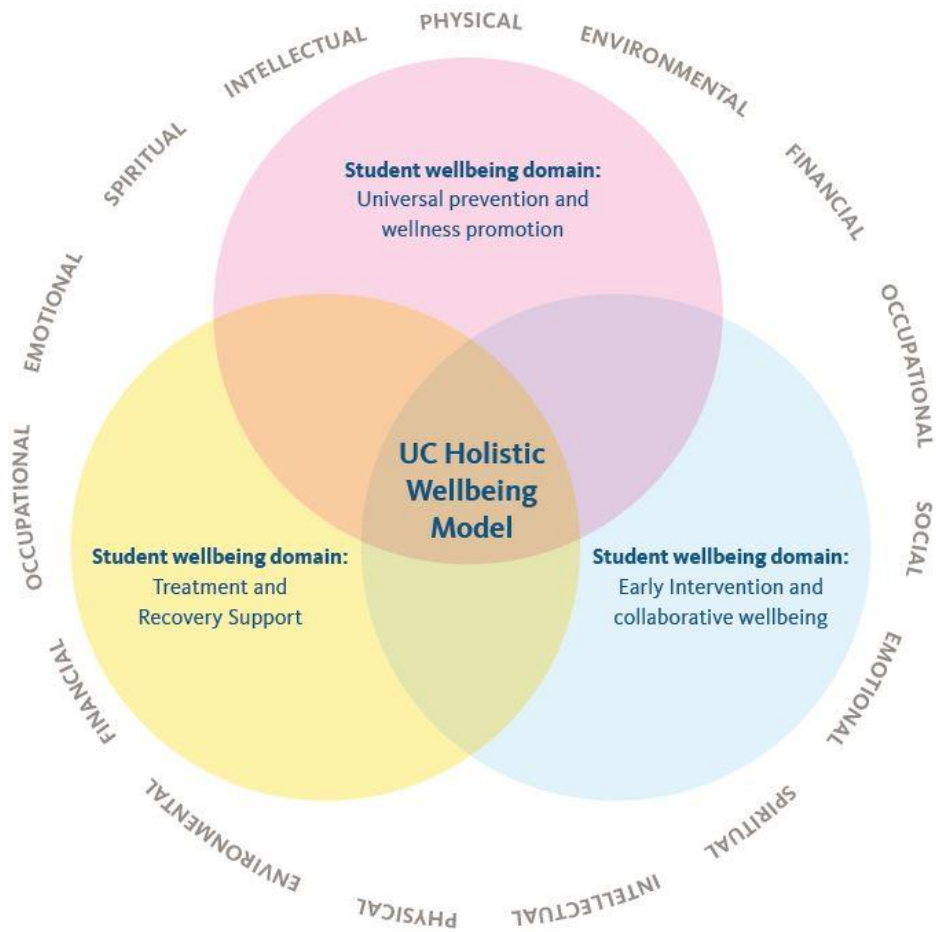
Methods

Summit Participants

The University of California Office of the President (UCOP) facilitated the summit. Present at the summit were representatives from UC leadership, including the campus Chief Wellbeing Officers (CWOs) who convened the summit, UC students, and the wellbeing providers from each of the 10 UC campuses.

Student representatives included undergraduate and graduate students, all of whom hold leadership roles and are deeply involved in efforts to promote mental health and wellbeing among their fellow students. Students present included UC Graduate and Professional Council (UCGPC) officers and the UC Student Association (UCSA). Leaders from the UCSA included the Basic Needs Officer and the Vice Chair of the AQUIRE campaign, which advocates for holistic resources and protections for UC students. Other participants included student leaders from different campuses, many of whom hold Associated Students or Graduate Student Association offices on their UC campus.

Key Departments and Service Groups within the UC Mental Health and Wellbeing System

The UC mental health and wellbeing systems comprise several key departments and service units whose combined ideas, resources, and strengths are a foundation for student wellbeing. A summary of some of these units is presented below. These units are found across all the UC campuses, and each unit had a significant presence at the summit. Dependent upon the activity, thought leaders were invited to work either by UC affiliation, or in these service role groups.

Basic Needs Centers

Basic Needs centers provide UC students comprehensive resources, including food, emergency housing, and other support services such as life skills workshops. Systemwide advocacy, including by students, has resulted in recent funding increases, allowing for expanding these programs and services. The centers provide services and help educate students about basic needs through awareness-raising and normalizing the process of accessing assistance.

These programs play a crucial role in assisting students in need, and UC students may access these services at any UC campus, regardless of where they are enrolled. Food is often provided to students on a self-assessed need basis and may include mobile pantries, weekly grocery supplies, and electronic gift cards. Additional resources such as household care and childcare supplies are also offered. In addition, the centers provide application assistance and ensure successful enrollment in the CalFresh food assistance program. Housing services vary by campus but generally include emergency case management for students in crisis, direct aid and grants, technology support for remote learning, and workshops to help students cope with housing challenges. Basic Needs offices also collaborate with the broader community to help provide emergency housing to students.

Campus Recreation

Campus Recreation enhances the wellbeing of UC students, staff, and faculty by providing access to a wide range of activities and services. Personal development, community engagement, and holistic wellbeing are some of the central goals across the UC recreation departments. Access to all facilities is included for all students through tuition and fees and to other campus and community members through membership subscriptions. Facilities access includes campus recreation complexes and other facilities such as pools, stadiums, and tennis courts. Participation in sports leagues and various recreation classes are available for quarterly membership fees, with financial assistance in many cases. Equity is a focus across the UC recreation departments. For example, the mission statement of UC Los Angeles (UCLA) Recreation is "to create inclusive and accessible spaces and experiences where all are empowered to pursue their wellbeing" (University of California 2023a).

Case Management Services

Within the UC system, both clinical and non-clinical case management may be available to students, depending upon need. Clinical case management typically involves the coordination, integration, rehabilitation, and allocation of resources by mental health professionals to support mental health recovery (Thornicroft, 1991; Dadich et al., 2013). Non-clinical case managers typically focus on psychosocial rehabilitation to link students to appropriate medical, financial, academic, community, or basic needs services.

Across both clinical and non-clinical disciplines, case managers provide students with problem-solving support, resources, and advocacy to address various MH&W challenges they may face. These units promote students' success by discussing options, defining achievable goals and action plans, and empowering students to make informed decisions. They are instrumental in helping students bridge university departments to navigate complex policies and procedures and access the complete offering of campus resources and services. When a student receives off-campus care, such as hospitalization for mental health distress, they often meet regularly with a case manager to ensure a positive transition back to the campus environment. The location of Case Management in the UC system varies. Depending upon the type of case management provided, these services may be part of Counseling and Psychological Services (CAPS), Student Health, Health & Counseling (when health and counseling are integrated), or they may stand as a separate unit under Student Affairs.

Center for Advocacy, Resources, and Education (CARE)

CARE services provide comprehensive prevention and advocacy services to UC students, faculty, and staff to address sexual assault, sexual harassment, sexual exploitation, intimate partner violence, stalking, and gender-identity and sexual-orientation-based harassment. The acronym CARE was established in January 2015 in response to UC President Janet Napolitano's call to have a more consistent, system-wide effort to improve the climate within the University of California. Direct services available at CARE assist survivors and their friends and families. This includes confidential support and healing services, as well as survivor advocacy. CARE also implements prevention education training, often working collaboratively across departments to support creating safe and respectful campus communities.

Counseling and Psychological Service (CAPS) Centers

CAPS centers serve a wide variety of functions, structuring their services to best respond to the needs of their university student population. Clinical service delivery at the CAPS centers on UC campuses primarily includes assessment and psychotherapy. Individual psychotherapy is offered using a short-term therapy model. Group therapy covers a wide range of topics. It provides opportunities for support in areas such as mood disorders, anxiety management, substance abuse, relationships, and

gender/ethnic identity, among many others. The focus of many of these is to help students learn and implement functional therapeutic skills and coping strategies. On some campuses, psychiatric services are delivered in whole or in part by CAPS psychiatrists. All UC campuses offer some form of crisis intervention services, often integrated within the CAPS departments. This includes several of the innovative UC mobile crisis units.

CAPS centers also offer many wellbeing programs and interventions beyond clinical treatment. These may include informal counseling sessions, support groups, peer educator programs, and self-directed resources. CAPS providers often lead workshops and psychoeducation groups that support wellness and illness prevention. Another non-clinical strategy is the "Let's Talk" program, which provides informal mental health consultations on a drop-in basis, either virtually or in person. CAPS staff are also central to outreach and education efforts on the UC campuses in areas such as suicide prevention, substance abuse, and violence prevention. As such, they engage students, faculty, and staff in workshops and education programs such as Mental Health First Aid to promote critical thinking about mental health issues and methods for intervention. They also collaborate and consult with other campus departments to support the wellbeing of individual students and the campus population.

Health Promotion

Health Promotion departments also play a central role in MH&W programming, supporting students to make choices that positively impact their health. This may involve directly working with students to improve their wellbeing or broader efforts to create a healthy campus and community environment where students can flourish. Health Promotion in the UC system implements a variety of evidence-based primary prevention programs, often building on inter-departmental partnerships. Individual and group-based peer-to-peer programs are commonly at the forefront of these efforts, contributing to students' wellbeing whether they provide or receive services. The UC Health Promotion teams provide a range of self-directed wellness services and help connect students with appropriate resources on and off campus.

Student Health Services

Student Health services aim to provide personalized, accessible, cost-effective healthcare. Across some UC campuses, student health services focus exclusively on providing medical services such as primary care. In others, these services are integrated with CAPS clinics as Student Health and Counseling Services. Regardless of whether they operate as integrated or non-integrated departments, psychiatry services are provided in all health centers except for UC Merced, where these services are accessed through UC Riverside.

Clinical services provided by UC Student Health typically include psychiatry assessment, psychotherapy, and medication management, although psychotherapy is not available in every center. Generally, psychiatry services are accessed through counseling or a primary care provider and involve a separate psychiatry assessment. Student Health providers are uniquely placed to conduct mental screenings for students who, for various reasons, may not access mental health services. Other wellness services provided as part of Student Health may include substance abuse programs, social work services, and eating disorder services.

Activities Completed as Part of the Summit

The summit included a warm-up activity and six main discussion sessions, as listed in Table 1 below (also see Summit Agenda, Appendix 1). The warm-up exercise was completed as a whole group. Activity 1 was a brief exercise completed individually, and then Activities 2 through 6 were completed in smaller groups, either based on their UC campus affiliation or service/student role.

Table 1: Summit discussion group and worksheet questions

Activity	Activity Topic	Breakout group	Questions
Warm-up	Defining key concepts	Whole Group	Mental Health/Behavioral Health Wellness/Wellbeing Human rights/Basic needs
Activity 1	Framing of whole systems	Individual Work	Where do your wellbeing services fit within the holistic behavioral health and wellness model?
Activity 2	Campus concepts in action: Defining equity	UC Campus	How do you define equity on your campus? How consistent is this definition across various services? How do you identify underserved students?
Activity 3	Campus concepts in action: Defining Wellbeing	UC Campus	How do you define student wellbeing on your campus? How do you define student success on your campus? What are the pathways to enhance student wellbeing on your campus? What are the constructs/indicators that are important to measure wellbeing on your campus?
Activity 4	What are your data wants and needs?	Wellbeing departments/units	What are your data needs and wants? What data is needed to support equity? (Categories: Population-level/Screening/ Service utilization/Data used in care/Outcomes assessments/Other)
Activity 5	How do we meet data wants and needs effectively	Wellbeing departments/units	How are you attempting to meet needs? To what extent has this been successful? What alternative ways might we meet those wants and needs? Categories: (Population-level/Screening/ Service utilization/Data used in care/Outcomes assessments/Other)
Activity 6	Implementing new data approaches: Opportunities for Cross-UC Learning	UC Campus	What successful data efforts employed by other UCs might benefit you? What would need to be put in place to implement these? Is this feasible? How can UCOP support these efforts?

Warm-up Activity: Defining Key Well-being Concepts

The first summit activity was a forced-choice activity, which provided an opportunity to reflect on some key terms and definitions at the core of campus wellbeing approaches. This activity explored and built upon common understandings regarding these key concepts. As detailed in Figure 2, the exercise included various areas, including disease versus illness, prevention versus promotion, and vulnerable versus underserved populations. For this activity, particular interest was centered on leaders' perceptions of the terms mental health versus behavioral health, wellness versus well-being, and human rights versus basic needs, given their frequent use in the EMH landscape and the inconsistency of their use. In each round, thought leaders were presented with these two options and asked to move to either one side of the room or the other, depending upon what they felt better encapsulated equity in mental health principles. Once the whole group decided, individuals were invited to provide a rationale for how they voted. The resulting conversations provided essential insights regarding the use of these concepts to promote health and wellbeing in the UC system.

Figure 2: Slide Presented to Thought Leaders to Facilitate the Forced Choice Exercise
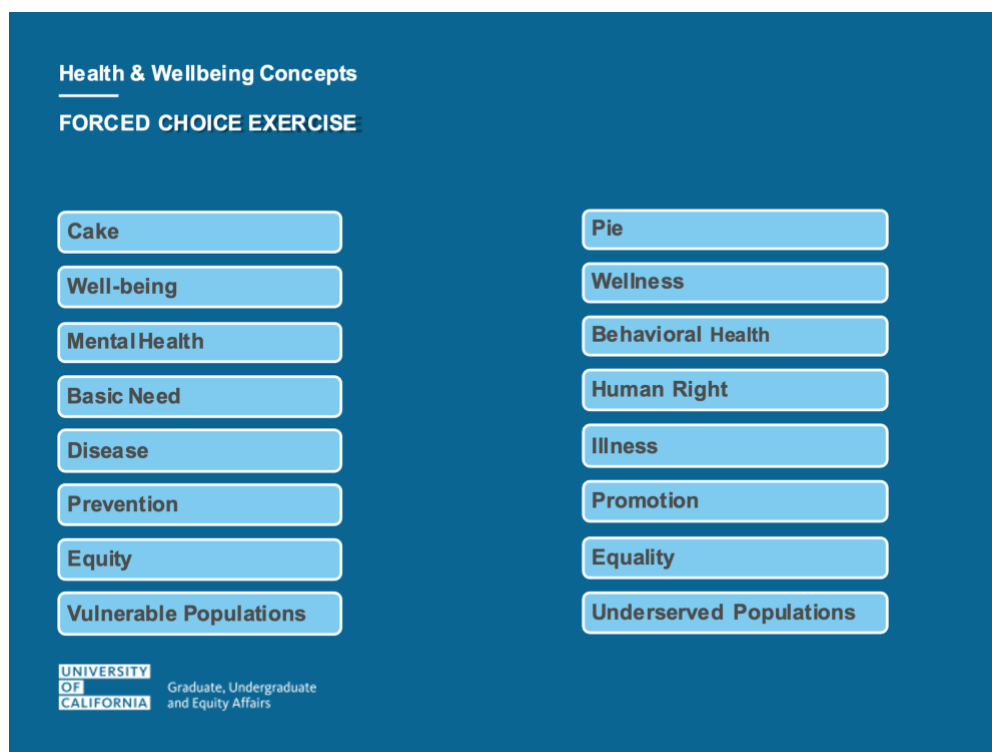
Activity 1: Framing of Whole Systems

For Activity 1, thought leaders individually reflected on how their wellbeing activities and services fit within the University of California Holistic Wellbeing Model. A previous similar model version was used for this activity (as shown in the Activity Packet in Appendix 2).

Activity 2: Defining Concepts in Action – Defining Equity

For Activity 2, thought leaders were grouped by their UC campus affiliation and were presented with three questions to discuss as a group, which included the following:

1) How do you define equity on your campus?
2) How consistent is this definition across various services?
3) How do you identify underserved students?

The leaders were then invited to spend 40 minutes writing down their primary reflections on the activity sheets provided and discussing their answers to these questions within their groups. Once the discussions were completed, a representative from each group was invited to share 1-2 highlights from their group discussion with the rest of the attendees. The research team transcribed these reflections, which were then incorporated into the analysis.

For Activity 3, thought leaders followed the same procedures outlined in Activity 2, addressing the following questions:

1) How do you define student wellbeing on your campus?
2) How do you define student success on your campus?
3) What are the pathways to enhance student wellbeing on your campus?
4) What are the constructs/indicators that are important to measure wellbeing on your campus?

Activity 4: What are Your Data Wants and Needs?

For Activity 4, thought leaders were grouped by the following roles: Basic Needs providers, CAPS providers, CARE providers, Health Services staff, Case Management providers, Health Promotion staff, Campus Recreation staff, and Students. Due to the fewer attendees from Collegiate Recovery Services and equity-focused programs, staff members affiliated with these organizations merged into one group. Group members were encouraged to spend 30 minutes collectively discussing and completing the questions in the following table:

Table 2: Table Completed by Thought Leaders as Part of Activity 4.

Types of Data	Data needs and wants (both met and unmet) specific to your service area	Data needed to support equity?
UC Population-level Surveys		
Screening Efforts		
Service Utilization data		
Data incorporated into service provision		
Outcomes Assessment		
Other?		

Upon completing the exercise, a representative from each group was invited to share 1-2 highlights from their group discussion with the rest of the attendees. The research team transcribed these reflections and incorporated them into the analysis.

Activity 5: How Do We Meet Our Data Wants and Needs Effectively?

For Activity 5, thought leaders followed the same procedures outlined in Activity 4 to complete the following table:

Table 3: Table Completed by Thought Leaders as Part of Activity 5.

Identified Needs / Wants	How do you meet those needs/wants across the different UCs?	To what extent have these different approaches been successful?	What alternative ways might we meet those wants/needs?

Activity 6: Implementing New Data Approaches: Opportunities for Cross-UC Learning

For Activity 6, thought leaders were grouped by their UC campus affiliation. In these groups, thought leaders were encouraged to spend 30 minutes completing the following table before sharing their main reflections at the end:

Table 4: Table Completed by Thought Leaders as Part of Activity 6.

Successful approaches for some UCS that other UCs might consider	What would need to put in place to achieve this?	Is this feasible? Potential Barriers/solutions?	Is there anything UCOP can do to support this?

Data Collection and Analysis

The research team analyzed three main types of qualitative data. The first comprised the detailed notes recorded after breakout sessions when thought leaders returned to the whole group to share discussion highlights. As one member of each group presented, their statements were entered into a word-processing program by a research team member. These statements were not recorded verbatim and are often paraphrased rather than presented as quotations when used in this report.

The second data source was the detailed activity packets (see Appendix 2) that were filled out during each session and turned in at the end of the summit. A total of 42 packets were submitted to the EMH evaluation team. In each case, all thought leaders' reflections were transcribed verbatim into a document and then analyzed using a content analysis approach using the qualitative software package NVivo. Two evaluation team members (MS and RG) worked together to thoroughly read through the data and identify key concepts. A project map was then used to explore and clarify the relationship between concepts. Once the main concepts were identified, the team members used these concepts to code the responses, iteratively revising categories as the coding progressed until all data were analyzed. In addition, in some cases, percentages are reported, and these figures exclude those with missing information.

The third data source included the responses collected as part of a "reflection room" exercise that thought leaders participated in at the end of the 2-day summit. In this activity, a series of large sheets of paper, each

focusing on a different topic, were attached to the wall of a large seminar room, and all were invited to add what they considered to be relevant reflections. Topics included the following:

- New Understandings
- Hopes/Dreams/Wishes
- My Definition of Wellbeing Includes…
- Gratitude/Inspiration
- Challenges/Struggles/Barriers
- Reflections

Consistent with the data collected via the activity packets, the responses from thought leaders were transcribed and analyzed utilizing content analysis.

Findings

The Student Well-being Leadership Summit took place on October 4-5, 2023. In total, 104 thought leaders attended. Summit participants included 14 student leaders representing nine of the ten UC campuses and 90 campus/UC wellbeing leaders representing all wellbeing service sectors (Campus Recreation Services, Case Management Services, CAPS, CARE Offices, Health Promotion, Basic Needs Centers, Student Health Services, Collegiate Recovery, Equity Resource Centers, and Senior Health and Wellbeing Leadership). The interdisciplinary group of wellbeing practitioners held varied positions on the UC campuses, from directors to advocates to service providers. The complete list of summit attendees, organized by UC campus, is presented in Table 2 below.

Table 2. Student Wellbeing Leadership Summit Participants

First Name	Last Name	Job title	Department:	Campus affiliation:
Saanvi	Arora	State Government Relations Director	Associated Students UC Berkeley	UC Berkeley
William	Carter	PhD Student, Fulbright Scholar, & Graduate Student Researcher for Student MH	Student Mental Health/Neurodiversity Initiative	UC Berkeley
Claytie	Davis III	Co-Director	Student Mental Health	UC Berkeley
Marilyn	de la Cruz	Disability Specialist, MH	Disabled Students' Program	UC Berkeley
Laura	Gramling	Neuropsychologist	University Health Services	UC Berkeley
Cathy	Kodama	Health Promotion Director	University Health Services	UC Berkeley
Hailey	Lopez	Interim Assistant Director	Center for Support & Intervention	UC Berkeley
Ryan	Manriquez	President	UCGPC	UC Berkeley
Meryl	Motika	Divisional Assessment & Research Analyst	Student Affairs	UC Berkeley
Harrison	Rappaport	Program Manager & Instructor	Education & Psychology	UC Berkeley
Raghav	Suri	Assistant Director, Student MH	University Health Services	UC Berkeley
Kiyoko	Thomas	Basic Needs Center Director	Basic Needs	UC Berkeley
Joanna	Villegas	Assistant Director of Student Leadership & Programs	Gender Equity Resource Center	UC Berkeley
Devin	Wicks	Associate Director	Recreation & Well-being	UC Berkeley
Raeann	Bowlds	Director, Health Education & Promotion	Health Education & Promotion	UCD
Stacey	Brezing	Director, Staff & Faculty Health & Well-being	Occupational Health	UCD
Gwen	Chodur	Program & Policy Analyst	Aggie Compass	UCD
Jennifer	Chow	Associate Director of Student Support	Office of Student Support & Judicial Affairs	UCD
Regina	Gemignani	Project Policy Analyst	Psychiatry & Behavioral Sciences	UCD
Aditi	Hariharan	ACQUIRE Campaign Vice Chair	UCSA	UCD
Sydney	Holmes	MH Promotion Specialist	Health Education & Promotion	UCD

First Name	Last Name	Job title	Department:	Campus affiliation:
Leslie	Kemp	Director of the Basic Needs Initiative & Aggie Compass Basic Needs Center	Office of Educational Opportunity & Enrichment Services	UCD
Paul	Kim	Director	Counseling Services	UCD
Sarah	Meredith	CARE Director	CARE	UCD
Branden	Petitt	Executive Director	Student Housing & Dining Services	UCD
Kayleigh	Rohrbach	Assistant Director, Living Well	Campus Recreation	UCD
Mark	Savill	Assistant Professor	Psychiatry & Behavioral Sciences	UCD
Zeph	Schnelbach	UC Student Association Basic Needs Officer	UCSA	UCD
Himali	Thakur	External Vice President	UCGPC	UCD
Cory	Vu	Associate Vice Chancellor for Health, Wellness, and Divisional Resources	Student Affairs	UCD
Rasta	Bagheri	Campus Advocate	UC Irvine CARE	UCI
Frances	Diaz	Director	Counseling Center	UCI
Doug	Everhart	Director	Student Wellness & Health Prom.	UCI
Meladee	Garst	Assistant Director, Director of Student Educational Programming & Outreach	Counseling Center	UCI
Marcelle	Hayashida	Associate Vice Chancellor	Wellness, Health & Counseling Svcs	UCI
Jun	Jang	President	Associated Students UCI	UCI
Adam	Kasarda	Director	Disability Services Center	UCI
Brenda	Lapinid	Director	Office of Campus Social Work	UCI
Zoe	Miller-Vedam	President	Associated Graduate Students UCI	UCI
Andrea	Mora	Director	Basic Needs Center	UCI
Greg	Rothberg	Director	Campus Recreation	UCI
Michelle	Brinkop	Medical Director	Student Health	UC Merced
Miguel	Craven	President	Associated Students UC Merced	UC Merced
Heather	French	Assoc. Vice Chancellor & Dean of Students	Dean of Students	UC Merced
Tania	Gonzalez	Director	CAPS	UC Merced
Kristin	Hlubik	Director of Health Promotion	Health Promotion	UC Merced
Bavneet	Kaur	Director, Basic Needs	Basic Needs	UC Merced
Guadalupe	Naranjo	UC Merced Advocate	CARE	UC Merced
Melissa	Patterson	Assistant Director of Operations, Head Strength & Conditioning Coach	Recreation & Athletics	UC Merced
Mohit	Saraswat	Treasurer	UCGPC	UC Merced
Amy	Sekhon	AVC, Health & Wellness & Executive Director, Student Health & Counseling Svcs.	Student Affairs	UC Merced
Drew	Shelburne	Director	Student Accessibility Services	UC Merced
Judy	Crawford	Director	Basic Needs	UCR
Laurie	Lee	Director	Case Management	UCR
Elizabeth	Mondragon	Interim Executive Director Mental Health Initiatives; CAPS Director	Health Well-Being & Safety Division/CAPS	UCR
ZAIRA	VIDAL	GSA VPEA & Grad Student TA	Ethnic Studies	UCR
Kevin	Baldueza	Student Affairs Case Manager	Case Management	UCSD
Alexia	Cervantes	Associate Director - Fitness & Wellness	Recreation	UCSD
Villaflores	Cindy	Assistant Director	CARE at SARC	UCSD
George	Lo	President	Associated Students UCSD	UCSD

First Name	Last Name	Job title	Department:	Campus affiliation:
Rich	Mylin	Director	Recreation	UCSD
Karin	Omark	Director	Health Promotion Services	UCSD
Vaishnavi	Ventrapragada	AVP of Health & Well-being for Associated Students	AS Health & Wellbeing	UCSD
Miriam	Burnett	Teaching Assistant	Education	UCSB
Erin	Dowdy	Professor	Counseling, Clinical, & School Psyc.	UCSB
Michael	Furlong	Professor	Counseling, Clinical, & School Psyc.	UCSB
Fiona	Hosmer-Hughes	Mental Health Commissioner	Associated Students UCSB	UCSB
Jacqueline	Kurta	Director, Alcohol & Drug Program	Student Health	UCSB
Meridith	Merchant	Asst Director, Mental Health Initiatives & Inclusion	CAPS	UCSB
Cassidy	Miller	Student	Associated Students UCSB	UCSB
Briana	Miller	Director	CARE	UCSB
Sharleen	OBrien	Associate Dean/Dir Health & Wellness	Health & Wellness	UCSB
John	Bollard	AVC, Student Health & Wellness / Chief Well-being Officer	Student Health Services	UCSC
Jessica	Bulleri	Campus Wellness Program Manager	Risk Services	UCSC
Naomi	Chu	CARE Director	CARE	UCSC
Meg	Kobe	Director	Student Health Outreach & Prom.	UCSC
Maryjan	Murphy	Director	CAPS	UCSC
Ernesto	Arciniega	Director of Outreach & Organizing	UCGPC	UCLA
Ngozi	Ashibuogwu	CARE Associate Director	CARE	UCLA
Serifa	Dela Cruz	ECRT Chair & Project Manager	ECRT & Basic Needs Center	UCLA
Nicole	Green	Senior Executive Director of UCLA Student Resilience & Mental Health Services	CAPS	UCLA
Naomi	Hammonds	President	Undergraduate Students Association Council UCLA	UCLA
Emily	Harris	Director of Case Management Services	Case Management Services	UCLA
Andrew	James-McClure	Director	Bruin Resource Center	UCLA
Erinn	McMahan	Executive Director	Recreation	UCLA
Chaitali	Mukherjee	Executive Director	Ashe Student Health & Wellness	UCLA
Bettina	Pedone	Director, Population Health	Ashe Student Health & Wellness	UCLA
Suzanne	Seplow	Assistant Vice Chancellor of Student Development & Health	Student Affairs	UCLA
Theresa	Thibodeaux	RISE Program Director	CAPS	UCLA
Samah	Abbaker	Dental Student	Dentistry	UCSF
Anja	Bircher	Counseling Psychologist	Student Health & Counseling	UCSF
Ramsay	Boly	Assistant Director	Restorative Justice Practices	UCSF
Denise	Caramagno	CARE Director/ Advocate	Diversity & Outreach	UCSF
Jessica	Crockett	Medical Student, Co-President of Student Wellness & Mental Health Committee	UCSF School of Medicine	UCSF
Justin	Gibson	Clinical Director	Student Health & Counseling	UCSF
Brian	Groves	Director	International Students & Scholars	UCSF
Tiffany	Lam	Assistant Director, Student Success	Student Life	UCSF

First Name	Last Name	Job title	Department:	Campus affiliation:
Rumpa	Yeasin	Health Education & Promotion	Student Health & Counseling	UCSF
Cynthia	Davalos	Executive Director for Student & Equity Affairs	Grad., Undergrad. & Equity Affairs	UCOP
Christian	Jacobs	Behavioral Health Coordinator, Student Mental Health and Well-being	Grad., Undergrad. & Equity Affairs	UCOP
Genie	Kim	Director for Student Mental Health & Well-being	Grad., Undergrad. & Equity Affairs	UCOP
Caroline	Nguyen	Policy Director	UC Student Association	UCOP
Jody	Stiger	Systemwide Director of Community Safety	Office of Systemwide Community Safety	UCOP
Alina	Tejera	Administrative Analyst, Special Projects	Grad., Undergrad. & Equity Affairs	UCOP

(UCD = UC Davis, UCI = UC Irvine, UCLA = UC Los Angeles, UCR = UC Riverside, UCSB = UC Santa Barbara, UCSC = UC Santa Cruz, UCSD = UC San Diego, UCSF = UC San Francisco)

Section I. Defining Key Wellbeing Concepts

In the warm-up exercise, the most relevant terms of discussion included thought leaders' reflections on the following concepts: mental health/behavioral health, wellness/wellbeing, and human rights/basic needs. A summary of the discussions and their conclusions are presented below.

Mental Health / Behavioral Health

Most thought leaders considered "mental health" more appropriate than "behavioral health" as a descriptor of student wellbeing needs. One of the reasons provided was the fact that mental health "goes beyond behavior" and that behavioral health measures don't always capture meaningful improvements in wellbeing. The example given was that a student who has experienced trauma may begin to see significant improvements in wellbeing that can't be easily measured in behavioral terms. Others noted that the term "behavioral health" may connote moral judgment, placing responsibility on the individual student (a "*you* problem"). This was considered particularly problematic in the context of the education system, given that the racial bias of educators has been found to influence what are perceived to be problematic behaviors (Welsh & Little, 2018; Sabol et al., 2022).

A smaller number of thought leaders preferred the term behavioral health. Some suggested that mental health may be used to narrowly refer to therapy, while behavioral health is the more inclusive term. Linked to this, in community settings, behavioral health has been increasingly adopted over mental health to support the inclusion of addiction services. Finally, a participant pointed out that behavioral health provides a counterpoint to organizational siloes, better incorporating the different campus units that serve students.

Wellness / Wellbeing

When considering the terms wellness and wellbeing, most thought leaders were in favor of the latter term. Wellness was preferred by a smaller group who said that it was less about "who you are" and more about a state of physical and mental health. A larger group said they preferred wellbeing because it can incorporate a focus across different levels, including individual wellness and the campus environment. For example, a participant stated that this concept involves "looking at the systems and the capacity." The group also commented on the evolving terminology on the UC campuses. A participant suggested that while "wellness" used to be a new concept it is now seen as "innocuous," with many practitioners now rallying around the more holistic term of wellbeing.

Human Rights / Basic Needs

Overall, the thought leaders who participated in this exercise were split on whether human rights or basic needs were more relevant in its definition of student wellbeing principles. Some reported they chose human rights because these principles are universally shared and applicable to everyone. Others discussed basic needs as more centrally linked to wellbeing on campus and the common right to "survive and thrive." A participant explained that the right to clean air, food, housing, and other basic needs is fundamental to the empowerment and wellbeing of everyone in the campus community. In general, human rights were seen as applicable to legal protections that, in the campus context, may include issues relating to free speech, due process, privacy, and safety, among other areas. In contrast, Basic Needs were seen as more closely related to pursuing health equity goals.

Section I Conclusions: Defining Key Concepts across the Wellbeing Community

The discussions of key concepts suggested that among summit attendees generally, the term mental health is preferred over behavioral health, and wellbeing is preferred over wellness. Human rights and basic needs were considered separate constructs that should be used in different contexts.

Recommendations from Thought Leaders Regarding the Definitions of Key Concepts

- **Use term Mental Health, rather than Behavioral Health, as the focus of UC Health and Wellbeing services extends beyond behavioral needs.**
- **Use Wellbeing, rather than Wellness, as the latter is more holistic, extending to the broader campus environment and culture.**
- **The term Basic Needs should be used concerning addressing concrete needs such as housing, water, food, internet access, and clean air. Human Rights was considered the more appropriate term regarding legal protections of abstract concepts such as free speech, due process, privacy, and safety.**

Section II. Equity Definitions and Approaches

While defining and exploring equity was the major focus of Activity 2, it was notable that the notion of equity and how it is defined and applied in a campus context was a consistent topic of discussion across the two days. The key themes concerning equity that arose from these conversations are presented below.

Equity and Student Success

For most thought leaders, equity involves addressing barriers to service availability and accessing what students may need to receive or experience so that all can have the same opportunity for success. When asked in the activity packets to describe how their campuses defined equity, almost three-quarters of respondents provided this definition. As part of their response, some explicitly referenced the need to actively address factors that may inhibit the pathways to opportunity and success for those historically marginalized. Thought leaders described success in terms of student health and wellbeing. They pointed out that this may differ from campus definitions of equity, which can often focus more narrowly on academic success. Some of the answers to this question are listed below:

> *"Ensuring that every student can access, receive, and/or experience what they need to thrive as a unique human being."*

"Students thrive in all aspects of their experience and person."

"Opportunities across campus experiences [that are] needed to be well and to engage in all areas of academic and social life; what is needed to succeed (ex. mentorship, services, resources, professional development, personal strength, social connections, and belonging)."

"Leveling access for success and opportunity."

"Honoring the need of the individual student while considering their identities and building systems that reduce and ideally eliminate barriers to access programs and services."

"From the Division of Diversity, Equity, and Inclusion, 'To deliver the promise of Berkeley (to all)' essentially leveling access for all… evening out past structural differences, oppression."

Campus groups also emphasized this theme during the whole group discussion. For example, the group from UC Irvine stated that equity is about removing barriers to create access to allow students to thrive and be their best in the educational environment. Some groups highlighted definitions found within their campus service units (e.g., the above reference to the Diversity, Equity, Inclusion, Belonging & Justice Division at UC Berkeley). Many participants offered definitions of health equity, some referring to definitions from their Student Health and Wellbeing departments or the UC healthcare system. Other groups cited the WHO definition of health equity: "Health equity is achieved when everyone can attain their full potential for health and well-being."

Specialized Supports

Descriptions of equity also focused on the range of supports that can target specific barriers that students are experiencing. About half of all participants described equity in terms of these supports and ensuring that "all students have what they need to thrive."

"Providing and tailoring services and programs to students' needs."

"Ensuring every student can access, receive, and/or experience what they need to thrive as a unique human being."

"Making services available to all, but make sure to evaluate and offer tailored experiences to underserved or underrepresented populations."

"Honoring the need of the individual student while considering their identities and building systems that reduce and ideally eliminate barriers to access programs and services."

"Being able to create a supportive community with our students and provide additional support for those who need it; looking at students individually and how to support their needs."

Participants emphasized communication with students, "talking and getting to know them and what they feel like they're struggling with." Some described the need for greater consistency across different services and departments, asking, "How intentional are we at having all providers ask specifically about various student needs?" Others suggested that these conversations can provide insights about services that may better meet student needs, "The various pathways and modalities students lean on to support their wellbeing may not be the current offerings we have available."

Addressing Accessibility and Justice

A wide range of programs and services addressing equity issues exist on all UC campuses. This includes the significant expansion of wellbeing services and outreach programs targeting underserved students resulting from the EMH funding grants. However, many thought leaders described an ongoing need to address

persistent challenges to wellbeing equity. A significant number also pointed to systemic causes of inequity and exclusion and a need to work together more intentionally as agents of change.

> *"Sometimes we know who is underserved, but action is not always taken."*

> *"We still lack knowledge in certain areas to succeed and the level of action taken varies; lack of trust; ignoring of needs."*

> *"We need more campus conversations, need to build more trust…not sure if we are truly reaching the students and breaking down barriers (e.g., students in recovery, formerly incarcerated and system impacted, indigenous students)."*

> *"Definitions should name students previously unnamed and invisible to systems; the practice of including makes them visible and eligible for services."*

There was discussion about the need for everyone to be "invested and on board" and about the difference between "identifying" student needs versus "taking action" to address them. Several thought leaders stated that equity implies action, pointing to the importance of the term "equity-mindedness," an approach that works toward institutional change to promote greater equity in student outcomes. Equity-mindedness addresses multiple areas of equity, including gender and income equity, while also addressing the specificity of racial and ethnic stratification. One participant explained, "We as a group like focusing on equity-mindedness as the action and practice of what we do. The question really is, 'Are we consistent in our practice and avoid assumptions on our campus and across campuses?'" Another stated that while "primary parts of the definition [of equity] are consistent," there are differences in "additional parts of definitions such as 'equity-mindedness' implying action and intervention."

Students described their efforts to bring attention to the experience of unhoused students, neurodiverse students, students with disabilities, indigenous students, formerly incarcerated students, students with substance abuse problems, and others who may not be receiving the support that they need. Suggesting that "lived experience is being ignored in favor of data," they described the challenges in recognizing the needs of these groups. This suggests the need to consider equity with a broader lens than has been adopted in some spaces, which can focus primarily on gender and race/ethnicity.

Inconsistency in Definitions of Equity

The shared themes described above demonstrate a common understanding of equity definitions across the varied groups of health and wellbeing practitioners. Unfortunately, the short time frame of the summit did not provide an opportunity to discuss the differences in nuance and approach that may exist among the service groups present at the summit. However, thought leaders described pronounced inconsistencies when viewing equity definitions across the campus as a whole. In response to the worksheet question, "How consistent is this definition [of equity] across various services?" many felt that the definition was inconsistent.

> *"This needs to be prioritized; creating and serving our campus has evolved and changed over time; the concept is being brought up and discussed, but it does not seem to be centralized."*

> *"Do we take equity seriously? There is a new campus plan but only one bullet around health and wellbeing."*

> *"Not consistent - academic affairs versus student affairs."*

> *"A lot of collaboration within Wellness, but communication is a universal problem across [UC name]."*

> *"Inconsistency, especially with the academic side."*

"Academic working definition vs. Student Affairs definition."

"Not consistent due to being challenged by competing priorities such as enrollment targets."

"Consistent within student affairs, but not necessarily on campus."

This lack of consistency in defining equity and centering it as a goal across all campus units and departments was viewed as a hindrance to the ongoing efforts to remove barriers and improve wellbeing. A service provider pointed out that a lack of a coherent vision can add to the work of practitioners who need to expend extra effort "trying to get people to understand that people have different needs and experiences." During a whole group discussion, one campus group described "deeply compliant, risk-averse" campuses that discourage students in important areas of wellbeing, such as when a break is needed from academic life. Others discussed the negative impact of competing priorities between academic and non-academic campus units. The interest of some faculty members in equality and impartiality, rather than equity, in their classroom policies and student interactions, was viewed as fostering continued divisions and inequities among students. Students made several suggestions to help promote equity in the classroom, such as a recommendation for faculty to video/audio record lectures, a strategy that many students found helpful when it was offered during the pandemic.

Thought leaders proposed a number of solutions to help bridge interests and build a shared vision around equity. These included the development of a wellbeing ecosystem that more wholly encompasses the entire campus, including faculty and staff; more outreach and education around the linkages between student wellbeing and persistence; helping students self-advocate in the classroom; and incorporating equity into faculty evaluations and job descriptions. One individual stated, "Prioritize wellbeing for faculty and staff and students; the goal of UCs should be to create and foster whole people, and you cannot do that if policies and faculty are only incentivized to achieve academically." A campus team noted that this keeps "bubbling up in our wonderful conversation" and asked, "Who takes this to academic divisions to help them do a better job? We can do love, compassion, breath work, but stuff happens in the classroom."

Section II Conclusions – Equity Definitions and Approaches

Equity was defined as removing barriers to ensure all students can access what they need to succeed and thrive. The definition was consistent across the wellbeing departments, except for the focus by some groups on equity-mindedness, which explicitly addresses the root causes of discrimination and exclusion. While there was significant consensus regarding equity among summit participants, many expressed concerns that their wider UC campus environment lacked consistency in equity definitions and approaches.

Section III. Defining Wellbeing and Flourishing

The meaning of wellbeing for UC campus communities was a central topic throughout the summit. Discussions covered specific dimensions considered most significant to wellbeing and the broad, holistic views that shape wellbeing efforts across the UC system.

Dimensions of Wellbeing

Most discussions of wellbeing at the summit focused on psychological or eudemonic aspects of wellbeing. Eudemonic wellbeing encompasses optimal psychological functioning, including the pursuit of meaning and self-realization (Haim-Litevsky et al., 2023). The three eudemonic dimensions discussed included self-determination, resilience, and connection/belonging. Basic needs was also a central topic in these discussions. Thus, the following section covers three eudemonic wellbeing dimensions and basic needs fulfillment. Subjective aspects of wellbeing (also referred to as hedonic aspects), such as happiness and life satisfaction, were mentioned, although not as frequently. The following summary includes percentages of the number of individuals who mention each type of wellbeing indicator in their activity packet responses. A total of 31 respondents completed the section on wellbeing definitions and indicators.

i. Self-determination

Approximately two-thirds of respondents said that self-determination was central to wellbeing. To describe this aspect of wellbeing, thought leaders used the term self-determination, which implies intrinsic motivation and perception of choice in one's actions, and related terms such as autonomy, engagement, empowerment, voice, agency, and living a life of purpose.

> *"Advocate for self; engagement; ability to navigate; ability for meaning making."*

> *"Self-determination; students' ability to engage with campus and educational experiences in the way they want."*

> *"Are you living a life of purpose? service; meaning; contributing."*

> *"Pursuing a meaningful path and life course; career; passion; personal; social."*

The highest level of Maslow's hierarchy of needs – self-actualization – was frequently mentioned at the summit in relation to this aspect of wellbeing. For example, one group discussed the hierarchy of needs and said that as they ascend through the levels, students can eventually achieve "purpose and meaning, " which ultimately brings them a sense of wellbeing.

ii. Support and resilience

A related concept is that of resilience. While self-determination provides a sense of purpose, resilience comprises all the skills and traits that can help one persevere and adapt to life's challenges, which is particularly important in relation to the pressures and expectations of pursuing a degree. Over a third of respondents described the importance of resilience in their definitions of wellbeing. Again, the concept was described in multiple ways, including the following: ability to pivot, self-forgiveness, advocate for self, ability to navigate challenging times, and adapting to change.

As suggested by these terms, help-seeking behavior was central to resilience, including the ability to navigate wellbeing resources. It is important to note that when asked about the best pathways to enhance student wellbeing, the discussions centered on guiding students in self-advocacy and help-seeking skills. Regarding equity issues, thought leaders reported that many students were unaware of wellbeing services and/or faced barriers in asking for help when needed. Being ready to help students at different campus touchpoints, the sites where students engage in campus activities and services, was frequently mentioned, as students may have a variety of ways of engaging and seeking assistance.

> "Nurture students' help-seeking behavior; how to advocate for themselves; how do we make students feel valued…ensure that students know it's OK to ask for help."

> "Students help-seeking behavior; teach students how to advocate for themselves and involve faculty and professors; pathway equals touchpoints; valuing students, listening to them, empowering them to seek help in different situations."

> "Help-seeking behavior; students should be valued, helped, and mentored no matter what their campus touchpoint is."

iii. Social connection and belonging

Social connection as a wellbeing dimension is based on the quality of an individual's relationships. It refers to having close, meaningful, and constructive relationships with others, including individuals, groups, and the wider community (Moore, 2023). When asked about the definition of student wellbeing, approximately half of respondents listed social connection as an essential dimension. The various terms to describe this included social connection, belonging, meaningful relationships, friendship, community, and inclusive community.

Thought leaders connected the importance of social connection with equity issues of belonging and inclusion on UC campuses. Some of the topics discussed at the summit included identifying "invisible" groups in need of support, establishing spaces for community-building and addressing ongoing issues of exclusion and bias. Student participants provided examples of the need for increased efforts to identify and provide spaces for groups of students who continue to experience stigma and exclusion. In one instance, they described their efforts to promote community for students recovering from substance abuse through the Collegiate Recovery Program. This program centers community support in its recovery model and provides meaningful connections and opportunities to develop a sense of belonging.

Having one's basic needs met was also frequently mentioned in definitions of wellbeing. Thought leaders described this as the first step in Maslow's hierarchy of needs. They pointed out the importance of removing basic needs and other barriers resulting from broader social inequities to shape campus culture and promote wellbeing across all student groups. For example, one respondent stated that wellbeing is "the responsibility of everybody, an approach that addresses trauma (what is wellbeing when someone is in crisis?), having your basic needs met, wellbeing is a <u>culture</u>."

Holistic Understandings of Wellbeing

In addition to the wellbeing dimensions discussed above, two-thirds of respondents described a holistic framework that incorporates multiple aspects across hedonistic and eudemonic categories, or what has been described elsewhere as "feeling good and functioning well." Many discussed "a culture of wellbeing," and the concepts of flourishing and thriving were often used to suggest a multidimensional understanding of wellbeing. In addition, these concepts were often contrasted with a deficit-based model of what it means to be well. One respondent stated, "We need to get away from what's wrong with students, towards flourishing, structure, circumstances that support wellbeing behaviors and outcomes." This idea that wellbeing is best understood in terms of strengths and assets was repeated across many summit discussions.

> *"Wellbeing is a <u>culture</u>"*
>
> *"Human development; meaningful relationships; culture on the campus and interconnectedness with student staff and faculty well-being"*
>
> *"Helping students realize their potential as students and humans; autonomy; decision-making; resilience."*
>
> *"Whatever it means to you - meeting students where they are; self-determination; physical and mental well-being (not necessarily health); wellness wheel; living a life of purpose."*
>
> *"Well-being relates to a set of foundational experiences and stability, safety, holistic health concepts, and it facilitates purpose, meaning, opportunities, health, mental health, community, voice, engagement."*
>
> *"Quality of life; ability to contribute to the world; equitable access to resources; flourishing; human process."*

Concerning wellbeing models, several thought leaders referred to the Eight Dimensions of Wellness model developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) and adopted by the UC Healthy Campus Network (Swarbrick, 2006). The model's eight dimensions include occupational, emotional, spiritual, environmental, financial, physical, social, and intellectual. The dimensions are interrelated, each being equally central to attaining wellness. The shared holistic perspective was widely expressed at the summit. As one respondent stated, "We want to get out of the silo thinking and head toward a common language and understanding of wellbeing – person, place, and planet."

A key theme in these discussions was the need for more participatory approaches that include diverse campus perspectives. In particular, there was a focus on the need to engage students in defining wellbeing from their point of view. Thought leaders stated that students should be "a part of the conversation" and "a culture of wellbeing should be defined by students." For example, some suggested that finding out what "I feel good" means from a student's perspective and identifying the areas of their lives that students are most proud of could provide helpful insights into wellbeing indicators.

While equity and wellbeing were both discussed in relation to the ultimate goal of student "success," thought leaders generally felt that the idea of a successful student was often viewed in very narrow terms limited to achieving academic/career/financial goals. The goal of campus wellbeing efforts, whether explicit or implicit, is often perceived in relation to academic success: "Thrive so that you can flourish and be academically successful." Instead, a broader definition of student success was seen as more conducive to student wellbeing.

> "Student wellbeing serves a specific goal: graduation, retention, salary after graduation."

> "Graduation in four years (persistence and progress toward degree) = inequity and creating shame; assumes that we're all starting in the same place."

> "Ideas of success are often not aligned with wellbeing; advocate for self, engagement, ability to navigate, ability for meaning-making."

> "How do we define [success] in our little group versus how it is defined on campus by others? Is well-being an instrumental, immediate outcome needed just to support persistence, or is it an end in itself? Helping students realize their potential as students and humans; autonomy, decision-making, resilience."

> "Tension between university/system goals and wellbeing goals."

> "Retention, graduation, and pay after graduation are not what our group agreed with but what we thought the institution ultimately prioritizes."

> "Success = money; need to step away from grades and help prioritize wellbeing; redefine being a student."

> "How does the campus define [success]? Graduation, retention, and how much you make after graduation versus leading a life of purpose, meaning, and community."

> "Retention, persistence, graduation (this is what seems like the campus priority); Preparing them after graduation (this is what want to work towards)."

Many campus groups described the difficulty students face when their pursuit of wellbeing conflicts with commonly held ideals of success, whether this involves taking a break from school, dropping a class, or changing a major. Matters considered critical to ongoing dialogues on student wellbeing included the competing campus definitions of student success, whether success should be viewed as a state or a process, and the degree of importance placed on academics.

Section III Conclusions – Defining Wellness and Flourishing

Concepts of wellbeing focused on eudemonic dimensions, including self–determination, resilience, and a sense of belonging; the importance of meeting basic needs; and the centrality of a multidimensional and asset-based holistic framework. There was a perceived need for unified efforts to define student success in a way that resonates with this holistic understanding. Students' perceptions of wellbeing were fundamental in framing this central concept and future program and policy directions.

> **Thought Leaders' Reflections on Defining Wellbeing and the concept of "Flourishing"**
>
> - **The key dimensions of student wellbeing identified by thought leaders included self-determination, support and resilience, social connection/belonging, and the meeting of one's basic needs.**
> - **Of the models presented, the SAMHSA's 8 Dimensions of Wellness received significant support.**
> - **To support efforts towards supporting student wellbeing, campuses need to adopt a broader culture of wellbeing.**
> - **A unified definition of wellbeing adopted by the UC should be informed by student thoughts and perspectives.**
> - **Thought leaders recognized a tension between how wellness providers and students defined wellbeing versus the broader campus which focuses heavily on academic success.**

IV. Data Wants and Needs across the UC Health and Wellbeing System

A central focus of the summit was to explore data wants and needs to support student wellbeing across the UC network. The key themes discussed during the two days are presented below.

Population Data / Wellbeing Indicators

Regarding population data, the thought leaders described the need for data collection tools that were less deficit-oriented and more aligned with holistic wellbeing concepts including community-level indicators.

Summit participants discussed the utility of current surveys found across the UC system. The first survey discussed was the UC Undergraduate Experience Survey (UCUES) / Graduate Experience Survey (UCGES). This survey focuses on academic and co-curricular experiences, including instruction, advising, and student services. The UCGES documents students' academic engagement and community involvement. While not focused on wellbeing, it includes related questions such as feelings of value and belonging, campus climate, basic needs, and engagement in different aspects of campus life. During discussions, it was pointed out that a shortcoming of the data is that it can often take many months from data collection before services receive the findings, making it very difficult to proactively respond to identified trends. A second issue identified related to the fact that the surveys are completed every other year, creating challenges to tracking both student needs and the outcomes of interventions and initiatives.

The second survey discussed was the American College Health Association's National College Health Assessment (NCHA). This survey is used across the UC system and includes wellbeing indicators such as measures of food security, substance use, loneliness, suicidality, and psychological distress. Many thought leaders expressed shortcomings with the survey. These problems include the survey length, the lack of sufficient embedded skip logic to limit non-relevant items, low response rates, and the need for more positive wellbeing measures. Comments suggest a need to select or develop measurement tools that focus on assets, strengths, and motivation and are thus more closely aligned with the holistic understanding of wellbeing discussed above.

> *"Should we be measuring strengths as well as deficits?"*

> *"Instead of deficit-based model, what are some ways that we can measure thriving or wellbeing."*

"Move away from deficit-based toward measures that tell more about campus culture."

"Need to focus on capacity and flourishing surveys."

"Get rid of NCHA - costly, unwieldy, bio-medical based, terrible response rates… Full campus wellbeing surveys; quick and easy surveys for all campus; need central data team to interpret data and make all survey data and interpretation of data public to UC campuses!"

In addition to focusing on positive wellbeing indicators, some thought leaders emphasized the need for campus wellbeing surveys to incorporate systems-level assessments.

"Mapping serenity spots or where you can have a good cry or self-soothe and incorporate assessing the impact of initiatives like garden space; Where are the places you feel best on campus? What builds up capacity? Need to move away from problem- and normative-based."

"Get away from what's wrong with students, towards flourishing, structure, circumstances that support wellbeing behaviors and outcomes… I would like to see support, funding, and capacity to look at how to do environmental scans with a community asset- and strength-based focus. How do we get to vitality and wellbeing?"

"Need to identify existing wellbeing indicators for communities, environments, and individuals, and develop a model for higher education… environmental scans and mapping of top environmental factors that contribute to wellbeing (e.g., walkability, green space); what is in the campus environment that supports wellbeing (e.g., biophilic design, walking routes)? See the campus as an ecosystem - how do we measure the health of an ecosystem?"

One crucial focus here was the wellbeing of the entire campus community, including wellbeing practitioners themselves. This was a common theme in the post-summit reflections, with statements like "We as service providers all need restorative time" and "Equity and wellness amongst staff sets a stronger foundation for implementing change." The importance of campus measures of wellbeing was seen as linked to this interest in a wellbeing culture that incorporates everyone and is not limited to students alone.

Summit discussions suggested the need for population-level tools specifically developed to measure progress toward UC wellbeing and equity goals. A diverse range of wellbeing frameworks are available to help guide the selection of core constructs (University of California 2023b).

Using Data to Support Identification and Care Access

Two suggested areas of data improvements to help students access wellbeing programs and services include screening and prevention/outreach data.

As previously discussed, the need to identify students who are not receiving wellbeing services was frequently mentioned. Thought leaders expressed concern about screening needs among significant numbers of students who might not be accessing the services where screenings typically take place. This included students not enrolled in the UC student health plan who don't frequent a campus primary care provider.

"What populations are not being screened?"

"We need screenings but also an analysis of who is not getting screened, like those not using a campus primary care provider. We have data on only 15% of the student pop because those are the students who receive services. What are we missing about other students' needs?"

"Universal screening, but what would it look like? Don't want to create barriers for students."

To help identify students and improve access, thought leaders suggested data sharing that would support greater efficiencies and linkages in the system of care. Screenings conducted by primary care providers on the UC campuses are essential in directing students to counseling, CARE services, Basic Needs services, and other campus providers. Some expressed a desire to expand this approach across more departments. For example, one provider asked, "Can CARE and [Student Mental Health Care Services] have more shared screening?" Discussions about cross-department data sharing elicited concerns regarding data privacy issues, which will be discussed in Section V.

Basic Needs providers similarly expressed the need for more collaborative efforts, suggesting the inclusion of Basic Needs questions on intake forms across wellbeing providers or even more broadly to reach all UC students. In response to a question about data needs, they suggested including a CalFresh eligibility question on the UC application, similar to that found in the California State University system, or a required basic needs assessment for all incoming students to complete during orientation. Wellbeing surveys conducted across campus were also seen as an opportunity to screen for basic needs services by adding a feature that would notify students about available services in response to a positive screening.

Universal screenings are a standard method to capture the mental health needs of students who don't seek campus support services. Discussions suggested that although there is interest in universal screening, there are also several concerns. Some of these include cultural/language biases in screening and the concern that a deficit-based approach could contribute to stigma and fail to address broader equity issues (Moore et al., 2023). Others emphasized that screening should be used to support identification and care access and not to exclude people from services due to risks concerning false negatives. Overall, it was suggested that these areas must be addressed before consensus on universal screening could be reached.

Data to support outreach and prevention were also discussed at the summit. For example, counseling service providers pointed out that while they had good clinical data, they lacked information about the success of their outreach and prevention activities. This need was repeated across several other departments as well.

> *"How many students are taking advantage of these programs, and how are they getting the information so we can find different marketing/outreach approaches."*

> *"We have good clinical data with our assessments but struggle more with outreach and activities for secondary and tertiary intervention."*

> *"We can get numbers for clinical data, but how to capture prevention data in a meaningful way?"*

Departments that have piloted approaches for collecting outreach and prevention data shared some of their successes during these sessions, with others expressing an interest in implementing these ideas for evaluating their outreach programs.

Service Utilization Data

Concerning service utilization, thought leaders described large amounts of data being collected. Still, again, there was a perceived need for a more system-wide approach both to help meet individual student's needs and to measure the broad trends and variations in access to services.

Thought leaders reported how utilization data are collected across all departments to measure the reach of wellbeing services and programs. Several thought leaders said better data were needed to understand utilization trends among underserved students. For example, one provider said they required more information about "first generation, transfer students, LGBTQ" and other student groups. Another referred to the needs of students who may experience intersecting inequities that shape access to care (e.g., Lopez and Gadsden, 2016), stating, "We need better data to show if students are utilizing our services; data should be

intersectional." A frequent question at the summit was, "Who is not self-selecting into our program and why?" There was an interest in gathering more precise data defining demographic categories of students and knowing the underlying reasons for the lack of utilization.

Another perceived area for improvement was the ability to measure utilization across multiple services. There was a strong interest in developing a system for tracking how students receive or fail to receive services across different units at multiple touchpoints. One participant asked, "Is there a way to de-identify student connection to offices across campus? UCSD does have a data hub: can we do this on campus?" Customer Relationship Management (CRM) systems were seen as one potential approach to systematically collect and manage student service data. Again, this was seen as something that would help better meet individual students' needs and provide the opportunity to help fill care gaps across the campus by tracking pathways and interactions through the wellbeing system.

Outcomes Assessment

Another area of data needs concerned improvements in data collection and use for measuring program impact. For example, students described the need for more information on the outcomes for students with learning differences, "Are people getting the accommodations they request? Executive function support? Consultation on syllabi?" A CARE service provider stated, "We are asked to report how many people and what services they access, but more is needed: Are services effective?" While numerous providers said they collect detailed outcomes data, they also mentioned that survey response rates were often very low.

Thought leaders also expressed interest in collecting data to link program outcomes with student success and wellbeing measures. For example, some were interested in ways of measuring program outcomes in relation to academic success. A Basic Needs Center representative stated the need for data regarding "academic, persistence outcomes, longitudinal data." Another provider said practical measures include "grade improvement, graduation rate, successful connections, time to degree."

Others focused on evaluating programs in relation to the broader understanding of success and wellbeing discussed above. One suggestion was an "open-ended text field, 'How has this contributed to your wellbeing?'" Similarly, a case manager suggested gathering data to answer the following questions, "Did your wellness needs get met? Eliminating the need for CAPS? Are you now open to therapy? What is our reach? How can we scale it out?" Some suggested that helping students access care should be seen as an end in itself: "We need to think more about wellbeing as a series of policies and supports, not about particular outcomes. For example, graduation in four years isn't always appropriate. Being hospitalized can be a good thing. If you know about the resource, policy, office, etc., it's a success." The student perspective was seen as very valuable in understanding which aspects of the student wellbeing systems are working successfully and which are not. For example, providers across several services described the need to listen closely to student feedback, allowing students to "define their own goals" in relation to program outcomes and exploring possibilities of qualitative measures to understand students' experiences within a program more fully.

The need for system-wide data on program outcomes was also discussed at the summit. Working more collaboratively across the UC system to measure outcomes was mentioned by several participants in their reflections on outcomes data needs. For example, a Campus Recreation provider asked, "Are we doing enough benchmarking data to compare with other campuses?" CARE service providers also discussed a need for a systems approach to outcomes, including "impact reports where we can use the same language," explaining that they lack resources for collective engagement and "don't have a home in UCOP." As discussed below, the shortage of resources to conduct broad system-wide analyses was viewed as an important limitation across providers. Still, several departments and campuses mentioned this was an important future goal.

Section IV Conclusions – Data Needs and Wants across the UC Health and Wellbeing System

In their discussions of data needs, thought leaders described the importance of more coordinated and integrated information systems. These discussions suggested several broad areas of improvement. The first is the need for better population-level tools that can efficiently and accurately gauge wellbeing on UC campuses, including measuring individual and systems-level assets. This information could be collected system-wide across campuses or separately for each campus. The second primary suggestion concerned the need for more data sharing in areas such as screenings and service utilization, which could potentially improve efficiencies in delivering services and address gaps in access. Notably, this data intersects with the need for a population-level survey, as the latter could be designed to screen students and, as needed, provide them with links to wellbeing services. Third, there was an expressed need for specific outcomes data to accurately measure the impact on student wellbeing across different demographic groups. Finally, a general improvement was the need to incorporate student perspectives across many aspects of wellbeing data, including designing meaningful population-level tools, measuring barriers to access, and evaluating services.

Thought Leaders' Data Wants and Needs to Support Efforts to Improve Student Wellbeing

Population-Based Assessments of Wellbeing

- **Consider an alternative to the National College Health Assessment (NHCA) that is less deficit-oriented and focused more on students' strengths and flourishing indicators.**
- **Incorporate system- and environmental-level indicators into wellbeing assessments.**
- **Increasing the frequency of assessments from biennial to annual would better support longitudinal assessment of wellbeing.**
- **Having earlier access to wellbeing assessment data can support services to better meet identified needs.**

Screening

- **Universal screening approaches could help identify those in need amongst the large proportion of students that do not seek services, however it is critical that tools do not perpetuate inequities or rule students out from care.**
- **Greater screening outcome sharing across services could support more comprehensive approach to service delivery.**
- **Population-based assessments can be used to support linkages to key services such as Basic Needs.**

Service Utilization Data

- **Existing service utilization data could be better used to support equity efforts.**
- **Connecting student-level data across services and touchpoints can create opportunities to support service delivery.**

Outcome Assessment

- **More outcomes data are needed to determine if interventions are effective and determine the extent to which students needs are successfully met.**
- **Engagement with students is essential to determine what appropriate metrics of outcome may be, which may include quantitative and/or qualitative approaches.**
- **Consider a UC-level approach to outcomes evaluation to support benchmarking and consistency in reporting and evaluation.**

V. Approaches and Strategies to Address Data Needs and Wants

In the final discussion session, UC campus groups were asked to reflect on how they might implement any proposed data approaches on their respective campuses. The diverse campuses each had their own unique needs and ideas for implementation. However, across the discussions, thought leaders pointed to several factors that they felt would facilitate system-wide change. These included collaborative partnerships within and between the UC campuses, increased data analysis resources, and the incorporation of qualitative data

approaches. The main perceived barrier to implementing data approaches was access to students' wellbeing data, including privacy restrictions, students' perceptions of data sharing, and survey fatigue.

Communication and Collaboration Needs

Effective communication and collaboration within and between UC campuses were seen as vital to future wellbeing efforts. Here, we describe participants' comments on how collaboration can contribute to systemwide improvements to better meet data needs.

i. Intra-campus communication and collaboration – incorporating student perspectives

One of the main themes related to communication was the need to more fully incorporate students' views and experiences into campus decision-making around wellbeing. The goal of increased student participation was expressed during discussions on multiple topics throughout the two-day summit.

Thought leaders described the need to "learn from students" as one of the most effective approaches to designing and implementing effective programs. The following comments emphasize the need for a concerted effort to engage with students and learn from their perspectives.

> "Create avenues for students to speak out; be comprehensively aligned within ourselves, but the final push will be from students."

> "Support the power of students to influence things and to have their voices heard."

> "Need to listen to students; they know what is needed; need to build trust between administration and students."

> "Need to slow things down; everything is happening at a surface level; need to find out what students actually need and fully address those issues."

> "Need a pathway [for students] to influence decisions."

Students themselves felt that they were often left out of conversations about wellbeing efforts on their campuses, with the current summit being one of the first times they have had the chance to contribute their ideas. They reported a lack of resources regarding collecting and analyzing data, similar to those reported by several campus service departments. They reported, "We have been asked to collect data to demonstrate a need… but when we do it, the administration says that we are not doing it correctly." Students pointed out that their disconnection with campus wellbeing units and leaders has hindered some of their efforts. For example, reporting back after a small group discussion, they stated that they often lack access to data, facing "nuanced barriers" on each campus regarding where to find data and who can help them, to the point where they feel that "sometimes it seems almost impossible."

ii. Intra-campus communication and collaboration between wellbeing departments

Thought leaders reported strong partnerships between wellbeing departments, while also suggesting a need for more coordination in data collection and utilization. Individuals from the different campuses described current partnerships across services in very positive terms. They discussed the close collaboration between services and the importance of the warm handoff in helping meet students' wellbeing needs. Many suggested continuing to build on these collaborative efforts in order to better coordinate services. For example, one participant described the need to "look at how they are co-programming and branding things for improved partnerships and coordination of services," another suggested a need for "more internal communication across departments." In addition, UCSF representatives described some challenges in building partnerships across campus with distinct graduate/professional schools, where programs tend to be more siloed.

Thought leaders expressed a need for improved data collection and utilization collaboration. They reported multiple areas where closer collaboration could be beneficial, some of which have been discussed in Section IV above. These include more consistent equity measures (e.g., demographic categories), coordinated screenings, access to utilization data across services, and shared understandings regarding the definition and measurement of wellbeing. Participants described a need to formalize interconnections and a desire to expand beyond partnerships to more fully encompass campus-wide services.

> *"How can we streamline data and move from informal to formal… right now, we have partnerships and tell each other information voluntarily versus institutionalizing interconnections."*

> *"Partnerships are great, but something more central would be very helpful; not just relationship-based."*

> *"What kinds of conversations can we have on a system level so we can have updated information on students?"*

> *"There are breakdowns in communication; data exists, but getting access is a challenge."*

> *"There's too much inconsistency with data collection and campus systems."*

At UC Berkeley, one department described the fact that they have a lot of data and "want to find a way to make that more shareable and streamlined" across campus providers, as well as for staff and students. At the same time, others expressed a general lack of data. For example, the Basic Needs departments explained that they use spreadsheets for coordinating student support while other departments have access to advanced data systems, adding that they are "not having a lot of cross-department discussions" and need more support. Similarly, Campus Recreation departments described having to develop surveys in cases where data already exists because they did not have access to that data. An important topic here was the privacy requirements that limit data sharing, which will be discussed under the barriers below.

iii. Inter-campus communication and collaboration

Ideas for improving communication between the different UC campuses came up frequently in summit whole-group discussions. Again, there were different experiences across units. For example, some departments were reported as very well coordinated with frequent system-wide meetings. In contrast, others said they would like to meet more often but lacked opportunities for these broader conversations. This was discussed in the worksheet responses as well. In answering a question about how UCOP can provide support to help units meet their data needs, respondents requested support for cross-campus coordination, including a more system-wide approach to data collection and evaluation.

> *"Help from UCOP - more consistent reporting across campuses and more benchmarking data."*

> *"If UCOP could help bring groups together to keep the conversation alive; CARE groups need to communicate – and do – across campuses; how can UCOP support this?"*

> *"Need consistent upward reporting across the UC campuses; are we doing enough benchmarking data to compare to other campuses; how to bring groups together - a lot of groups meet on their own across campuses; helping to keep the conversation alive."*

> *"Support aggregating and analyzing data; service unit metric subcommittees; share data system-wide."*

> *"Should we do a UC-wide survey for comparisons of Campus Recreation data across campuses?"*

> *"For CARE, need to standardize how we are collecting the data - how we are defining the services is different."*

"Want to know what different campuses have and do: survey data, practices, programs."

"Consistent reporting upwards across UC systems; Hold UCOP accountable; conversations with chancellors, UC, and Provosts; don't let our conversations end here."

Similarly, comments gathered from the "Reflection Room" described this interest in UC-wide conversations.

"We're all learning how to implement our new vision with our respective lenses and needs - listen, understand, learn from each other and keep communicating to move us forward."

"Need to bring us together more – establish think tanks."

"Thank you for the thoughtfulness and intention in creating this space. Can we plan a '2.0' that includes even more student voices?"

Resources for Collecting and Analyzing Data

While some departments had adequate resources to collect and analyze data, many needed more support. In particular, there was a notable need for data analysts to organize data collection and help "make meaning of the data" using both quantitative and qualitative approaches.

"Help all UC schools get data person; shared data positions between several UC schools."

"Dedicated teams for data collection to share with multiple groups; data experts to collect and interpret data."

"Have someone who focuses on [data analysis] for every service."

"Even if we do get data, we are not experts to be able to tell the story; can there be someone at each campus to help stakeholders understand it?"

A representative from Student Health stated that while they are "absolutely committed to data," they have experienced several difficulties in this area, "The requests for data require us to drop everything, and coordinating everyone to get data together is frustrating." They added that "there is a push and excitement around a centralized informaticist who does both the provision of data to UCOP and the utilization of data that will be helpful in resource allocation." This need was especially pronounced at specific campuses and departments with less access to these resources. For example, a CARE practitioner stated, "Data analysis needs to be funded… CARE is small, understaffed, and underfunded. We can't take on the additional work of creating data collection methods and analysis." Also, after a cross-campus discussion, one participant said that they felt that "UCLA and USC [the University of Southern California, a private university] have more in common than UCLA and UC Merced" and asked if they could work together to share resources "so that equity can start to trickle down."

Qualitative Data Approaches

Another common theme in these discussions was an interest in incorporating qualitative data to better understand campus wellbeing. Qualitative data analysis was seen as instrumental in understanding what works well and where improvements can be made across the UC wellbeing landscape. Some of the suggested ways that qualitative data could improve program efforts included designing population-level surveys and measures to accurately reflect student perceptions of wellbeing, understanding the lived experience of students in relation to systemic inequities and their impact on wellbeing, assessing barriers related to service utilization, and developing more meaningful outcomes measurement.

"UCOP needs to facilitate more data collection beyond numbers."

"Currently most are using quantitative service satisfaction data, however we want to look at qualitative approaches."

"Trying to tell a story of how we view services - somewhat successful but varies by campus."

"We need more qualitative research (e.g., Photovoice) and not just numbers counting."

"Student testimonials on suicide, crisis, peer empowerment; want more qualitative data here; holistic health effects of programs."

"We want to improve in telling stories, collectively and system-wide."

"Shifting away from the numbers and finding ways to capture qualitative experiences about services; What is the feedback loop from students to reduce the power dynamics and barriers that exist; Capturing the voices of students who are not student leaders."

Thought leaders described some of the limitations they are experiencing with quantitative data, especially in capturing subjective experience and holistic aspects of wellbeing. They suggested that a qualitative approach would provide important insights and contribute to more community participation in shaping wellbeing approaches.

Barriers to Data Approaches

Access to data was seen as the main barrier to improved data strategies. First, thought leaders perceived problems at the point of contact with students reluctant to share information due to privacy concerns or survey fatigue. Second, they felt that data-sharing limitations were not conducive to the collaborative approaches they are proposing.

In describing the difficulties accessing data, one provider stated that they want "to able to look deeper into the data if the needs are truly being met [but] can't look into the background of the students." Privacy regulations protect sensitive student data and limit data sharing between units. The possibility of de-identifying information to be more easily shared across campus units was viewed as a potential solution.

Regarding students' reluctance to share personal information, several interrelated issues were discussed, including the stigma associated with students' backgrounds, identities, and health/mental health concerns and a lack of trust between students and campus administration. Adding to students' wariness regarding data sharing is the broader societal context, including the relationship of data analytics to privacy intrusions, third-party use, movement tracking, and other related concerns (Rubel & Jones, 2020). The statement, "We might not know what we don't know" was repeated at several points during the summit, and there was frequent reference to student groups who are "invisible to systems." Thought leaders mentioned the importance of addressing these unseen needs by breaking down barriers to increase trust and participation. One suggestion was to "communicate the why to students and [provide] transparency in the consent process." Another participant pointed out the importance of including students more centrally in data strategies, stating, "We are not taking data back to students – students don't trust our data collection." Allowing students to make their own choices about disclosure while ensuring that all students are represented in wellbeing metrics was a central challenge in future data efforts.

Another barrier affecting student engagement was survey fatigue, which refers to overburdening students with the task of survey completion. Current campus surveys include the NCHA and UCUES/UCGES described above. However, students also complete surveys administered by various campus departments, including intake forms, outcomes assessments, and other surveys. Outside of data collection related to wellbeing,

students may also be asked to complete surveys related to student housing, academic counseling, disability accommodations, and other campus services. Some suggestions to combat survey fatigue included the possibility of designing shorter data collection tools and, as discussed above, coordinating data collection efforts between departments to decrease redundancy and save time for respondents. A promising approach used on college campuses with large student populations is the possibility of pulse surveys, which utilize a random sampling method, thus minimizing the frequency with which any student is required to respond.

Section V Conclusions - Approaches and Strategies to Address Data Needs and Wants

Thought leaders identified several factors crucial to data efforts, including greater cross-department and system-wide collaboration, data analysts to design and implement this work, and the addition of qualitative data analysis methods to existing quantitative approaches. Barriers to data needs were also discussed, such as privacy limits on data sharing across providers, students' wariness about sharing personal information, and the concern that many students may be experiencing survey fatigue. Solutions to barriers included improved communication and the development of trust between administration and students, shared data collection tools to improve efficiency, and pulse surveys.

Thought Leaders' Reflections Concerning Strategies to Address Identified Data Needs and Wants

- **Harmonize data collection across campus services and UCs to support systemwide approaches to service delivery and evaluation.**
- **Create mechanisms where identifiable data can be more effectively shared across services to support care delivery and reduce data collection redundancy, and de-identified data be available to staff and students to support wellbeing advancement efforts.**
- **To achieve this, supporting transparency and student agency around data sharing choices is critical.**
- **Thought leaders emphasized the importance of the availability of data analytic support to support effective utilization of data.**
- **Thought leaders consistently highlighted the importance of qualitative data to appropriately tell the story of students and address limitations of quantitative data.**

Discussion

The Student Wellbeing Leadership Summit allowed collaborative discussions with thought leaders across the UC system to address critical topics regarding UC student health and wellbeing needs. The summit focused on multiple key areas, including efforts to develop harmonized language concerning health and wellbeing, consistent definitions of key concepts such as equity and the configuration of wellbeing domains, exploring data needs of the different UCs to support wellbeing and equity efforts, and identifying ways in which those needs could feasibly be addressed. The summit's crucial focus was exploring innovative data solutions to help support EMH goals by providing a better understanding of student needs and the effectiveness of current wellbeing supports and programs.

Several themes emerged concerning data needs and wants across the UC wellbeing system. Thought leaders described the definition of equity as the removal of barriers so that all students can access what they need to thrive in their campus environment. Addressing systemic barriers to access to care was viewed as a central concern in their efforts to provide services and programs that meet the wellbeing needs of all students. While thought leaders themselves shared a unified vision, further efforts were seen as necessary to unite the broader campus behind equity goals. Participants also contrasted a holistic model of wellbeing with more limited perceptions of student "success" commonly found on university campuses. Asset-based and community-level constructs were seen as especially relevant to conceptualizing wellbeing in the UC context. Data needs that support EMH goals include designing campus wellbeing surveys that align with shared wellbeing models and improving information across providers and campuses through shared approaches and greater integration of data systems.

Notably, opportunities for students to participate and contribute their perspectives were central to developing information systems that address student needs. This included diverse areas where student input can be helpful, such as aligning outcomes measures with student wellbeing and understanding the ongoing barriers to access.

Another theme consistently expressed by thought leaders throughout the summit was the need for more communication and collaboration across the UC wellbeing system, considering this is as essential to help further their efforts to support student wellbeing. For many, this included an interest in a streamlined, shared approach to UC system-level data that allows in-depth analyses of program needs. The interest in sharing data in screening and service utilization was closely linked with equity goals of improving access to services and enhancing care coordination. In addition, developing more integrated data systems either centrally or across individual campuses was seen as an opportunity to amplify student voices and priorities.

While much of the summit focused on the promise of data supporting student equity and wellbeing needs, significant challenges and limitations were also identified—several groups at the summit, especially smaller, less well-resourced departments and campuses, reported inadequate staffing, infrastructure and technical support to collect and analyze data. They expressed a need for increased support and resources to achieve data goals, and the sharing of data analyst positions between several UC schools was seen as one potential solution. Another significant issue across many campuses was survey fatigue, likely contributing to the low response rates of student surveys, such as the NCHA. Minimizing the length of surveys, reducing redundancies, adequately incentivizing survey completion, and ensuring the surveys address student priorities are all key considerations to maximizing response rates and the utility of the data collected. Additionally, while many thought leaders highlighted the promise of data harmonization and sharing, privacy and data security concerns were also expressed.

As part of this, transparency and student agency regarding data sharing decision-making and access will likely be essential factors in addressing some of these concerns. Students and providers also highlighted concerns that quantitative data may not adequately represent student wellbeing needs or service outcomes. As a result, mixed method approaches incorporating qualitative data from student interviews may be a critical part of future service development and evaluation. Finally, while some recognized the promise of broader screening approaches to support identification and access, others did caution the potential of this further perpetuating historical disparities if done inappropriately. Overall, these concerns highlight the considerable work that remains to be done to support a UC system-wide approach to health and wellbeing data collection and utilization.

The feedback and reflections of the thought leaders at the Student Wellbeing Leadership Summit have been distilled into a series of crucial recommendations.

Key Recommendations to Support UC Campus Wellbeing Efforts
- Use the terms Mental Health and Wellbeing instead of Behavioral Health and Wellness regarding student Wellbeing and Services.   - Develop a broad, UC-wide definition of equity that can be adopted across the different services.   - Consider an alternative to the National College Health Assessment (NHCA) that is focused more on students' strengths and flourishing indicators, and that can be completed annually and integrated into a wellbeing index that considers system/environmental factors.   - Develop or identify a wellbeing survey that incorporates wellbeing indicators that stakeholders find most relevant to wellbeing concepts (self-determination, resilience, social connection, and other strengths-based assets); identify community assessment indicators that measure systems, capacity, and the presence of a culture of wellbeing.   - Explore universal screening approaches that may improve identification and access to care, but do not perpetuate historical inequities.   - Use service utilization data to support and evaluate initiatives to address inequities.   - Enhance communication with the student body, including undergraduate and graduate students, to better incorporate their experiences and perspectives into identifying needs and evaluating programs and approaches.   - Identify opportunities to combine qualitative and quantitative data collection approaches to better evaluate services and wellbeing efforts.   - Harmonize data collection across campus services and UCs to support systemwide approaches to service delivery and evaluation.   - Create mechanisms where identifiable data can be more effectively shared across services to support care delivery and reduce data collection redundancy, and de-identified data be available to staff and students to support wellbeing advancement efforts.   - Develop procedures to support transparency and student agency regarding data sharing choices.   - Build capacity for data analytic support either through sharing resources between services and/or UCs, or else create analytics support team at the UCOP level. Ensure accessibility to analytics support for both UC staff and students to address key wellbeing issues.   - Further support the development of system-wide collaboration including department-specific and UC-wide opportunities.

Acknowledgments

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Appendix 1 – Student Wellbeing Leadership Summit Agenda

Student Well-being Leadership Summit 2023 Schedule

UNIVERSITY OF CALIFORNIA

WEDNESDAY, OCTOBER 4

9–9:30 a.m.	**Guests arrive** *light breakfast*
9:30–10 a.m.	**Welcome**
10–10:30 a.m.	**Framing of whole systems**
10:30–11 a.m.	**Wellness activity**
11:10 a.m.–12:30 p.m.	**Discussion and breakout #1:** Health and well-being concepts
12:30–1:30 p.m.	**Lunch** *outdoor patio*
1:30–3:40 p.m.	**Discussion and breakout #2:** Current data needs
3:40–4 p.m.	**Wellness break**
4–4:45 p.m.	**Discussion and breakout #3:** Current data needs continued
4:45–5 p.m.	**Wrap-up**

THURSDAY, OCTOBER 5

9–9:30 a.m.	**Guests arrive** *light breakfast*
9:30–10 a.m.	**Welcome**
10 a.m.–noon	**Discussion and breakout #4:** Current data efforts
noon–1 p.m.	**Lunch** *outdoor patio*
1–3 p.m.	**Discussion and breakout #5:** Exploring data opportunities
3–3:15 p.m.	**Wellness break**
3:15–4:15 p.m.	**Discussion and breakout #6:** Building a path forward
4:15–5 p.m.	**Expressing gratitude and wrap-up**

# Appendix 2 – Student Wellbeing Leadership Summit Activity Packet

Leadership Summit Activities and Framing Questions

Activity 1: Framing of Whole Systems (Individual Work)

Practitioner: Where do your "well-being" services fit within the holistic behavioral health and wellness model?

Student: Where do you see the different campus services fitting within the holistic behavioral health and wellness model?

1. Comprehensive Universal Prevention & Wellness
2. Early Intervention & Collaborative Well-being
3. Comprehensive Treatment & Recovery Support
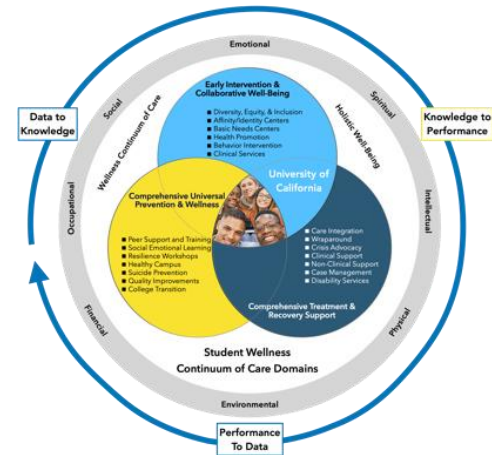
Activity 2: Campus concepts in action–defining equity (by UC Campus)

1. How do you define equity on your campus?
2. How consistent is this definition across various services?
3. How do you identify underserved students?

Activity 3: Campus concepts in action–defining well-being (by UC Campus)

1. How do you define student well-being on your campus?
2. How do you define student success on your campus?
3. What are the pathways (things you want to nurture) to enhance student well-being on your campus?
4. What are the constructs/indicators that are important to measure to assess well-being on your campus?

Activity 4: What are Your Data Wants and Needs? (by Service Area)

1. What key data wants and needs can help you deliver services more effectively? (met & unmet needs.
2. What do you think are the critical data wants on a campus level?
3. Are there any key data wants and needs that can help support behavioral health and wellness equity?

Activity 5: How Do We Meet Data Wants and Needs Effectively? (by Service Area)

1. What key met and unmet data wants/needs were identified in the previous session?
2. How are you currently trying to meet those wants/needs?
3. To what extent have these efforts been successful? Consider (a) how effectively the data might meet the wants/needs and (b) how efficiently the process meets those wants/needs (i.e., burden on student, provider, or administrator; cost; etc.).
4. Would any alternative data approaches (a) more efficiently or effectively meet a met data need/want or (b) address a currently unmet want/need?

Activity 6a: Implementing New Data Approaches: Opportunity for Cross-UC Learning (by UC Campus)

1. Are there data approaches from other UC campuses that could benefit your campus?
2. What would your campus need to do to implement something similar?
3. Are there any challenges to implementing this? Are there any solutions to these challenges?
4. What can UCOP do to support your efforts moving forward?

Activity 6b: Implementing New Data Approaches: Methods to Address UC-wide Unmet Wants and Needs (by UC Campus)

1. What are the UC system's unresolved data issues/needs/wants?
2. What are the promising strategies to meet those unmet wants/needs?

3. What are the significant challenges to implementing these strategies? What are the imaginable solutions to these challenges?
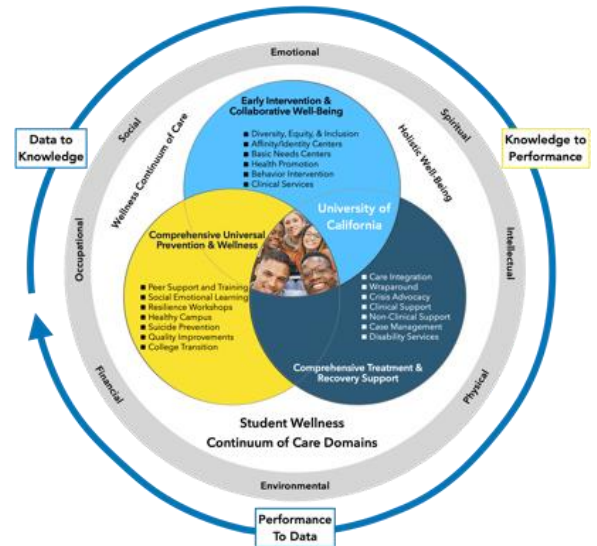4. What can UCOP do to support these strategies moving forward?

Practitioner: Where do your "well-being" services fit within the holistic behavioral health and wellness model?

Student: Where do you see the different campus services fitting within the holistic behavioral health and wellness model?

1. Comprehensive Universal Prevention & Wellness

2. Early Intervention & Collaborative Well-being

3. Comprehensive Treatment & Recovery Support

1. How do you define equity on your campus?

2. How consistent is this definition across various services?

3. How do you identify underserved students?

1. How do you define student well-being on your campus?

2. How do you define student success on your campus?

3. What are the pathways (things you want to nurture) to enhance student well-being on your campus?

4. What are the constructs/indicators that are important to measure well-being on your campus?

Activity 4: What are Your Data Wants and Needs? (by Service Area)

1. What key data wants and needs can help you deliver your services more effectively? Include both met and unmet needs.
2. What do you think are the critical data wants on a campus level?
3. Are there any key data wants and needs that can help support behavioral health and wellness equity?

Types of Data	Data needs and wants. (both met and unmet)	Data needed to support equity?
UC Population-level Surveys		
Screening		
Service utilization data		
Data used in care		
Outcomes Assessment		
Other		

Activity 5: How Do We Meet Data Wants and Needs Effectively? (by Service Area)

1. What key met and unmet data wants/needs were identified in the previous session?
2. How are you currently trying to meet those wants/needs?
3. To what extent have these efforts been successful? Consider (a) how effectively the data might meet the wants/needs and (b) how efficiently the process meets those wants/needs (i.e., burden on student, provider, or administrator; cost; etc.).
4. Would any alternative data approaches (a) more efficiently or effectively meet a met data need/want or (b) address a currently unmet want/need?

Types of Data	Data needs and wants (both met and unmet)	How are you attempting to meet those needs/wants?	To what extent have these different approaches been successful?	What alternative ways might we meet those wants/needs?
UC Population-level Surveys				
Screening				
Service utilization data				
Data used in care				
Outcomes Assessment				
Other				

Activity 6: Implementing New Data Approaches: Opportunity for Cross-UC Learning (by UC Campus)

1. Are there data approaches from other UCs that could benefit your campus?
2. What would your campus need to do to implement something similar?
3. Are there any challenges to implementing this? Are there any solutions to these challenges?
4. What can UCOP do to support your efforts moving forward?

Successful data efforts other UCs/programs have employed that might benefit you	What would need to be put in place to achieve this?	Is this feasible? Are solutions to potential barriers?	Is there anything UCOP could do to support these efforts?