

Taking a Holistic Approach to Student Wellness

INSIDE
HIGHER ED

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Fostering Student Wellbeing in Higher Education

I'm continually inspired by the compassionate resilience of higher education leaders, faculty, and staff who are supporting students with mental health issues and navigating a global pandemic.

This issue is top of mind for our education customers, especially among college and university presidents. According to [ACE](#), nearly 73% of presidents say student mental health is the most pressing issue, surpassing other concerns such as financial viability. The mental health of faculty and staff ranks third (48%) after enrollment for summer or fall (53%).

In conversations with higher ed leaders and expert organizations, such as [NASPA](#), we're seeing three best practices emerge around culture, people, and technology as institutions prioritize student wellbeing.

Culture: Over the last five years, institutions haven't been able to hire enough counselors to address the student mental health crisis. Organizations such as NASPA suggest upstream solutions — like teaching students resiliency, stress management, and other behavioral changes — to help prevent more concerning downstream problems. Some student wellness centers, such as [Wake Forest University's](#), have developed models that ensure student wellbeing on multiple levels, including emotional, physical, social, intellectual, and financial dimensions.

People: Hiring qualified leaders to implement a culture and design for wellbeing is another key ingredient. Some institutions are hiring chief wellness officers (CWO) to augment the work of Student Affairs. The idea is to treat mental health and wellbeing not as a specialized concern or a separate office, but as a natural part of campus life.

Technology: Finally, many institutions are using technology to propel their institution's wellbeing efforts forward, even if they don't have a large staff to support students. At Salesforce.org, we're committed to supporting higher education institutions as they seek best practices to address wellbeing. Our [new wellbeing guide](#) shows how tools — from virtual advising and online communities — enable equity and help you make the most of the resources you have.

We hope the best practices, stories, and tools you discover here will empower you with the support your students need.



Be well,

Nathalie Mainland
Senior Vice President & General Manager
Education Cloud

Introduction

The mental health of students is one of the most difficult issues facing colleges and universities. Not only do colleges need to prevent suicides and deal with those that occur, but they also must address a range of issues to promote good student health and to minimize student stress.

There is no one magic solution to these issues. Rather, colleges are embracing a wide range of strategies to help all students and to promote a healthy campus life. The articles in this compilation feature some of the approaches being tried, as well as some of the issues.

Inside Higher Ed will continue to track student wellness on campus. We welcome your reactions to this compilation and your suggestions for future coverage.

–The Editors

editor@insidehighered.com

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Students Struggle but Don't Seek Colleges' Help

While students are still reporting COVID-19 mental health challenges, they are generally not taking advantage of counseling center services. As the following 12 ideas show, even centers strapped for resources can strive for better supports.

By **Melissa Ezarik** // April 14, 2021

For many students, spending the year with COVID has felt like being on a sinking ship, desperately searching for a lifeboat and perhaps choosing one that falters when lowered.

Campus counseling centers and their staffs, meanwhile, have been like the band on the Titanic's deck, continuing to comfort others even as their own lives are at stake. That's how a friend of Barry Schreier, the communications chair for the Association for University and College Counseling Center Directors (AUCCCD), describes their pandemic position. "All the things students are going through, staff is going through," says Schreier, who is also director of the University Counseling Service at the University of Iowa. "It's been a harder lift for a lot of folks this year."

As students struggle, they may hear about counseling center supports but not take further action.

Campus efforts were strong. Even counseling centers with tight budgets quickly pivoted to virtual operations last spring. Many created student guides to mental wellness while at home, asynchronous content such as video series and workshops, and support groups, says Schreier.



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However, the latest Student Voice survey, conducted by *Inside Higher Ed* and College Pulse and presented by Kaplan, indicates that a year into the pandemic:

- 65 percent of students report having fair or poor mental health.
- 63 percent of those who say it's poor would grade their college's response to student mental health and wellness services a C or lower (compared to 43 percent of all students).
- 47 percent say they could have used some (28 percent) or a lot

(19 percent) more support from their college during this time.

- Only 15 percent engaged in college-offered counseling in the past year.

"This should be a wake-up call. Even if it feels like we are starting to move back into a normal phase, students are still suffering," says Lisa Sontag-Padilla, a behavioral and social scientist at the nonprofit RAND Corporation who has written on [helping college students manage COVID's mental health impacts](#).

Students Struggle but Don't Seek Colleges' Help (cont.)

The Student Voice survey, fielded from March 15 to March 25, collected responses from 2,002 students at 116 higher ed institutions (250 from two-year colleges, the rest at four-year colleges and universities) and asked about frequency of feeling anxious, worried or scared about life in the past six months. More than half of respondents reported worrying “constantly” (18 percent) or “often” (35 percent), with nonbinary and female-identifying students most likely to feel constant worries (35 percent and 23 percent, respectively).

Other research has explored sources of stress. For example, in inter-

views conducted for the Applied Cognitive Ergonomics Laboratory at Texas A&M University, “academic was the top anxiety,” says post-doctoral researcher [Xiaomei Wang](#).

Three out of four students recently surveyed by student telehealth provider TimelyMD said [COVID's impact on the quality of their education has worsened their mental health](#).

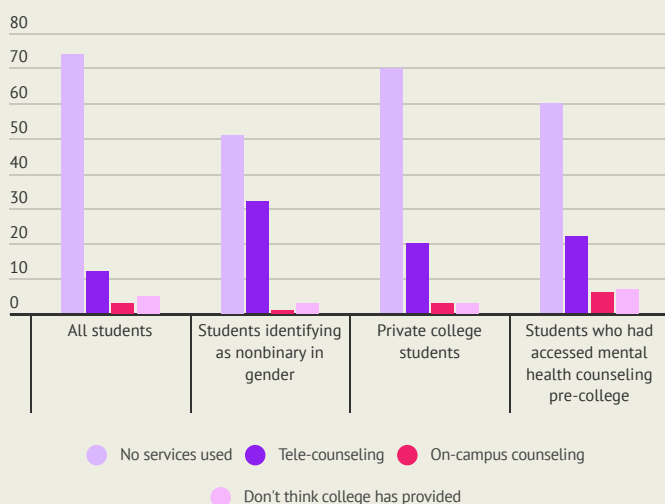
One Student Voice survey respondent says the focus on mental health is all talk. “No one actively reaches out and makes sure students are doing OK, and no one takes action to address the root

causes of the issues. No matter how anxious or depressed you are, that paper's still due on Friday.”

Respondents, 46 percent of whom are currently taking all online courses from home, report greater mental health needs if they fall into certain at-risk groups. Forty-three percent of those identifying as non-binary in gender, for example, say their mental health has decreased a lot since COVID (versus 32 percent of all respondents). The good news? These students were three times more likely than the full sample to have recently used college counseling.

College Counseling Services Used During the Pandemic

% of full sample compared to select demographic groups



Source: Inside Higher Ed / College Pulse survey of 2,002 college students



Student Voice explores higher education from the perspective of students, providing unique insights on their attitudes and opinions. [Kaplan](#) provides funding and insights to support *Inside Higher Ed's* coverage of student polling data from [College Pulse](#). *Inside Higher Ed* maintains editorial independence and full discretion over its coverage.

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Students Struggle but Don't Seek Colleges' Help (cont.)

LGBTQ+ students have felt particularly isolated during COVID, says Josh Altman, associate director of the Student Counseling Center at Adelphi University in New York. "Many had found community on campus, a source of nurturing. Some had to go back into homes where family may not accept their identity and where they had to, so to speak, go back into the closet."

Other groups seeking campus counseling more than other students are the one in four who had

accessed mental health counseling and the one in five who had been prescribed medications for mental or emotional health before college. These students were about twice as likely to use services.

Lingering stigmas may contribute to the small percentages of students who took advantage of mental health counseling this year.

"We've spent the last 20 years trying to reduce stigma, increase help seeking and train communities of

people about mental health and to not be fearful about admitting you may be having a mental health problem," says Ben Locke, founder and executive director of the Center for Collegiate Mental Health (CCMH), a network of over 650 counseling centers.

To Laura Horne, chief program officer at Active Minds – which supports mental health awareness and education for young adults and has a presence on more than 800 college campuses – stigma has eased significantly. "Students are sharing that they've called a tele-health number or started seeing a therapist. We've had tremendous progress toward [students realizing they] can't just muscle through it on their own."

Students in Wang's interviews "know they're depressed and know counseling might help, but they just don't want to get it. Or they're suspicious about whether it would be helpful," she says. Back when she was a stressed student and friends suggested she connect with the counseling center, Wang was offered one 15-minute session monthly. She turned to a support group instead.

Locke, also senior director of Counseling and Psychological Services at Pennsylvania State University, says colleges have "extended themselves to pretty incredible lengths to provide support," but that services must continue to be refined and improved.

Of the small number (8 percent) of Student Voice survey respondents identifying their mental health as excellent, men were three times

Emotional Support During College Through COVID-19

Who students say they have relied on the most



● Friends ● Immediate family ● Extended family ● Campus health services
● College professors ● College staff ● Did not answer

Source: Inside Higher Ed / College Pulse survey of 2,002 college students



Students Struggle but Don't Seek Colleges' Help (cont.)

more likely to use that rating than women (of note, twice as many women as men took the survey).

TimelyMD research found that women are four times more likely to seek mental health support than men. "We could use some better understanding toward marketing services to males," says Dr. Alan Dennington, the company's chief medical officer. Men may be more willing to engage in self-care in other ways, such as through health coaching.

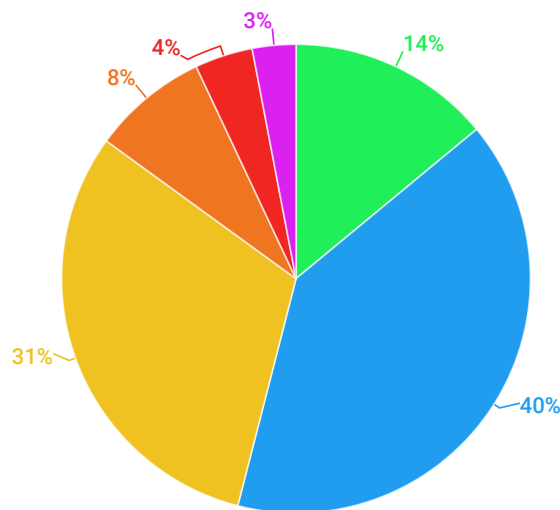
Haiden Smith, who heads up the Student Government Association's mental health committee at Indiana-based Rose-Hulman Institute of Technology, says, "No one wants to admit they're doing poorly. We're approaching that era where people can speak up, but we're not quite there yet."

Smith, a junior electrical engineering major, wants to help his institution with mental health to limit peers' negative experiences with finding and using supports. "Mental health is personally something I've struggled with myself – where I am, who I want to be, where I'm going," he says.

Greater awareness around why students struggle may help in planning effective outreach and programming. An Active Minds student focus group revealed that students may see counseling as only for those in crisis. "They think, 'Everybody is struggling. Life is terrible right now. What makes my problem big enough?'" explains Horne. Counseling centers could communicate about how no problem is too small to seek help.

Mental Health Report Card

How students graded their college on its response to student mental health and wellness services



● A ● B ● C ● D ● F ● Something else

Pre-pandemic, 19% say the grade would be higher; 14% say it would be lower

Among those who say their mental health is "excellent," 45% gave their college an A

Among those who say their mental health is "poor," 11% gave their college an F

Source: Inside Higher Ed / College Pulse survey of 2,002 college students



Students Struggle but Don't Seek Colleges' Help (cont.)

Dennington thinks it's time for colleges to "double down" in making sure students feel connected. That can mean increasing clinic hours, adding more telecounseling and ensuring emergency care is in place. "When do you have a mental health crisis? It's not Tuesdays at 2 p.m.," he says, adding that 45 percent of TimelyMD telecounseling sessions are "after-hour visits."

Following are 12 ideas for improving mental health services and supports now and post-pandemic.

1. Critique how assistance information is shared.

Only 14 percent of Student Voice survey respondents who had made a college counseling appointment during COVID-19 found it somewhat or very difficult to find out how to do so. But among those rating their college a D or an F on mental health, more than one-third found it difficult. Could the process be explained more clearly or concisely?

One survey respondent got conflicting advice from faculty members about "who to talk to, sending me in a circle." Also, a friend in crisis couldn't reach the counseling department because its website did not make it clear they were only responding to emails. Another respondent expressed frustration that counseling request forms could only be submitted between 8 a.m. and 4 p.m.

2. Offer private counseling spaces.

Students with no privacy at home or within a residence hall may avoid telecounseling, so some institutions have set up private spaces. At

Adelphi University, which has about 8,000 full- and part-time undergraduate and graduate students, rooms within the counseling center serve this need, says Altman. The University of Iowa, with nearly 32,000 total enrollment, meanwhile, built an **inventory of about 150 rooms** across campus that can be reserved for virtual counseling or other private meetings. Users are asked to clean surfaces upon entry.

3. Provide immediate help options.

About one-quarter of survey respondents experienced no wait for a counseling appointment, but 10 percent waited between two weeks and a month. Nearly all centers advertise a crisis hotline, and telehealth providers may offer on-demand support. The important thing, says Sontag-Padilla from RAND, is that "you don't just say there's a wait list. You give them an alternative."

Erik Hayes, vice president for student affairs and dean of students at Rose-Hulman, says limited resources prevent more proactive outreach. "We provide top-notch education, but here we are with mental health, not meeting those needs," he says, noting that a three-week wait for care with a broken finger would never be acceptable. Smith and his peers have been talking with officials about getting a night shift counselor. And newly awarded grant funds will expand services.

4. Examine prioritization processes.

The rate of students receiving

mental health treatment before college has increased annually for the past decade, says Locke. This question is being asked widely: "If more people are accessing mental health care through health benefits, should it become the college's responsibility once they land there?" Where demand outweighs supply, center leaders must prioritize access. Should appointments go to those with precollege needs or to newly struggling students?

CCMH's **Clinical Load Index** comparing counseling center staffing levels can be used to help optimize resource distribution.

5. Be transparent about care models.

Most campuses post a scope of services statement online, explaining a center's mission for supporting mental health, but students may not know or understand its impact, says Schreier of AUCCCD. "Some centers want lots of individual client care; others want [to offer] quick access with immediate response."

Messaging must match the model, says Locke. An institution with funding only for crisis care and referral services shouldn't be telling incoming students, "Welcome to University of Unlimited Counseling Any Time You Want It!" he adds. Better would be something along the lines of "Welcome to the University of Limited Resources. We're able to provide most students with short-term counseling."

At Adelphi, a care coordinator uses a "step-care model," meeting with each student in need to determine

Students Struggle but Don't Seek Colleges' Help (cont.)

treatment interventions, such as a stress management session, a workshop or individual counseling. "We had adopted this model before COVID so students could have an expedited experience," Altman says.

6. Consider screening tools.

Horne, who has seen colleges mandating mental health screenings for college freshmen, says success relies on resources being available to those who screen positive.

One tool is the American Foundation for Suicide Prevention's [Interactive Screening Program](#), involving a stress and depression questionnaire. Even when a campus counselor responds with suggestions and encouragement, students can remain anonymous.

Colleges could ask students if they want to connect with particular services, provided any information disclosed is utilized in a HIPAA-compliant way, says Dennington. Or students could be asked about medical needs the college should be aware of, Hayes suggests.

Some institutions encourage students to use an app for wellness self-checks. Wang's lab is developing one to monitor mental health plus direct students to counseling or resources.

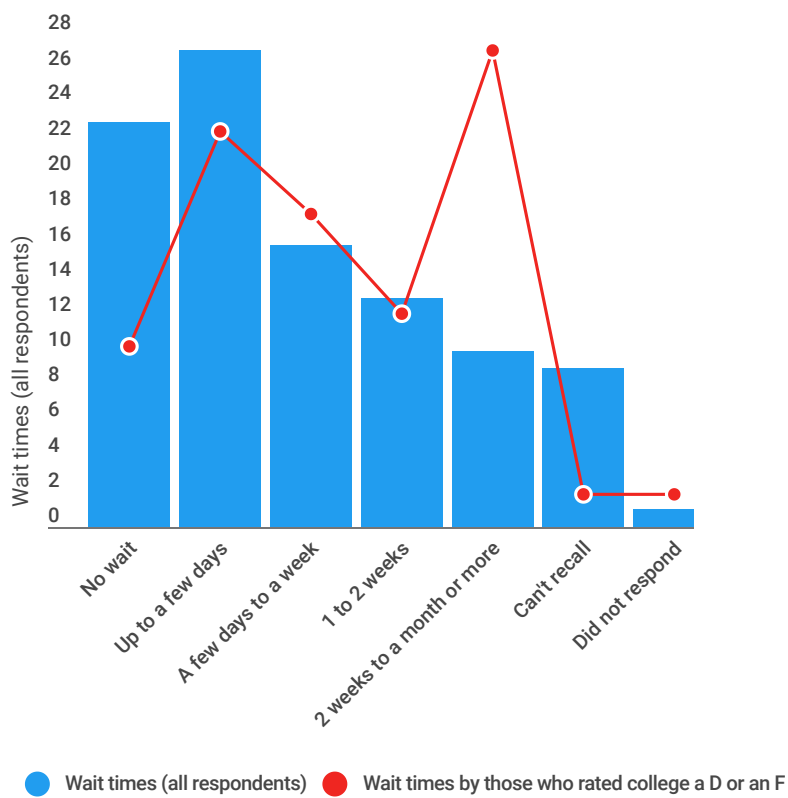
7. Engage with all, not just the help seekers.

Multiple surveys have revealed how stressed college students are these days. "Students have different struggles, but everyone is definitely struggling," says Smith.

Assuming all students need sup-

Wait Times for a Campus Counseling Appointment

% of each time block, as reported by students who have accessed telecounseling or in-person campus counseling



Source: Inside Higher Ed / College Pulse survey of 2,002 college students



port could help prevent challenges from escalating. "Even before the pandemic, experts had really been pushing for colleges to think about mental health proactively," Horne says.

"Convey the idea that human stress is normal, rather than pathological," advises Locke. Or, Dennington

says, remind students that "mental health is not just about therapy, it's about wellness."

Schreier has observed some campuses implementing public health-level responses during COVID – such as via mental health webinars suitable for students and their families.

Students Struggle but Don't Seek Colleges' Help (cont.)

Counseling centers can also train groups in grit. Altman created a "Road to Resilience" workshop that has been offered via classes and to athletic teams. "Challenge is inevitable, curveballs are going to happen in life and there are evidence-based skills that can be developed to help in difficult situations," he says.

8. Incorporate peer training and support groups.

Peer-to-peer programming, such as through Active Minds chapters, is another way to help students, who turn to each other when they're stressed. But students need training on having more productive conversations with peers, says Smith. "Best buddies don't always give the best advice."

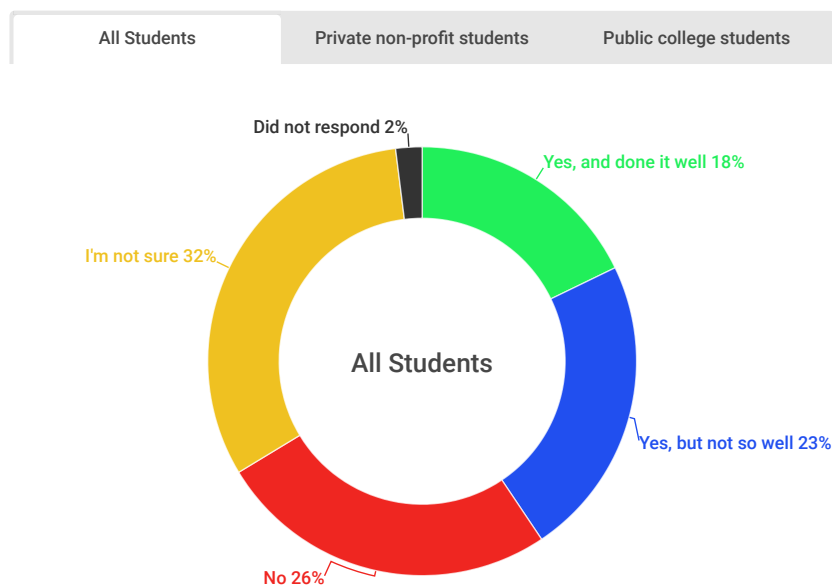
Support groups also help counseling centers increase reach. West Virginia University, for example, started a group for students isolated due to COVID-19. "When I had COVID back in January, I received at least three emails saying, 'We're hosting these group therapy sessions if you want to talk or listen,'" says Amaya Jernigan, the Student Government Association president-elect. She ultimately did not join the group. But the approach was proactive, adds Jernigan, who begins her term on April 18 and plans to prioritize mental health.

9. Get student input.

Even colleges with the best intentions and solid mental health investments often misstep here, says Horne. "We don't see students as whole people who are adults, with skills and strengths. As stakeholders we often think of them as chil-

Proactive Support: Assuming ALL Need Help

Students asked: Has your college shifted from traditional "call us if you need help" to updated "we will teach everyone how to cope" approach?



Source: Inside Higher Ed / College Pulse survey of 2,002 college students



dren. We're acting on them rather than acting with them as partners."

Jernigan believes "a lot of marks are missed because students are left out of conversations." Students may be eating, sleeping, studying and working out from their rooms on campus, so they are eager to participate in the right wellness activities. "Everything we do is in one box," she says.

One Student Voice survey respondent urges administrators to imagine the monotonous life of students right now. "Improving student men-

tal health is done through so much more than canceling a lecture, extending a deadline and emailing us about yoga. It's done through making us excited to wake up and do it all again."

Jernigan appreciates that West Virginia's counselors leave their offices to meet students. Chatting with a therapist during an event "takes away the awkwardness," she says.

The Rose-Hulman SGA mental health committee has helped advertise counseling services by distributing Silly Putty with the center's

Students Struggle but Don't Seek Colleges' Help (cont.)

logo, says Hayes. Students have also been working with officials on finding space for a campus dog park for emotional support animals living with students. Having the formal connection with administration, Smith says, has “tied together communication lines really well.”

Presidents, says Sontag-Padilla, must go beyond using a mental health catchphrase in an email once a semester, but rather provide opportunities for students to constructively voice concerns and experiences.

Horne advocates for presidents re-

porting back to students on strategy and actions.

10. Diversify the counseling workforce.

One popular conversation in mental health circles, on and off campuses, is counselor diversity. A lack of it could account for why some students avoid pursuing support or don't connect with counselors. “Students want somebody who looks like them and understands them to be there to support them in their hardest times,” says Sontag-Padilla.

Jernigan wrote legislation at WVU

that resulted in the hiring of a Black, Indigenous and people of color counseling specialist and should increase team diversity further. “If I wanted to go seek help, no one would understand the experience of being a Black woman on the campus. That's unacceptable,” Jernigan says. She hopes to see other new staff who specialize in supporting groups such as international students and transfers.

One survey respondent says, “The best thing my college has done in response to the pandemic was to bring an Asian American counselor to the wellness center team.”

Diversity efforts can also extend to private providers. At the University of Iowa, case managers can connect students with a good-fit therapist rather than just provide any name, says Schreier. “We know the mental health practitioners around town. We are conscious about who of color is available, and who is within walking distance.”

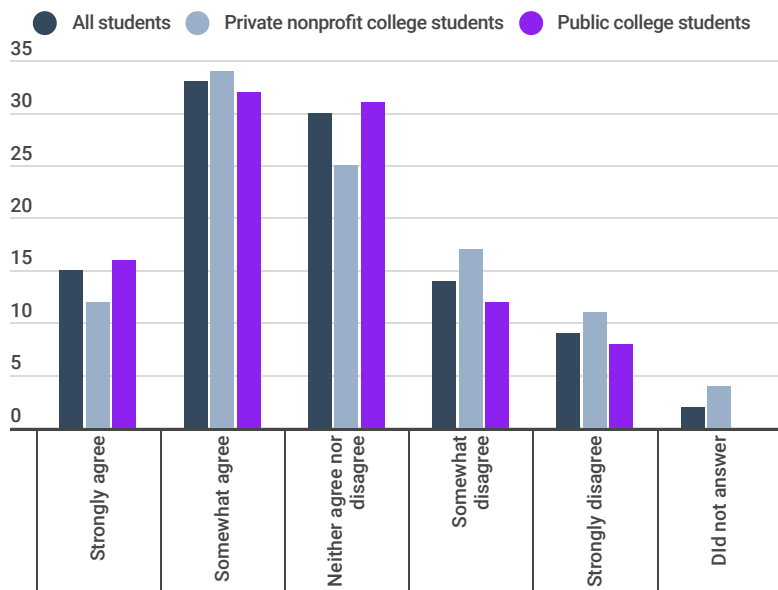
11. Partner for more resources.

Besides telehealth providers, counseling centers can partner with local therapists or even centers at other colleges.

Rose-Hulman is sharing \$8 million in Lilly Endowment funding with DePauw University and Saint Mary-of-the-Woods College to expand student mental health services via the MINDful College Connections nonprofit consortium. Shared services offer opportunities for colleges with limited resources to provide what they could not afford individually, says Hayes.

Colleges' Commitment to Mental Health

How much students agree or disagree that their college takes student mental health seriously (in %)



Source: Inside Higher Ed / College Pulse survey of 2,002 college students



Students Struggle but Don't Seek Colleges' Help (cont.)

Within six months, the collaboration should have a DePauw-based director to hire staff who will eventually split their time between campuses. Hayes looks forward to having a full-time psychiatrist available to students. In the past, the wait to see an outside psychiatrist with a referral might be two months.

Along with enhancing treatment effectiveness, the grant will allow the three institutions to focus more on prevention. Within five years, the effort could expand, with other colleges paying to join the consortium, says Hayes.

12. Don't ease up post-pandemic.

As most professionals recognize, pandemic-related trauma won't dis-

appear by fall, even if the virus is no longer a major threat.

During Horne's college years in New Orleans, Hurricane Katrina forced a temporary transfer. She recalls two hard transitions – first, when she realized she couldn't go back to campus, and second, when she finally could. "I looked forward to getting back, but it was still an adjustment, and it was hard. It remains to be seen what [today's] students are going to need when things go back to 'normal.'"

Some will prefer virtual counseling – and one COVID silver lining is that centers have determined how to execute it, says Locke. He cautions, however, that using rule-out criteria, telecounseling may only be

inappropriate for 30 to 60 percent of students.

This year has taught mental health professionals that a little flexibility, such as meeting a client outside, goes a long way, says Altman. He expects to see radical flexibility from institutions and students, including a "spirit of open-mindedness about how things should be and could be."

Sontag-Padilla anticipates anxiety remaining. Administrators need to ask themselves, "What has the pandemic shown us about our mental health needs and how can we be more creative in providing support?" she says. "There's no easy fix. This is not a problem that's going away when the pandemic subsides." ■

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<https://www.insidehighered.com/news/2021/04/14/students-struggling-not-seeking-campus-mental-health-support>

A Guide for Holistic Student Support

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Faculty: 'Gatekeepers' of Student Mental Health?

Students are increasingly relying on professors for mental health assistance. The instructors are willing – challenging long-standing perceptions that it’s “not part of the job” – but they need and want more guidance on how to help, report says.

By **Colleen Flaherty** // April 8, 2021

Maybe more than ever, faculty members are talking to students about mental health. Professors feel a responsibility toward students who are suffering and would welcome better – even mandatory – training on the topic, according to a COVID-19-era **report** from Boston University’s School of Public Health, the Mary Christie Foundation and the Healthy Minds Network.

At the same time, many faculty members report suffering from some of the same health challenges their students do: nearly 30 percent of surveyed professors report having two or more symptoms of depression.

Two in 10 professors agree that supporting students in mental or emotional distress has taken a toll on their own mental health. About half believe that their institutions should do more to support the psychological well-being of the faculty.

All of this “warrants a strong response by institutional leadership to better support faculty as they communicate with students about their mental health,” the report says.

Suggestions include providing faculty members with more training and straightforward resources on student mental health issues, such as mental health statements to include in their syllabi. This information

should speak to student substance abuse issues, as well, according to the report, as professors say they’re even less prepared to help students with this topic. The campus climate for students of color also requires urgent attention.

“There are so many faculty who are sincerely interested in helping students recover and move forward,” said Karen Oehme, director of Florida State University’s Institute for Family Violence Studies and director of the steering committee for the national Academic Resilience Consortium, which promotes resilience for students and institutions.

Oehme wasn’t involved in the new study but said after reviewing it that universities have already had to “bend and stretch and accommodate all of these changes that they never anticipated.” Going forward, she said, they “will have to prioritize well-being of their faculty, students and staff.”

Advocates, Not Counselors

The new report’s primary author, Sarah Ketchen Lipson, assistant professor of health law policy and management at Boston University, said this week, “I certainly don’t think faculty should be mental health professionals, trying to fill gaps in terms of students’ mental health needs.” Yet the data make clear that an ever



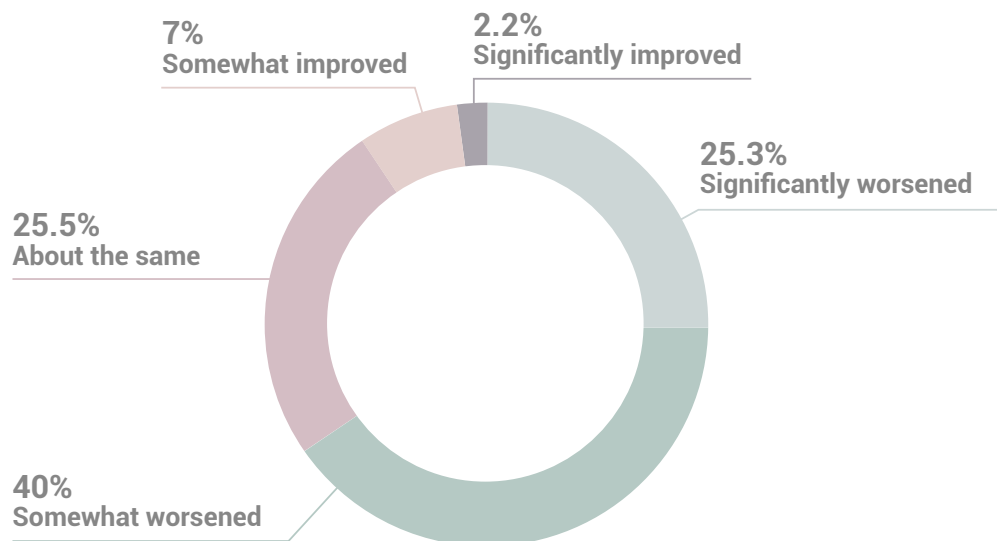
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greater proportion of the faculty “actually do really genuinely want to support students, and there’s reason to lean into that.”

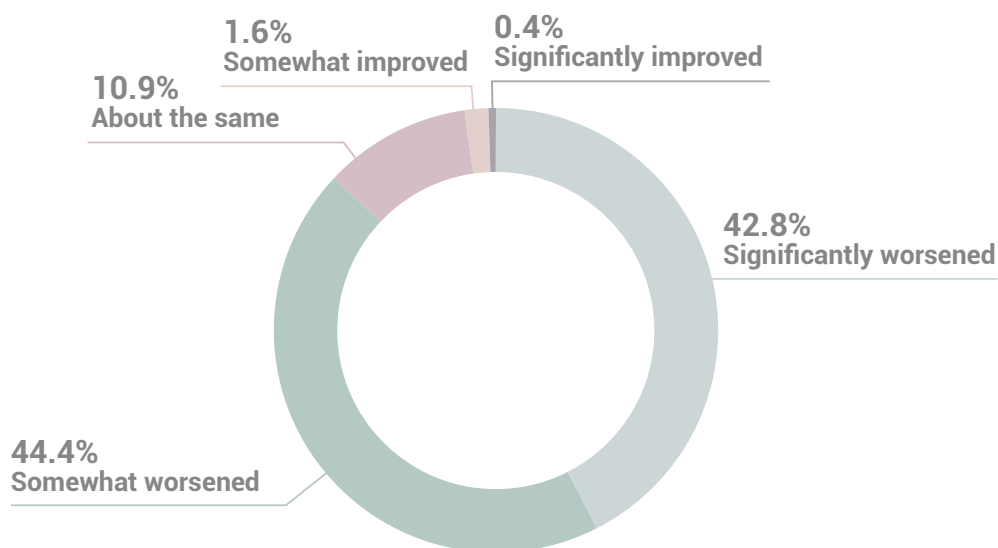
Even before the pandemic, data on student mental health from the last five to 10 years showed increased levels of depression, anxiety and reports of suicidality, Lipson said. For obvious reasons, the pandemic exacerbated these issues. Another recent **study** in which Lipson was involved found that 83 percent of students said mental health had impacted their academic performance, for instance.

Faculty members are struggling, too. **Burnout** is high, perhaps especially among parents. So Lipson said that she hopes the new study’s findings on faculty mental health catch the attention of presidents and provosts, who are positioned to make policy changes to help them.

GRAPH 1: FROM YOUR PERSPECTIVE, HOW IF AT AN HAS STUDENT MENTAL HEALTH CHANGED SINCE YOU BEGAN YOUR CAREER?



GRAPH 2: FROM YOUR PERSPECTIVE, HOW IF AT AN HAS STUDENT MENTAL HEALTH CHANGED SINCE THE COVID-19 PANDEMIC BEGAN?



Lipson et al.

As for the implications of her work on faculty-student interactions, Lipson said, "There's a lot of really low-hanging fruit that we can be thinking about in terms of how we can be flexible with students, how

we can convey to them that we want them to succeed, and bring in this empathy and humanity to our instruction. It's not written into the job description, but it really is fundamental to teaching young people."

Students' college experiences are "going to be shaped by their mental health and well-being," she said, "and faculty have a role to play in shaping that – and then helping students succeed academically by trying to

Faculty: ‘Gatekeepers’ of Student Mental Health? (cont.)

refer students in need to available services so that they can benefit as much as possible from their learning experience with faculty.”

Other Findings

The study also found that some 87 percent of professors say student mental health has “worsened” or “significantly worsened” during the COVID-19 pandemic. Just about 80 percent of professors have had one-on-one phone, video or email conversations with students in the past 12 months regarding student mental health and wellness.

These kinds of interactions are gendered to some degree, the study found. Around 85 percent of female and transgender or non-gender-conforming professors report having had these one-on-one conversations over the past year, compared to 71 percent of male professors.

The findings have racial dimensions, as well: one in four professors believe that their institution is at least somewhat hostile toward students of color. More than half of Latinx professors surveyed say so, as do 39 percent of Black respondents.

Data collection started in January, following a “turbulent year marked by the pandemic as well as racial injustices,” the report says. Calling the data on race and hostile climate highly “concerning,” the researchers said climate issues “can further exacerbate the mental health issues of these students and may make faculty less likely to refer students to available mental health resources on campus.”

While the majority of professors are

“

I certainly don't think faculty should be mental health professionals, trying to fill gaps in terms of students' mental health needs.

”

engaging their students, or being engaged by their students, on issues of mental health, just 51 percent of professors say they have a clear understanding of how to recognize a student in emotional or mental distress. An even smaller share of professors (29 percent) say they know how to recognize students with a substance abuse disorder.

Seeking to better understand the faculty perspective on student mental and behavioral health, researchers gathered online survey responses from about 1,700 faculty members at 12 American colleges and universities, ranging in enrollment from about 2,000 students to 20,000. Respondents teach undergraduates, graduate students or both.

Faculty members with four to six years of teaching experience are most comfortable discussing men-

tal health issues with students, while faculty members with 10 to 15 years of experience are least comfortable, according to the survey. Knowledge of institutional resources regarding mental health seemed to correspond more linearly with teaching experience: 42 percent of professors with one year of experience or less agree or strongly agree that they are aware of the mental health services at their institution, compared with 80 percent of faculty with 15 or more years on the job.

Far fewer professors at any career stage say they're comfortable talking with students about students' use of alcohol or drugs.

Faculty members “are in need of mental health gatekeeper training, defined as programs designed to enhance an individual's skills to recognize signs of emotional distress in other people and refer them to

Faculty: ‘Gatekeepers’ of Student Mental Health? (cont.)

appropriate resources,” the report says.

Some 56 percent of respondents say they don’t know if gatekeeper training even exists at their institution. Just 29 percent have participated in any training program like this. Among those, 72 percent found it useful or very helpful.

Sixty-nine percent of respondents agree or strongly agree that they would welcome additional professional development on the topic of student mental health, and the same proportion say they’re motivated to better understand these issues.

While there remains some debate as to the faculty role in student mental health, 61 percent of respondents say training on student mental health should be mandatory.

Asked about their preferences for this kind of training, most prefer online (57 percent), and want it to include general support advice instead of just crisis response (52 percent). Some 46 percent of professors want the training to be self-paced and 42 percent want it to take 30 minutes or less. Forty percent want it to happen during paid working hours.

Beyond training, the clear majority of professors (73 percent) want a ready list of institutional mental health resources, as well as a checklist of things to look out for or warning signs (71 percent). Many also want a short reference guide for how to initiate these conversations, plus a model mental health statement to put in their syllabi.

The survey included a questionnaire

about respondents’ own mental health, with alarming results. About 10 percent of professors screened positive for symptoms of major depression on a patient health questionnaire. About half the sample report having at least one symptom of depression. One in five professors agree that supporting students in distress negatively impacts their own mental health.

There are significant gender differences here. Twenty-seven percent of female professors and 32 percent of transgender or gender non-conforming professors agree or strongly agree that this kind of service to students has taken a toll on their psychological wellbeing, compared to 13 percent of male professors.

On institutional climate, the majority of professors believe their campuses are at least somewhat welcoming to students of color, international students, sexual minority students, and gender minority students. But these responses vary by race and gender. Some 60 percent of trans-

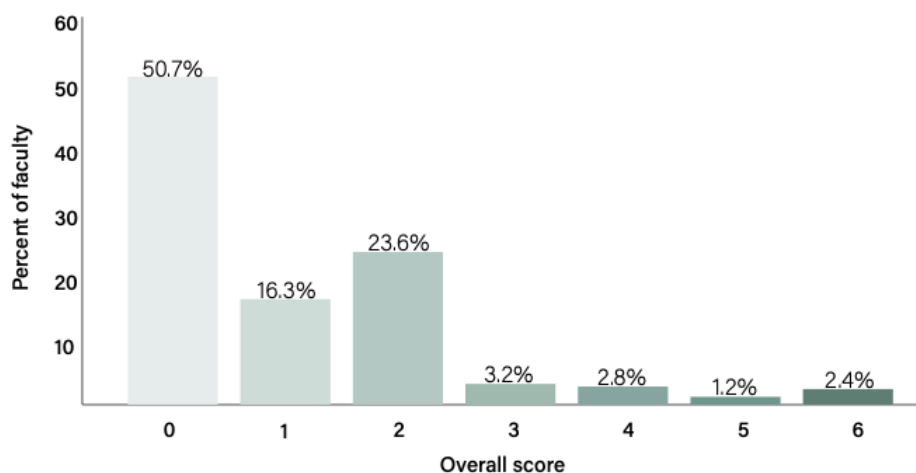
gender and gender non-conforming professors believe their institutions is hostile or somewhat hostile toward students of color, for instance. Again, 58 percent of Latinx faculty members and 39 percent of Black professors say so. About 24 percent of Asian or Asian American professors say this.

The Long Game – and the Question of Mandatory Training

Lipson said that COVID-19 is really an “opportunity” to pay even more attention to student mental health, in the long term. Many students were struggling prior to the pandemic, she said, and COVID-19 will have lasting effects on other students, including those who have missed out on significant social experiences over the last year or even lost loved ones.

Faculty members can help by offering students flexibility where possible, putting mental health resources in their syllabi and even – perhaps – talking about mental health in the

**GRAPH 6: PHQ2 SCORES
(3+ INDICATES RISK OF MAJOR DEPRESSION)**



Faculty: ‘Gatekeepers’ of Student Mental Health? (cont.)

classroom. Lipson said it’s always a personal choice how much to say. But because talking about mental health behaviors, such as sleep, can sometimes be easier than talking about mental health itself, she’s told her own students to pay attention to those and other patterns, as well as the connection between academic performance and mental health.

Negar Shekarabi, coordinator for faculty and staff wellness, health and counseling services at the University of California, Irvine, said a 2019 survey from her campus also found that faculty members do tend to be engaged in student mental health.

Professors who identified barriers to getting involved cited a lack of confidence in their ability to be helpful, she said. In terms of their own mental health, some Irvine professors said they worried about seeking help due to fear of insufficient resources and stigma.

Most interesting, Shekarabi said, was the overlap between those two groups. “Faculty who identified barriers to engaging in their students’ mental health were the same faculty who saw barriers in engaging in help seeking for their own mental health concerns.”

From a provider standpoint, Shekarabi said that realization helped staff members see that trainings focused on faculty mental health would probably help professors in student mental health matters, and vice versa.

The pandemic and racial reckoning of the 2020 pushed Shekarabi’s office to be even more proactive

with respect to faculty training. She and her colleagues worked last summer to convert many of their most requested mental health seminars into webinars that are now available on demand, and targeted to professors.

Now, in her interactions with faculty, Shekarabi said she senses “a greater openness” to engaging in mental health training. Time will tell if that’s reflected in greater usage of the online modules, she said, endorsing the idea of mandatory training.

“Making a training mandatory communicates to the campus community what the values of the institution are.”

Last year is certainly a good reason to reconsider policies surrounding mental health training, and to reconsider campuses’ mental health

resources in general, she added. “Now would be the time to make changes, enhance resources, identify gaps and fill them as a part of the return-to-campus plan that many institutions are currently engaged in.”

Elizabeth Cawley, director of national mental health strategy at Studentcare/ASEQ, a Canadian administrator of student health plans, said, “Student mental health has absolutely declined during the pandemic, even more so than in the general adult population.”

Cawley said she wasn’t surprised by Lipson’s findings about faculty-student interactions, either, citing prior [research](#) finding that professors want to help students in this way but feel underprepared.

Given the importance of faculty and the frequency of faculty-student

TABLE 3: TRAINING AND RESOURCES TO SUPPORT STUDENTS (%)

	STRONGLY AGREE	AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE		STRONGLY DISAGREE
I would welcome receiving additional professional development on the topic of student mental health.	34.2	34.8	18.3	3.1	2.4	1.5
I am motivated to strengthen my role in supporting student mental health at my institution.	32.5	32.1	20.0	5.4	2.2	1.5
It should be mandatory that all faculty receive basic training in how to respond to students experiencing mental or emotional distress.	30.6	27.6	21.4	7.9	4.1	3.2
I would welcome receiving additional professional development on the topic of substance use among students.	29.2	34.0	21.8	5.6	2.8	1.4

Faculty: 'Gatekeepers' of Student Mental Health? (cont.)

interactions, Cawley said, mental health literacy training, or gatekeeper training, should be mandatory for all professors. This sends the “message that an institution recognizes the key role that faculty play – and that many students will approach a professor for advice or support before going to traditional support services.”

Mandatory training would also serve to decrease some of the “stress and anxiety that faculty face when dealing with issues of student mental health.”

In any case, Cawley said, “A vibrant campus community doesn’t stop with supporting students. Faculty and staff are often overlooked, and yet they play such a crucial role in supporting students. The saying, ‘You need to put your own mask on before helping others’ comes to mind, because if faculty are struggling, they won’t be able to support their students.” ■

“

Faculty who identified barriers to engaging in their students’ mental health were the same faculty who saw barriers in engaging in help seeking for their own mental health concerns.

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<https://www.insidehighered.com/news/2021/04/08/faculty-gatekeepers-student-mental-health>

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Lawn Games, Anyone?

As colleges try to tamp down partying by students, administrators consider options for promoting lower-risk – not no-risk – social opportunities and providing a semblance of a normal college experience.

By **Elizabeth Redden** // September 18, 2020



BARBARA JOHNSTON/UNIVERSITY OF NOTRE DAME

Students on the University of Notre Dame's "Library Lawn."

One hallmark of the fall semester so far has been the recurrent theme of college administrators pleading with students to stop partying – and threatening and imposing punishments on those who do – to try to tamp down the spread of COVID-19. But as college administrators try their hardest to stop students from attending crowded indoor parties and bar hopping, the question arises of what they can or should do to help students socialize in lower-risk ways.

To this end, some colleges are creating new outdoor gathering

and performance spaces, erecting tents that limited-sized student groups can reserve, and holding film screenings and other student life events in oversize venues like the football stadium.

The University of Notre Dame, which **currently reports 51 active COVID-19 cases on campus**, has transformed the space between the library and the football stadium into "**Library Lawn**," featuring an outdoor lounge area with Adirondack chairs spaced around fire pits and inviting white lights, a stage for student performances and con-

certs, and lawn games that can be checked out. Students can also borrow lawn blankets, which are washed between uses. Mask use and social distancing are required, and gathering in groups larger than 10 is prohibited.

"The Library Lawn provides a welcoming setting for students to be able to gather safely outdoors, which is what we were hearing from them, that they wanted to get to know students from other residence halls and they wanted a place on campus where it was safe to do that," said Karen Kennedy, No-

Lawn Games, Anyone? (cont.)

tre Dame's director of student centers, activities and events.

The lawn opened earlier this month after Notre Dame emerged from a [two-week suspension](#) of in-person classes and activities in response to a surge of COVID cases. As it gets colder, the university plans to install outside heaters on the lawn. Notre Dame's fall semester is scheduled to end before Thanksgiving.

"We plan on doing outdoor programming as long as we can with the weather here in northern Indiana," Kennedy said. In addition to offering formal event programming on the lawn, the university is using large outdoor venues including the baseball and football stadiums for events including film screenings and yoga classes.

While the [Centers for Disease Control and Prevention](#) says that all-virtual events pose the lowest risk, outdoor gatherings with physical distancing and mask wearing are lower risk than indoor ones.

Kevin Kruger, president of NASPA: Student Affairs Administrators in Higher Education, said there's a lot of emphasis in the student affairs field on creative outdoor programming and recreation.

"It's based on the premise if you offer interesting and engaging activities that have social distancing as a component then you can create some competing activities that maybe would lessen students' likelihood to gather in party settings," Kruger said. "That concept's not new. For decades we've been doing alcohol-free programming, for example, in the student union – the

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The Library Lawn provides a welcoming setting for students to be able to gather safely outdoors, which is what we were hearing from them, that they wanted to get to know students from other residence halls and they wanted a place on campus where it was safe to do that.

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idea if you give students something interesting to do, they may choose to do that versus something that is higher risk.”

Kruger said there's division in the student affairs field about whether campuses should be open to students at all.

"Not everybody thinks we should be doing any of this," Kruger said. "However, for the campuses that have decided to do some kind of in-person experience, once you make that decision, then you start thinking about how do you ensure that students have the best possible experience. And that best possible experience means thinking about their overall wellness, their ability to manage stress and anxiety. You need support services and you need ways to allow students to connect to each other. That's a basic human need, so creating those spaces and opportunities is important."

Julia Marcus, an infectious disease epidemiologist and assistant professor in the department of popu-

lation medicine at Harvard Medical School, echoed that sentiment.

"I'd like to see colleges supporting students in safe socializing rather than taking an abstinence-only approach that we know is doomed to fail," she said. "Asking college students to basically lock themselves in their dorm rooms is not going to be feasible, but what might actually stand a chance of working is giving students an opportunity to stay socially connected and have fun that are lower risk – not necessarily zero risk – but lower risk than crowded indoor house parties."

"I'm not saying if you provide students with Adirondack chairs and fire pits, it's going to solve the issue around partying," Marcus said. "But I think it will be more effective than just telling students to stay six feet apart and wear masks and yelling at them when they don't."

Virginia Polytechnic Institute and State University, which [reported 183 positive COVID-19 test results over the past week](#), has been [heavily promoting the concept of pods](#),

Lawn Games, Anyone? (cont.)

encouraging students to create groups of five to 10 students whom they can trust. The idea is that the pods will in effect function as a family unit – meaning pod mates can relax some pandemic-related precautions when in private.

“It’s analogous to your family,” said Frank Shushok Jr., vice president of student affairs at Virginia Tech. “When I go home to my family and my home, I take my mask off, we sit on the couch together, we have what looks like pre-pandemic interactions. Our guidance is if you do the pod right, you can do that.”

There are limitations and risks to the pod model: the concept only works if all members are equally committed to adhering to public health guidelines, if students stick to a single pod, and if roommates or apartment mates join the same pod. But Shushok said he has been frustrated by some of the skepticism he’s encountered, an attitude he characterizes as “well, what student is going to have a pod and seriously follow public health guidelines and not go to fraternity parties?” It’s kind of a low expectation, and at least one of the things that I’m going to keep emphasizing is we need to raise our expectations and see our students rise to them.”

“I think one of the highest risks we have these days in the college and university environment is loneliness, the lack of well-being, anxiety, poor mental health, feeling isolated – all things that the pandemic has amplified,” Shushok said. “So when I think about balancing the risk, helping students have a sense of community and well-being is a real-

ly valuable calculation.”

Other colleges have also emphasized the need to help students find ways to socialize and participate in student organizations in responsible ways. Michael S. Roth, the president of Wesleyan University, in Connecticut, has emphasized this, [writing on Twitter](#), “In order to be safe enough spaces for learning, colleges must have access to rapid testing, basic contact tracing & provide guided, supportive isolation. We must also provide (masked) opportunities to socialize without large crowds. #HarmReduction #SafeEnoughSpaces.”

Wesleyan, which [currently reports four active cases on campus](#), has created a new outdoor performance space with capacity for up to 100 people, with boxes painted on the grass to promote social dis-

tancing. Wesleyan’s athletics center [opened on Monday](#) with new restrictions in place, and – while intercollegiate competition isn’t happening this fall – athletics teams are able to practice under the supervision of their coach.

“We are expecting our students to be safe and to wear face coverings and to practice distancing and to limit the size of the groups, but it has never been our expectation that our student groups would just cease activity,” said Michael Whaley, Wesleyan’s vice president for student affairs.

Middlebury College, in Vermont, which [currently reports zero active cases on campus](#), entered [phase two of its campus reopening plans](#) on Thursday, after two rounds of testing and a quarantine period where students were restricted to



New outdoor performance space at Wesleyan University.
Photo courtesy of Wesleyan University

Lawn Games, Anyone? (cont.)

the campus. Starting on Thursday, students were able to patronize local businesses and shops in the surrounding county, gather informally in groups of 10 people or fewer, and attend formal university-sanctioned events of 50 people or fewer, or 75 people or fewer if held outside. Students had to complete a required training course on the phase two rules.

Tim Wilkinson, associate dean for student engagement at Wake Forest University in North Carolina, said the university required student organization leaders to undergo training on the [university's rules for in-person events](#), which for example limit group size to 10 people indoors and 25 people outdoors. Wake Forest, which [reports](#) 73 confirmed COVID cases over the past 14 days, is also making tents reservable for student groups.

"We look like a circus on campus right now, because we have tents everywhere," said Meredith Davis, associate vice president of student engagement at Syracuse University, which currently [reports 23 active cases involving students and employees on or near campus](#). "We have tents that are being utilized by academic affairs during the day, and in the evening they become space for programming. We put up fire pits, we've had s'mores, we have Jumbotron screens, [we have circles to make sure people are social distancing](#). We're also thinking about how we're going to create a fall festival."

The state of New York limits the size of gatherings to 50 people or less.

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I think one of the highest risks we have these days in the college and university environment is loneliness, the lack of well-being, anxiety, poor mental health, feeling isolated – all things that the pandemic has amplified.

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"New York has been really, really clear and precise on expectations for this state. We are adhering to those guidelines, but we also realize that students want things to look similar to what it would look like in the past," Davis said.

"If we were going to bring students to campus, we wanted to make sure that we were going to provide a meaningful and engaging experience for them; otherwise we could have just done everything virtually," added Robert Hradsky, vice president for the student experience at Syracuse. "Because we made the commitment to bringing the students to campus, we wanted to make sure we were replicating as much as possible that true residential experience that Syracuse is known for."

Of course any time students gather, even outside, masked and physically distanced, there is more risk than

if they don't gather at all. The city of Philadelphia [recommends](#) that college students avoid any gatherings other than with members of their own households after finding that cases of COVID transmission were associated even with small gatherings of students.

"Given the current outbreak that we're seeing with some of the colleges, we are advising against social gatherings," said Angelico Razon, a physician in the COVID containment division at the Philadelphia Department of Public Health. He added, however, that doesn't mean colleges shouldn't provide ways of supporting students by, for example, providing opportunities for outdoor recreation.

The University of Southern California – which is conducting almost all of its fall coursework online and is not holding any in-person events – also has reported that many of

Lawn Games, Anyone? (cont.)

the cases it saw involving students were traceable to small group gatherings as opposed to large parties.

“For people to be able to get together, there has to be a very low amount of disease in the community. And that’s not something we see at many of our universities,” said Sarah Van Orman, USC’s associate vice provost for student affairs and chief health officer. “Some universities have been able to get to that point because they’re a relatively closed campus, they’re going to test like crazy and they’re in a community where the prevalence is low.

That’s not true of most universities.

“The other way you get around this is you assume maybe there’s a higher prevalence ... but we’re only going to encourage activities where transmission likelihood is low, and that’s where you’re in the situation of outdoor, physically distant, face coverings on, not eating or drinking.”

Van Orman, a clinical professor of family medicine and member of the American College Health Association’s COVID-19 task force, said the difficulty colleges are encountering

is one of the reasons many colleges chose to stay online this fall, or were advised by public health officials to do so.

“This is one of the things we’re struggling with,” she said. “We know that our students in many ways are hurting. We’ve seen **unprecedented levels** of depression and anxiety and loneliness, so this desire for personal connections, whether our students are here or not, is huge. It has value, people are craving it, but it’s working opposite of what we need to do from a public health standpoint.” ■

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<https://www.insidehighered.com/news/2020/09/18/colleges-look-lower-risk-ways-students-socialize>

Stressed Out and On Call

The coronavirus pandemic and increasing student demand for mental health support have led a majority of therapists and directors at college counseling centers to feel burned out.

By **Greta Anderson** // January 26, 2021



TATYANA ANTUSENOK/GETTY IMAGES

High rates of isolation, loneliness and heightened stress and anxiety among students coping with the pandemic are an inescapable aspect of the work of college mental health therapists. As the public health crisis stretches on and approaches the one-year mark, the overworked professionals who provide mental health services to students are also feeling emotionally overburdened – and are themselves seeking support from each other and their institutions.

Among the many negative consequences of the public health crisis, sad and stressed-out therapists

was an unexpected but perhaps inevitable outcome.

Now students and counselors alike have been thrust into a “universal experience” of uncertainty and anxiety about the future, said David Walden, director of the mental health counseling center at Hamilton College, a private liberal arts institution in New York.

“We’re humans in the world, too,” he said. “If someone comes in to talk about the uncertainty of the pandemic, you can’t avoid that. You’re also living through the pandemic.”

A range of **troubling surveys and**

studies about students’ mental well-being during the fall semester found that they are dealing with more symptoms of anxiety and depression than in previous years. And more often than not, mental health professionals are experiencing the same emotions as the students who seek their help, Walden said.

The increase in student demand for mental health services, which was already occurring before the pandemic was declared last March, has skyrocketed at some college mental health centers, as has the severity of the conditions for which they are seeking care. This has meant a

Stressed Out and On Call (cont.)

heavier workload for the therapists who work in college counseling centers and the directors who oversee them, he said.

Therapists at Hamilton see up to 25 students for virtual counseling each week, said Walden, who's also a staff psychologist. He provides virtual therapy sessions for students from his bedroom and said it's challenging discussing their feelings of isolation during the pandemic while he's also isolated and unable to separate his work life from his home life.

As someone who has built a career helping students, Walden said it's been frustrating that he cannot provide a catch-all solution for their anguish, or his own.

"The visits that stick out are the ones where there's really no clear path for something that will help," he said. "It's the folks that are dealing with the same things we're dealing with – the isolation and impact of anxiety. We can't change the reality of this time, and we can't make the feelings go away magically."

The prevalence of self-reported anxiety and depression among students nationwide who sought help at their college counseling centers has risen steadily over the last decade, according to an annual report from the Center for Collegiate Mental Health, or CCMH, which [released new data](#) on Jan. 12 about the 2019-20 academic year.

The increased need for services has taken a toll on the counselors. A recent survey found widespread emotional exhaustion among these providers. About 90 percent of counselors and about 92 percent of cen-

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We're humans in the world, too.
If someone comes in to talk
about the uncertainty of the pandemic,
you can't avoid that. You're also living
through the pandemic.

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ter directors said that they experienced mental health burnout during the fall semester, according to the [survey](#), which collected responses from nearly 140 staff members and was co-authored by Walden and published in a report by Mantra Health, a [teletherapy platform](#) that virtually connects students with licensed therapists.

Nearly 82 percent of the college therapists surveyed said the pandemic has "worsened or intensified my burnout and isolation" and 76 percent of directors said the same, according to the survey, which is representative of 120 different institutions. Forty percent of counselors agreed that they worked more hours than usual during the fall semester and said there is "too much on my plate," the survey report said.

Ben Locke, director of counseling and psychological services at Pennsylvania State University, who also runs the CCMH, joked that he has felt burned out to the point of being "crispy" during the pandemic. Like many others who oversee their col-

lege's mental health services, he had to [quickly convert Penn State's counseling center](#) to function entirely via phone or videoconferencing when students were sent home due to the pandemic.

"The entire university is lumbering through these massive changes one after another," Locke said.

The Mantra Health survey results showed that college counseling staff members had far higher rates of burnout during the pandemic than what is expected among all mental health care providers in a typical year. In 2018, the [American Psychological Association](#) estimated that between 21 and 61 percent of mental health practitioners over all experienced burnout, compared to about 90 percent of college-based practitioners who felt these effects during fall 2020, the survey report noted. The emotional exhaustion can have a detrimental impact on both counselors and their clients, causing providers to be "unable to feel compassion" for those who come to them for help, an APA report said.

Stressed Out and On Call (cont.)

When a college counselor – or any person – is burned out, they “withdraw inward,” Walden said. “You’re less emotionally available to other people” when experiencing burnout, he said.

Forty-five percent of therapists who responded to the Mantra Health survey said their “ability to provide quality care is compromised” due to their workload. But Walden said in his experience at Hamilton, counseling center staff members are able to power through and effectively serve students despite the burnout by sometimes suppressing their own feelings of emotional exhaustion. While this benefits students and the institution as a whole, it is not helpful for center counselors and directors, who internalize their stress, he said.

It has been helpful for Walden to see his own therapist, which he has done since well before the pandemic. He is open about seeking mental health support and encourages his staff members to do the same, he said.

Locke said college counselors, similar to those in other care-providing professions, can get into patterns of neglecting to care for themselves. They’ll skip lunch or work into the evenings to fit in more sessions with students, he said.

“It’s not uncommon for helpers to help themselves last,” he said. “It’s why those instructions on airplanes are so important – ‘Put your mask on first before helping others’ – because if you don’t take care of yourself first, it’s useless.”

Counselors at Penn State’s mental

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It’s the folks that are dealing with the same things we’re dealing with – the isolation and impact of anxiety. We can’t change the reality of this time, and we can’t make the feelings go away magically.

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health center, which has about 60 clinical staff members, annually set limits for the number of therapy appointments they will provide in order to keep workloads reasonable, Locke said.

Harry Rockland-Miller, former director of counseling and psychological health at the University of Massachusetts, Amherst, said setting such limits for counselors is common practice for larger institutions. But at times of “significant” demand from students for mental health services, such as during the pandemic or at **other points during a typical semester** when students are in need of support, “people need to roll up their sleeves and do what they can.”

Rockland-Miller and Locke also noted that external expectations for the number of students seen and the types of services provided can sometimes outpace the capabilities of counseling centers, which can lead to added pressure and burnout among staff. Managing these

expectations – whether they come from college presidents, students or parents – was a primary focus of the CCMH annual report this year, which encouraged institutions to evaluate the level of care their counseling center can feasibly provide in a given year based on their student body size, staffing, funding and demand levels, otherwise known as the center’s **“clinical load index.”**

“If expectations are unreasonable and beyond what the center has the capacity to provide, then there’s a disconnect that can lead to anxiety, worry or resentment,” said Rockland-Miller, who is also clinical adviser to Mantra Health and a co-author of the survey report on counselor burnout.

The “aspirational” expectations for counseling centers and their actual capabilities are often misaligned; for example, parents might be told during a campus tour that their student can seek weekly counseling with limited wait times, but in reality it might be difficult for a college to

Stressed Out and On Call (cont.)

deliver on this promise, the CCMH report said.

“Any time that the expectations created for or by the counseling center are unreasonable, you’re going to experience burnout,” said Locke.

To improve burnout caused by the pandemic, nearly 31 percent of the counseling center directors and the therapists surveyed by Mantra Health showed interest in a workplace culture that encourages them to speak openly about their mental health challenges, according to the survey report. About 37 percent of the directors and counselors proposed an increase in “staff camaraderie and personal connections” with their fellow staff members as a way to combat burnout, the report said.

It’s “incumbent” for college administrations and center directors to promote an open and connected workplace, but staff members can also cultivate this culture on their

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If expectations are unreasonable and beyond what the center has the capacity to provide, then there’s a disconnect that can lead to anxiety, worry or resentment.

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own, said Walden, director of the center at Hamilton College. College counselors might be expected to be more willing to talk about their own mental health challenges or seek therapy because of their profession, but are just as influenced by the stigma of seeking help as others, Walden said.

“Even among those of us who are just really comfortable utilizing therapy, talking about therapy and are open about our own use of it, there’s internalized feelings of stigma,” he said. “No doubt that has to be true with clinicians, even though we would be more open to it because it’s what we do.” ■

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<https://www.insidehighered.com/news/2021/01/26/mental-health-professionals-are-themselves-facing-mental-health-challenges>

Studying While Parenting

Student parents feel stressed and isolated, but most don't know about campus mental health resources, according to a new report.

By **Sara Weissman** // May 27, 2021



EYECRAVE/E+/GETTY IMAGES

Lesley Del Rio wasn't sure she would complete her studies this year and get her associate's degree in business administration. She and her 10-year-old son were cramped together in their small Denver apartment during the pandemic, and the normal boundaries between her roles as a single mother, college student and working adult came "crashing down."

"For a little bit there, I felt like there was no escape," she said. "And I still have to turn around and make things happy and comfortable and make sure that I wasn't oozing fear

onto my kiddo so he could feel safe and so he could feel like there was a sense of fun and normalcy in his life still."

Appointments with her mental health therapist started to feel like a chore, just another thing on her to-do list as a working mother in college. Mental health care can feel like "an unobtainable luxury" for parents like herself, she said.

Many students parents who need such help struggle to get it, according to a [new study](#) on their mental health outcomes.

The report was released Wednesday by the JED Foundation, a nonprofit that conducts research on the mental health of young adults, and Ascend, a policy advocacy program at the Aspen Institute focused on social mobility of families. Del Rio is a parent adviser for the program.

The report, which is based on an analysis of existing data and a survey of 436 nonparenting students and 586 parenting students earlier this year, found that 43 percent of student parents felt stressed all or most of the time. About 40 percent of student parents reported feeling

Studying While Parenting (cont.)

overwhelmed, and 28 percent struggled with depression. More than half of student parents said they didn't feel welcome on their campuses. More than a third reported that they considered stopping out of school in the last month, compared to a quarter of nonparents. The report also points out that parenting students lack basic needs at much higher rates than nonparenting students and that this takes a toll on mental health.

David Croom, assistant director of postsecondary achievement and innovation at Ascend and co-author of the study, said the findings should serve as guide for college administrators seeking ways to keep these students enrolled. He noted that student parents or caregivers stopped out at much higher rates than noncaregivers last fall.

"Dealing with the mental health of student parents, providing additional resources, providing family-friendly spaces, could be helpful toward bringing this population back to your campuses ... so they feel supported and are able to succeed in these settings," he said.

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Many parents don't know about campus mental health resources or don't think they can afford them, according to the report. About 15.5 percent of parenting students reported that it was at least somewhat difficult to pay for mental health care, relative to about 10.3 percent of nonparents. While parents were more likely to use campus academic support services than their nonparent peers, less than half of student parents knew about mental

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And I still have to turn around
and make things happy and comfortable
and make sure that I wasn't oozing fear onto
my kiddo so he could feel safe and so he could
feel like there was a sense of fun and
normalcy in his life still.

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health outreach initiatives on their campuses, compared to about 60 percent of nonparents.

"Parenting students often spend less time on campus than their nonparenting peers," said Carrie Welton, a former student parent and the director of policy and advocacy at Temple University's Hope Center for College, Community, and Justice, which researches food and housing insecurity among college students. "It's much more likely that they're going to be a parking-lot-to-class-to-parking-lot student than they are going to be looking for resources on campus."

Student parents also assume campus mental health services aren't designed for them and counselors can't address their particular stressors, said Larissa M. Mercado-López, a professor of women's studies at California State University, Fresno. Mercado-López became a student parent herself at age 21 and then had two children in graduate school.

She surveyed student parents about their campus experiences at Fresno State to help the institution better assess students' needs.

She said she would have sought out therapy on campus when she was a student if she had known mental health counselors were trained to work with students like herself.

"Student parents are not going to assume that those services are for them," she said.

The JED Foundation and Ascend study found notable disparities in mental health outcomes for younger parents and parents above the age of 25. Younger parents were five times as likely to report feeling worthless, twice as likely to report feeling left out or isolated, and twice as likely to have considered suicide often in the past year. While older parents described rarely drinking more than one or two alcoholic beverages, almost 15 percent of younger parenting students described

Studying While Parenting (cont.)

having six to 10 drinks the last time they drank. Older parents, meanwhile, were more likely to express positivity about how they felt about their lives and futures compared to nonparents in their age bracket. Younger students in general had less sunny outlooks.

These results were no surprise to Nicole Lynn Lewis, founder and CEO of Generation Hope, a nonprofit organization that offers supports to teen parents. The Generation Hope Scholar Program provides mentoring, tuition assistance, academic support and a peer community to an annual cohort of teen college students with children age 6 and below in the Washington, D.C., metro area.

She said older parents have work experience to bolster their confidence and tend to have more support at home. Younger parents encounter “incredible shame and stigma,” they face pressures to put college on hold, and sometimes their pregnancies disrupt their support systems.

Generation Hope has a mental health counselor on staff, and the number of appointments requested by students jumped by 30 percent during the past year.

Lewis said the pandemic only exacerbated the stressors young parents face, she said.

“It’s still a very stigmatized population,” she said. “It’s a population that people are often very negative about and want to withhold resources from. What I really hope people see is that younger student parents, if

they don’t get the support that they need to go to college, they become older student parents. That is the reality. By calling out the needs that are unique to younger students, we can help to get parenting students through college and to the finish line more quickly so they can get to family-sustaining wages.”

The report offers numerous recommendations for colleges and universities to better support student parents based on the study’s findings. For example, the authors suggest training not only counselors but faculty and staff on student parents’ mental health needs, because parents interact more with their professors and academic counselors than do their peers. The authors also recommend creating places on campus where children are explicitly welcome, such as designated family rooms in campus libraries, and advertising affinity groups for parents. The authors encourage universities to represent student parents in university promotional materials and make class schedules more flexible for students balancing family responsibilities by offering asynchronous learning options, giving student parents priority for course registration and establishing more forgiving policies for taking absences or answering family-related phone calls in class.

Welton, of the Hope Center, said parents constantly receive the message that higher education isn’t for them based on how courses and supports are structured, which increases their feelings of isolation.

“When I was a young parenting student, I often had to adhere to my work schedule and then figure out what college classes I could pair with that that didn’t interrupt my ability to work,” she said.

She noted that most programs operate on the assumption that students can attend classes at any time of day.

“That first sends a signal that parenting students are not the demographic that higher education institutions are targeting for postsecondary degrees,” she said.

The study also concludes that universities need to regularly collect data on student parents.

Research on student parents is still relatively new, and much of it focuses on basic needs insecurity rather than mental health, said co-author Sara Gorman, director of research and knowledge dissemination at the JED Foundation. The new study explores and explains how the two issues are intertwined.

“I think in the college mental health world, there seems to be a lack of understanding about both the size of this population and the mental health challenges they face,” she said. “Within talking about basic needs insecurity, or even things like lack of sleep or lack of time, you find that many of them are actually having symptoms of mental health issues ... When you’re lacking some of those basic needs, it’s harder to think about how am I doing emotionally.” ■

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<https://www.insidehighered.com/news/2021/05/27/student-parents-struggle-mental-health>

Why Aren't More Students Seeking Mental Health Support?

Many students who need resources aren't receiving them, but colleges can take some key steps to lower the barriers, write Laura Post Horne and Kelly A. Davis.

By **Laura Post Horne** and **Kelly A. Davis** // March 31, 2021

Even before the COVID-19 pandemic, college students were struggling year over year with increased anxiety, depression and suicidal thoughts. And now the pandemic has affected them in especially challenging ways. Data from the [Centers for Disease Control, Active Minds](#) and the [American College Health Association and the Healthy Minds Study](#) have demonstrated that young adult mental health has continued to suffer and may even be worsening during the pandemic.

In particular, BIPOC, LGBTQ+ and low-income students are dealing with tremendous stressors. The pandemic has [disproportionately impacted](#) BIPOC students and their families. Students of color, especially Black students, have also been affected by the upheaval and reckoning for [racial justice](#). Needing to return to nonaffirming home environments and/or losing positive social connections has been challenging for some [LGBTQ+ students](#). And many low-income students are dealing with lack of access to basic needs, like housing, health care, food, jobs and reliable internet.

Yet despite increased mental health distress, students' [use of campus-based mental health resources](#) has [reportedly declined nationwide](#), according to the Association for University and College Counseling

Center Directors. Also troubling is a [new survey](#) by Mental Health America, in which 70 percent of students who needed mental health disability accommodations reported not receiving them. Only 20 percent of those students said that it was because they did not want accommodations.

According to a recent Active Minds focus group, students suggested that many factors could be driving the decrease in campus service utilization. Those factors included, among others: 1) a preference for off-campus services during this time, 2) a lack of privacy when doing virtual therapy from home, 3) complex interstate teletherapy licensure issues, 4) exhaustion that makes it difficult to reach out, 5) beliefs about the efficacy of counseling when so much in the world is going wrong and 6) a feeling of disconnection with college/university services over all while learning from home or in a hybrid model.

The potential barriers are many, but college and university leaders can take some proven steps to ensure that students are fully supported through this time.

Involve students. Uncertainty about what to do and how to support and empower students can always begin with a simple first step: ask



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students. Research also shows that student involvement increases awareness and usage of campus health services. Stronger campus communities happen when students are engaged in the mental health policy decisions and programs that affect them. Such efforts must encompass students across campus communities and identities, including students with disabilities, LGBTQ+ students and students of color.

Inform decision making through assessments. Campus leaders should establish or update their plan to assess the mental health of their students, staff and faculty populations. As soon as possible and on an ongoing, scheduled basis, they should collect survey data on their own or through partici-

Why Aren't More Students Seeking Mental Health Support? (cont.)

pation in national studies like the Healthy Minds Study and the National College Health Assessment to understand immediate needs and changes over time. The plan for data collection should outline how the data will be shared and used to inform the campus' continuing efforts to support mental health and crisis recovery.

Engage faculty and other campus first responders. Particularly within hybrid or full-on remote learning models, students are dependent on faculty members as mental health first responders and as key facilitators of students' sense of belonging and connection to the college or university.

Faculty members can integrate practices and expectations that promote well-being, such as building in opportunities for reflection and processing of the pandemic and current events, and they can normalize the use of mental health

resources. That includes making sure that other staff, like advisers or those working in disability support services, are reaching out to students and offering resources for those who may need additional support.

Build on the optimism and resilience that students demonstrate.

Active Minds' [survey](#) also showed that 78 percent of students feel optimistic about their future, and two-thirds of students reported an increase in supporting others with their mental wellness. What could it look like to harness students' strengths and treat them as equal partners in developing solutions to today's challenges? Many institutions have already begun this work by creating student advisory councils, taking a data-driven approach using student surveys, and ensuring diverse representation and perspectives of students when seeking their input. Institutions can also empow-

er students to create solutions that build upon their desire to support one another by promoting the expansion of peer support programs like [the Support Network](#) and [Project LETS](#) and digital solutions like [Runaway App](#) and [Lean On Me](#).

If we truly prioritize learning and inclusivity in our communities, we have an obligation to take care of one another's well-being and access to learning. Colleges and universities must support students' mental health and academic success by working with them to adapt resources in this changing environment – whether that means reducing barriers to accommodations or rethinking how mental health information is shared and mental health supports are offered.

Now more than ever, leaders must partner with students to learn from them and alter resources and courses to meet their needs. ■

Bio

Laura Post Horne is chief program officer at Active Minds, and Kelly A. Davis is associate vice president of peer and youth advocacy at Mental Health America.

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<https://www.insidehighered.com/views/2021/03/31/how-campuses-can-encourage-students-look-for-mental-health-support-opinion>

Colleges Must Require the Study of Well-Being in High School

They should require students to take for-credit mental health courses in secondary school as a mandatory part of the admissions process, argues Sherrie Page.

By **Sherrie Page** // May 11, 2021

As a nurse and wellness coordinator at an all-girls preparatory school in Richmond, Va., I have a front-row seat to the stress our students go through to build perfect college résumés. I see it in the classrooms, hear it in the cafeteria and now, during COVID, discuss it with them over Zoom. All around me, students are frequently overwhelmed and exhausted. I've known star athletes, straight-A scholars and class leaders – kids accepted by their first-choice college – who struggle, too often silently, with debilitating anxiety and depression.

That is why the onus is on colleges themselves to focus on high school mental health. Each college or university must require incoming students to take for-credit mental health courses in high school and make it a mandatory part of the admissions process. Our children's lives are at stake, and without corrective measures, teen mental health will continue to suffer, and more and more of them will die needlessly each year.

High schools are doing their best to prioritize mental health, but we're fighting a losing battle unless colleges get involved. Secondary schools can't solve the problem when it's colleges that run the show. Since colleges dictate what is required and rewarded, without mental health classes on the list,



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we'll never have an equitable and reliable way to package the amount of information needed to safeguard the psyche of our Gen Z youth.

Over the last decade, the number of teens with debilitating anxiety and depression has risen nationwide, with 17 percent of youth aged 6 to 17 experiencing psychiatric illness. These mental health concerns can follow students to college, where 1,000 students end their lives each year, making suicide the second most common cause of death among college students. The National College Health Assessment spring 2019 Executive Summary reported that in the previous 12 months, 66 percent of college students reported feeling overwhelm-

ing anxiety, 45 percent felt so depressed it was difficult to function and 13 percent had seriously considered suicide.

Currently some states require health education, yet mental health mandates are highly variable – if they even exist. But like math and English, mental health education should be an essential program of study. Teens must be equipped to recognize symptoms of anxiety and depression, understand the warning signs of suicide, know how to get help, and learn self-care techniques to manage stress and be happy. Without mental health fitness being factored into a student's transcripts the way science or music might be, colleges will continue to get pre-

Colleges Must Require the Study of Well-Being in High School (cont.)

scious students with psychiatric problems. Even if a young person isn't college-bound, such classes are fundamental. Yet high school requirements won't change until colleges insist on it.

Furthermore, for students to take such classes seriously, they must get academic credit, and the grade has to matter. That would ensure students know they are valued beyond their résumé of achievements. I saw this firsthand when I taught high school health. Despite its importance, few colleges require this class, so it has no impact on a student's grade point average. With little at stake gradewise, students regularly asked to skip my class to work on an honors assignment or study for a midterm.

But what's an A in physics if you wind up in an abusive relationship, dependent on drugs or suicidal? I'd often discover students furtively studying for the next period's exam behind their computer screens during class. I learned not to take this personally; they'd been groomed to focus on grades above all else. The message our education system sends young people is hopelessly wrong.

The schedule of a high-school student who is building a competitive college résumé is packed with Advanced Placement courses, after-school sports, band practices, club meetings, drama rehearsals, SAT prep and a mountain of homework that keeps them up late at night. When the alarm rings at dawn, they repeat the cycle. The grind leaves little time for hanging out with friends and the carefree

“

High schools are doing their best to prioritize mental health, but we're fighting a losing battle unless colleges get involved. Secondary schools can't solve the problem when it's colleges that run the show.

”

fun that's an essential ingredient of growing up happy. This is the schedule that colleges reward. And it's not sustainable.

Secondary schools want solutions. Think tanks like EAB, an educational advisory board, compiled “[Tackling the Student Stress Dilemma](#),” a 2017 manual that weighed in at 71 pages. More recently, the [National Association of Independent Schools](#) dedicated its fall 2020 magazine issue to health and well-being. Both sources recommended that secondary schools “shift the culture from overwork to self-care” and weave healthy coping skills throughout existing programming.

Nice ideas, sure. But they won't solve the fundamental problem. For years, I've squeezed mindfulness lessons and stress reduction into students' jam-packed schedules, and I'm here to tell you, they're not the answer. We can't win the fight to save teens this way, no matter how supportive the school culture

– especially when co-curricular programs have the potential to become checklists for schools, without reaching our youth in a way that makes a significant difference. Too often, students don't take meaningful information seriously when it's presented outside an academic class, or such sessions become the time when parents schedule dental appointments.

Basically, it's a supply and demand issue. As long as colleges seek applicants who look good on paper but lack the skills to manage their emotional health, they'll continue to admit young people who can code, speak Mandarin and ace honors classes but may often crumble when faced with real-life disappointments.

Unfortunately, until our youth understand how to take care of their mental health, the number of teens affected by debilitating anxiety, depression and related suicide will continue to climb. The current sys-

Colleges Must Require the Study of Well-Being in High School (cont.)

tem greatly hurts colleges, some of which have spent millions to beef up [campus mental health support](#). In a recent *Inside Higher Ed* article, Gary D. Glass presents an excellent case for shifting from a counseling-centered paradigm to broader mental health education in colleges when it comes to psychiatric care. But wouldn't his recommendations make the most sense if they were instead applied at the high school level – especially since earlier education could make a greater and desperately needed impact? [Half of all mental health conditions](#) start by 14 years of age, with the majority of cases going undetected and untreated. Whether we're talking about drunk driving, teen pregnancy

or psychiatric concerns among adolescents, early intervention is key.

Of note, the [most popular class in Yale University's history](#) was Laurie Santos's elective on well-being. When it debuted in 2018, close to a quarter of the university's undergraduates enrolled, proving that young people do, in fact, want to know about wellness. Why should they have to wait until college for course credit on how to be well?

At this point in our culture, with social media and the internet accelerating the pace of life, decreasing in-person relationships, and amplifying the supposed success of the person next door, if colleges

required such dedicated courses, it might only level the numbers of students with mental health issues. But what other option do we have to reach young people en masse? The current system is woefully inadequate, made worse by the pandemic.

Whether learning virtually, in person or through a hybrid model, it's been a year of educational challenges for America's adolescents, alongside the erasure of sports, musicals and proms. However hopeful we feel about COVID-19 vaccinations, they won't solve the teen mental health crisis.

Colleges, are you listening? ■

Bio

Sherrie Page, R.N., M.S.N., is the health and wellness coordinator at St. Catherine's School in Richmond, Va., where she has also worked as a school nurse and upper-school health teacher. She will be starting a doctoral program at the University of Virginia in the fall to focus on teen mental health.

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<https://www.insidehighered.com/views/2021/05/27/how-mental-health-crisis-has-changed-work-rabbi-campus-opinion>

The Mental Health Crisis and the College Chaplaincy

Rabbi Isaama Goldstein-Stoll describes how her fundamental understanding of her work on a university campus has changed and the lessons she's learned.

By **Rabbi Isaama Goldstein-Stoll** // May 27, 2021

Last semester, I counseled a student whose father was receiving cancer treatment, two whose grandmothers died of COVID-19, an international student who feared that if she returned home she wouldn't be allowed back into the country for the next semester, an LGBTQ+ student studying from home with homophobic parents and another student who needed immediate mental health support to prevent self-harm – all in a single day.

I am not a therapist or a psychiatrist. *I am a rabbi.* I came to this work thinking that my job as a campus rabbi would mostly focus on teaching Torah, building Jewish community and ensuring that the students at my institution, Yale University, had a wealth of meaningful ways they could connect to their Judaism. Of course, the past year still offered plenty of opportunities to teach Torah and lead students in prayer. Yet my fundamental understanding of my work as a campus rabbi has changed.

This drastic shift in demand for pastoral care may seem like a direct outgrowth of the global pandemic shaking our nation and upending the normalcy of our lives. But as those of us who work most closely with college students can attest, this shift was already in process well before the pandemic began.

In fact, over the past five years, the number of students at Yale seeking mental health services has jumped 60 percent, and we've seen a significant rise of those diagnosed with mental illnesses as well. The pandemic has added a new layer to all this, as our students experience new levels of anxiety, grief, social isolation and increased conflict in most spheres of their lives.

Fortunately, the pastoral demands of the pandemic did not completely blindside our staff, because we had already begun to shift our resources in response to the growing mental health challenges our students were experiencing. A vital part of my rabbinic training was in mental health support. Additionally, through Hillel International's professional development training on wellness, other Jewish educators like I have significantly enhanced our ability to catch early warning signs of psychological distress. We have also benefited from developing relationships with colleagues across the country who are doing similar work around wellness and mental health. Together, we have honed our skills in navigating difficult conversations about mental health with our students and have built a support system that we can turn to when our pastoral load feels overwhelming.

Developing skills to support our



JOSEPH SLIFKA CENTER FOR JEWISH LIFE AT YALE UNIVERSITY

students' mental health needs has led to unexpected outcomes. For the first time, many students with whom we've never interacted with before – students who had absolutely no interest in engaging in Jewish life on campus – have been reaching out to seek grief counseling and pastoral care. Whereas the bulk of students used to engage with us through big events, like 200-person Shabbat dinners, more students are now seeking one-on-one pastoral support.

At times I find it sad and overwhelming to navigate this rise in the need for mental health support. My sadness is compounded by frustration that so many of my students do not feel as if they have anywhere else

The Mental Health Crisis and the College Chaplaincy (cont.)

to turn with their struggles. With the fear of the pandemic, restrictions on the number of students allowed on campus and the challenges of virtual learning, many students have chosen not to enroll this year. That means they are not on the university health insurance plan and cannot receive support through campus mental health and counseling services. Many students all across the country probably have mental health challenges that are going undiagnosed and untreated for this very reason. Fortunately, unlike the university, which limits its work to enrolled students, Hillel has the ability to serve all students and Yale affiliates regardless of their enrollment status.

The work we have done this year to support student mental health offers two valuable lessons.

First, it heightens the importance of college chaplaincy and the partnership of religious institutions and colleges. In our increasingly secular world, it may seem silly to spend so many resources on sus-

taining campus religious life when the vast majority of students do not identify as religious and choose not to engage in a religious community. Nonetheless, in times of crisis, we are often better poised than other organizations on campuses to meet students where they are and support their psychological well-being.

Second, the broadening of our scope offers important insights for Jewish professionals about the nature of our work. I used to believe the goal of our work was to lift up Jewish life in engaging and relevant ways so that students could think critically about their beliefs, values and identity. In short, I used to work to make sure my students saw Judaism as an integral part of their lives. Now, however, I am working to make sure my students *are seen*.

There is no one-size-fits-all approach to making sure students are seen, but my personal approach has been investing in one-on-one relationships with students and checking in regularly through phone calls,

emails and social media. When possible, I plan my meetings and classes around trying to give students as much face time as possible, and I coach our student leaders to do the same. When working with those student leaders, I emphasize that relationship building should come before programmatic ends. If we recruit 20 students to hear a speaker, that is great, but if they all leave feeling just as lonely and stressed out as when they entered, then we have missed the mark. We still run exciting programs, but our metric of success is how clearly students understand that we care about them, that we are around to talk if things feel overwhelming and that we are an accessible and supportive resource.

The value of our religious community is not just in the content we deliver, but also, and more importantly, in the communities we create. After all, what better way is there to make sure Judaism is flourishing on our campuses than to be actively engaged in the sacred work of *pikuach nefesh*, or preserving life? ■

Bio

Rabbi Isaama Goldstein-Stoll serves as the Reform rabbi and senior Jewish educator at the Slifka Center for Jewish Life at Yale (Yale Hillel).

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<https://www.insidehighered.com/views/2021/05/27/how-mental-health-crisis-has-changed-work-rabbi-campus-opinion>

Students: You're Doing Better Than You Think. And You Should Still Ask for Help

In the wake of the pandemic, it's time to rethink how we approach campus mental health, says Elisa Bolton.

By **Elisa Bolton** // May 11, 2021

COVID-19 and the financial toll it has taken, and the suffering created by systemic racism and our growing awareness of it, has had a troubling impact on the mental health and wellness of college students. *Inside Higher Ed's* recent Student Voice survey of college students (conducted by College Pulse and supported by Kaplan) found that one year into the pandemic, 65 percent of students rate their mental health as "fair" or "poor." In addition, according to an April [survey by Active Minds](#), a national mental health advocacy group, 80 percent of college students say the pandemic has negatively affected their mental health. Further, on our campus, the University of New Hampshire, a significant number of students report struggles with motivation, worry and feelings of isolation.

Given that students – like the rest of us – are reeling from the impact of the pandemic and the country's painful and ongoing reckoning with systemic racism, these findings may not come as a huge surprise. However, a closer look at the data paints a more complicated picture.

While COVID-19 has exacerbated the challenges many students face, nationally two-thirds of students who sought mental health treatment over the past year did so for reasons [unrelated to the pandemic](#). Some early reports indicate that across the entire U.S. population



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over all, suicide rates may have actually [declined](#) in 2020.

At my own campus, demand for UNH's campus mental health services is actually down from previous years, though it has been fairly steady over the course of this academic year. Not only that, but students' academic performance actually improved this fall over the previous fall.

Data Takeaways

What conclusions can we draw from these more nuanced findings?

First, students as a group are doing better than they might think. They

are certainly more resilient than the scary stories about the mental health crisis would have you believe. While that may be cold comfort to anyone who has grappled with mental health challenges this year, the data speak to resilience in the face of adversity.

Second, although things may not be as bleak as they seem, we should not ignore students' mental health needs. If anything, now is the time to double down. Although students are performing well academically and rates of hospitalization for our students are down, students are clearly communicating that they want and need more help.

Students: You're Doing Better Than You Think. And You Should Still Ask for Help (cont.)

We need to send a message to students as we make our way out of the pandemic that no problem is too big or too small to address, and mental health and wellness can take different shapes. It can look like a cycling class, sleep coaching, a picnic in the park with friends, exploring a new club or activity, an appointment with a medical provider, support from a mentor, therapy, a moment of laughter over a foolish animal video or even time spent reflecting on the aspects of our lives for which we are grateful. In fact, some mental health needs might be served best by activities or engagements other than one-to-one therapy in traditional counseling settings.

I believe that, to best serve our students, we need to prioritize our ability to be nimble and to collaborate. For example, last spring we, along with many other higher ed institutions, shifted our service model and offered therapy via telehealth. This fall UNH was able to offer teletherapy and in-person services while maintaining practices that were consistent with the CDC workplace recommendations. Further, in order to meet the demand for teletherapy for our residential and remote students, we established a collaboration with [Uwill](#), a teletherapy platform that provides video, phone and text-based counseling.

Campus Partners for Student Wellness

We, and the students at UNH, are also fortunate to have strong campus partners in wellness and student success. Our campus colleagues include, but are not limited to: Living Well Services, the Beaugard Center, the Office of International Students & Scholars, Health & Wellness, faculty, Campus Rec, the Center for Academic Resources, Residential Life, Student Accessibility Services, and associate deans and department chairs.

Each of these centers and units provide student resources that support wellness, build community and foster academic success – all of which are vital dimensions of mental health and wellness. The collaboration encompasses a wide range of efforts. We, and they, display brochures that highlight different resources around campus. We include links on our webpage to theirs, we provide workshops and trainings, and we attend shared virtual and in-person visibility efforts.

As suggested in the recent Student Voice survey analysis, many of our faculty – who collectively have the ability to reach the entire student body – share information on resources for student well-being and academic success in their syllabi.

These connections have developed

out of a shared understanding that student success, and therefore the university's success, is grounded in student wellness. It has and will require that we partner to communicate creatively and consistently.

For example, as suggested in the recent Student Voice survey analysis, many of our faculty – who collectively have the ability to reach the entire student body – share information on resources for student well-being and academic success in their syllabi. We also provide faculty and staff with a guide on how to help students in distress.

Further, to support the significant number of students who are reporting that their mental health has suffered over this past year, we are working to help our entire community understand how UNH's services fit into the broader picture of care – which includes self-care, informal care, primary mental health care through our counseling center and specialized care through our community providers.

If we have learned anything over the past year, it is that students, and the institutions that serve them, have reason to take heart. This year of unexpected and overwhelming challenges, of pain and grief, has also demonstrated just how strong we are, especially when we stand together. ■

Bio

Elisa Bolton is interim director of psychological and counseling services at the University of New Hampshire.

[Read Original Article](#) ▶▶

<https://www.insidehighered.com/views/2021/05/11/maintaining-college-student-mental-health-and-wellness>

The Damaging Impact of Unattainable Expectations

One subject rarely broached in debates about student mental health is the hypercompetitive atmosphere that colleges and universities foster through their marketing, argues Caleb Wellum.

By **Caleb Wellum** // February 25, 2021

Colleges and universities in both the United States and Canada have a mental health problem. According to a recent report by the Council of Ontario Universities in Canada, the number of students on campus diagnosed with mental health conditions has “**more than doubled over the past five years.**” The situation is similar in other **countries.** Increasing numbers of students are struggling with depression and anxiety, and university services are struggling to help them. This situation will most probably only continue to get worse with the uncertainties and upheavals of the COVID-19 pandemic.

Why has this happened? Why have 65 percent of Canadian and **American students** reported suffering from “overwhelming anxiety” despite the expansion of campus mental health services and awareness campaigns? Why has the undergraduate experience, a time when young people have a chance to learn and to grow in an intellectually stimulating environment, become a time of pervasive worry about the future coupled with intense determination to get ahead?

The campus mental health crisis likely has many causes, extending from economic precarity, debt and a media-driven atmosphere of crisis to underdeveloped coping skills and unrealistic expectations.

Yet one subject that is rarely broached in debates about student mental health is the hypercompetitive atmosphere that the colleges and universities themselves foster.

As public funding declines for public institutions, costs rise and experts predict collapsing enrollment in the years ahead, colleges and universities have turned to marketing agencies to entice prospective students with alluring images of the collegiate experience as a time of radical self-realization and social mobility. Although such campaigns are often misleading and set unattainable expectations for students, many higher education institutions seem undeterred in their efforts to build their brands to ensure enrollment and expansion.

In Toronto, where I live, I routinely come across college and university marketing campaigns on billboards, bus shelters and subway cars. Most of them traffic in language suggesting unlimited possibilities, implying that such institutions offer students an unparalleled opportunity to make a superhuman impact on the world.

This marketing bait proclaims that anyone could be the next scientific genius, world-changing entrepreneur or literary star – a promise that you can fashion yourself into someone who is truly extraordi-



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nary. The University of Waterloo, for instance, touts its reputation as “Canada’s most innovative university.” Its “**Beyond**” marketing campaign declares, “We are at our best not when we live up to expectations, but when we leap beyond them. Waterloo is where individuals are challenged to be better, where ideas soar, and where the future takes shape.” Marketing materials feature the institution’s most accomplished professors and students, including a **Nobel Prize-winning scientist** and an undergraduate writer whose poetry collection sold 500,000 copies worldwide.

In a similar vein, the “**Boundless**” campaign of the University of Toronto became a prominent feature of campus life for years, including banners and **posters** with images of famous and fabulously successful graduates, including Margaret

The Damaging Impact of Unattainable Expectations (cont.)

Atwood, Roberta Bondar and Paul Schaffer. Those placards highlighted the “boundless impact” of *some* University of Toronto graduates to convey the “limitless potential” the university offers to *everyone*. The message to students as well as donors and others was clear: here is your chance to define yourself, to better humanity and to be truly great.

To cite a few other examples: Florida Atlantic University declares, “**there’s no limit to what you can achieve**,” and the University of Glasgow calls its students “**future world changers**.”

Beyond expectations. Boundless impact. Limitless potential. World-changing. What college or university could live up to such promises? For how many students will they be true?

A generous interpretation is that these campaigns aim to inspire students to work hard to better themselves and their communities. A more cynical framing is that they are merely advertisements, no different than an Apple or Budweiser ad, selling an aspirational vision of life while ignoring the very real possibility of a student incurring insurmountable debt without achieving social mobility and a meaningful career in competitive job markets

– not to mention the economic storms looming on the horizon as a result of COVID-19.

I can see the stress on the faces of my students, and I hear it in their voices as they explain that they *need* a higher grade. Many of them struggle and strive to secure high marks, useful volunteer opportunities and a dynamic social life. Many work part-time jobs to pay their way. Very few of them will feel “boundless” and delighted by “endless opportunities” for self-discovery and maximal social impact. **Thousands won’t even finish their undergraduate studies.**

The chasm between marketing-fueled expectation and the typical student experience is wide. Add to that the socioeconomic pressures of deepening inequality, stagnant wages in service economies, global competition and a global pandemic, and it becomes understandable why more and more students feel anxious and depressed, and why some are beginning to question the value of a university degree.

The global COVID-19 pandemic may bring these issues to a head and prove to be a transformative moment for postsecondary education. The everyday realities of the pandemic and the realities of online classes for the next few semesters

are sure to elevate student stress. They also have many prospective students re-evaluating the value of a college education.

Rather than doubling down on boasting about rankings and innovation while throwing more “services” at students, colleges and universities can take this opportunity to foster a healthier campus culture by offering a humbler and more holistic vision of what postsecondary education is and can be for students. Helping students develop employable skills is important. But, given the significant and growing mental health concerns among students, I’m not convinced by the claims that since young people desire career success, we should exploit that desire in the current way we often brand, market and frame the purpose of our universities to boost enrollments.

Rather than parroting the clichés of tech firms and entrepreneurs, we should try leading the conversation. We might talk more about learning and intellectual exploration; about pursuing justice, truth and beauty; or about building meaningful communities of intellectually curious and socially committed people. If we drop the breathless rhetoric of endless possibility, a healthier higher education institution becomes possible. ■

Bio

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