



— THE —

Unrelenting Campus Mental Health Crisis

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Demand for Student Mental Health Support is Surging

As a former hedge fund analyst turned doctoral student pursuing a Ph.D. in Epidemiology of Infectious Diseases, Claire Smith knows a thing or two about pressure.

At one point during her first semester at The Johns Hopkins Bloomberg School of Public Health, the converging pressures of a rigorous graduate program, world-class COVID-19 modeling research and the stresses of everyday life during an ongoing global pandemic just felt like too much.

Her professor sent her an email that said, “I know this is a stressful time, so make sure you are getting help or taking care of yourself.” The faculty member also included a link to TimelyMD, which serves as a 24/7 virtual extension of campus well-being resources to students at Johns Hopkins University and more than 150 other campuses across the country.

She turned to our on-demand TalkNow service, which immediately connects students with providers for the emotional care they need anytime, anywhere. She said, “When you’re having a problem, you want to talk to someone now versus having to wait and losing the ability to have the space to process or letting things keep building up.”

Claire’s story is uplifting because – like many of you – Johns Hopkins University leaders have invested in myriad programs to support students’ health and well-being, with on-demand mental health support through TimelyMD being just one.

Studies have shown that one of the best ways to keep students engaged, enrolled and on track to graduation is to keep them physically and mentally healthy. And yet, few could have predicted the pandemic would last as long as it has, or that the mental health issues already troubling many college students would explode in volume and intensity. Our data from the first half of the fall 2021 semester show demand for mental health care among students is surging:

- Mental health visits through our TimelyCare app nearly quadrupled.
- The top 3 reasons students seek care are 1) anxiety 2) depression and 3) general stress. Acuity for suicidal ideation and intent, as well as eating disorders, are also increasing.
- 4 out of 10 visits occurred after regular counseling center hours.
- Students without appointments waited just 4 minutes to speak with a provider, while demand for help is so high that on-campus wait times can stretch into days or weeks.

We hope this collection of articles provides motivation and inspiration as you seek to help students thrive, and we would be honored to partner with your institution to fill remaining gaps in care for your students.



Be well,
Alan Dennington, M.D.
Co-founder and Chief Medical Officer

Introduction

The COVID-19 pandemic transformed mental health from an important but second-tier issue for many colleges and universities into a dominant, ever-present concern. And that's unlikely to change even as the pandemic itself ever-so-slowly recedes.

Pre-pandemic, many institutions were already struggling to meet the counseling and treatment needs of students reporting increasing levels of depression, anxiety and other conditions. The worry and uncertainty wrought by the global health crisis and the resulting recession exacerbated that pressure, and even colleges' increased investments and use of new approaches sometimes failed to keep up with the demand.

COVID-19's long tail is likely to keep these issues front and center for campuses and their leaders. This compilation includes news articles by *Inside Higher Ed* reporters and essays by practitioners in the field that explore a wide range of topics:

- How different groups (gay and lesbian students, graduate students) are being affected by mental health troubles.
- How colleges are reassessing their strategies for and investments in addressing student mental health needs.
- Classroom approaches to minimizing the academic toll of psychological strain.
- The ways campus counseling centers can allocate their resources to best serve students.

We hope this collection of articles provides useful information to help your institutions respond to this continuing crisis. We welcome your suggestions for additional coverage at the email address below.

–The Editors

editor@insidehighered.com

Stress. Anxiety. Loneliness.

Who says COVID is just a respiratory disease?



Nearly 90%—that's how many college counseling center directors reported an increase in students seeking services in 2019. And that was before a pandemic caused even more students to reach out for support, which stretched campus counselors' time even more thin.

TimelyMD's team-based approach to student care is designed to complement your on-campus resources, through record sharing and 24/7 support for your students. That means you can deliver the care students need, when they need it most.

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Elevating the Mental Health Conversation

Advocates say a comprehensive approach is required to address mental health challenges on college campuses, but more information is needed about what does and doesn't work. Bipartisan legislation in Congress aims to elicit that information.

By [Alexis Gravely](#) // November 8, 2021

College students and campuses across the country are facing growing mental health challenges that have only been exacerbated by the COVID-19 pandemic. The Department of Education recently offered a federal response to the crisis, and now, members of Congress are adding to the conversation, as institutional leaders and advocates consider what more should be done [to help struggling students](#).

Last month, Representative David Trone, a Democrat from Maryland, and Senator Bob Casey, a Democrat from Pennsylvania, [introduced a bipartisan bill](#) that would establish a national commission to study mental health concerns at institutions of higher education. The commission would provide an “environmental scan” of the institutional policies and services available to students, said Laurel Stine, senior vice president of public policy at the American Foundation for Suicide Prevention. That overview would lead to a road map of what specifically can be done to improve mental health services on campuses.

The bill is cosponsored by several Democratic senators, including Tim Kaine from Virginia and Amy Klobuchar from Minnesota, and Republican representatives John



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Joyce and Brian Fitzpatrick from Pennsylvania.

“The pandemic was a disaster for the mental health of all Americans, but especially our college students,” Trone said in a release. “Untreated mental health issues at a young age can affect folks throughout their entire lifetimes. We must ensure that our colleges and universities are providing top-notch mental health care for students. This bipartisan bill will make that happen and set our students up for success.”

[Research has shown](#) how mental health challenges have risen for young adults throughout the pandemic. A [March report](#) from the Centers for Disease Control and

Prevention found that 57 percent of adults ages 18 to 29 had recently experienced symptoms of anxiety and depression. The [most recent data](#) from the National Survey on Drug Use and Health found that millions of college-aged adults have had serious thoughts of suicide. It also showed that millions of adolescents aged 12 to 17 have experienced suicidal ideation or attempts within the last year -- showing that mental health concerns for those enrolling in colleges won't be going away.

“That age group is leading up to their college years,” Stine said. “These statistics show that this is an age group that needs greater attention. Congress should be doing

Elevating the Mental Health Conversation (cont.)

all they can to address the alarming statistics that we're seeing from this age population."

Colleges and universities vary widely in how they address mental health on their campuses and the backgrounds of the students they serve, and different student populations -- such as graduate and international students -- have different needs, said Katherine McGuire, chief advocacy officer at the American Psychological Association. Understanding all these factors is critical to addressing the issue, McGuire said, which the commission would work to do by bringing together policy makers, college and university representatives, advocates, family members, and, most importantly, students.

"I think it's exciting that the bill is striving to bring everyone to the table, including students," said Laura Horne, chief program officer at Active Minds. "That's part of why Active Minds is a part of this initiative -- we want to make sure that we're hearing directly from students [to] really elevate their voices among college leaders."

The legislation is supported by over two dozen organizations and individual institutions. Mental health ad-

vocates say the bill helps to elevate the conversation around mental health and highlight it as a national priority -- which is what's needed to make measurable change.

"It's not enough that we have a handful of colleges and universities that have bought in to this," Horne said. "We really need nationally for this to be a coordinated effort."

The legislation joins a series of other federal actions taken in October to address the mental health of students. The Departments of Education and Justice [released a fact sheet](#) on how postsecondary institutions should respond to the mental health needs of their students and reminded them that students with mental health disabilities are protected by federal civil rights laws -- which both departments can enforce.

The Department of Education also [released a separate resource](#) of recommendations for supporting students' mental health during the pandemic, though it acknowledged there's limited evidence on the recommendations' impacts in higher education settings -- further highlighting the need for a commission to study the issue.

"We need to hear more about what's working so we can replicate what's working and develop more of an evidence base for how to tackle college mental health," Horne said.

There are plenty of other actions that Congress can take to address mental health on college campuses, according to McGuire. Lawmakers can provide funding for institutions to hire and train additional campus counseling center staff, invest in telehealth services, conduct periodic campus climate surveys to assess the needs of students and train administrators, faculty and students to recognize signs of mental health issues. Congress can also increase support for the [Garrett Lee Smith Campus Suicide Prevention grant program](#) and pass [legislation](#) that would encourage more comprehensive planning on college campuses to prevent deaths by suicide and other mental health crises.

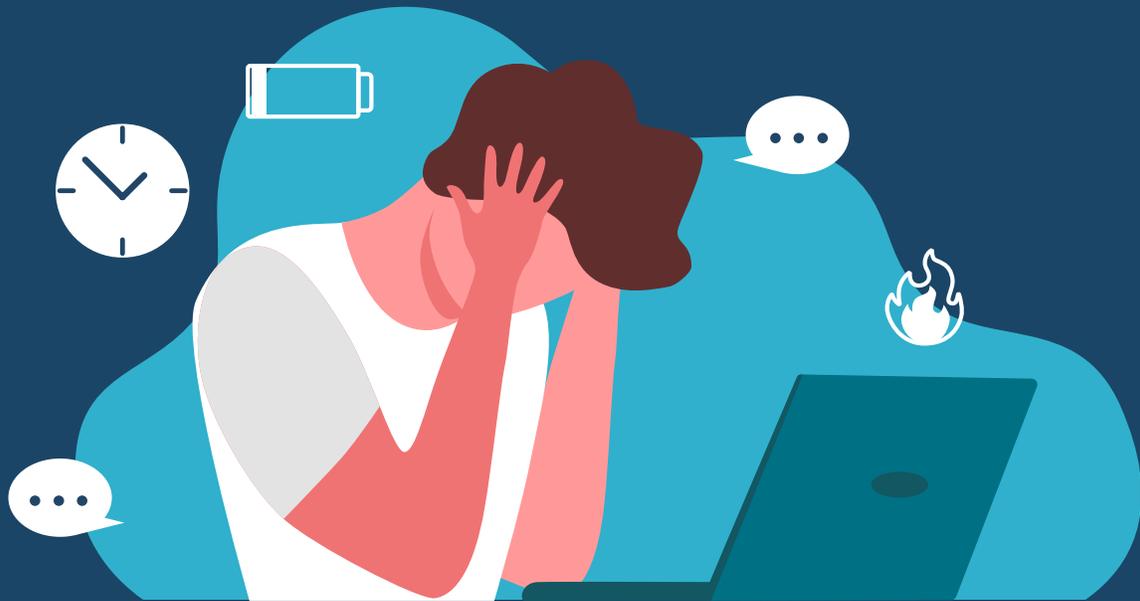
Those actions are important, but establishing the national commission is "an extremely needed piece of the pie," said Stine.

"The need for it is great," Stine said. "The statistics speak for themselves." ■

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<https://www.insidehighered.com/news/2021/11/08/legislation-aims-tackle-mental-health-concerns-higher-ed>

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40%—that's how many students reported having a mental health disorder. As demand for mental health resources continues to grow at colleges and universities, it's time for a more thoughtful and comprehensive approach to student well-being.

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Addressing the Mental Health of LGBTQ+ Students

A new study finds that LGBTQ+ students suffer more substance misuse, depression, suicidal ideation and disengagement than their non-LGBTQ+ peers. The pandemic has only made it worse.

By **Maria Carrasco** // October 26, 2021

LGBTQ+ college students face “sizable” mental health challenges compared to their heterosexual and cisgender peers, according to a new report by [the Proud & Thriving Project](#).

The study found that LGBTQ+ students experience a higher incidence of substance misuse, depression, suicidal ideation and academic and extracurricular disengagement than their non-LGBTQ+ peers.

The Proud & Thriving Project, a collaboration between the Jed Foundation, the Consortium of Higher Education LGBT Resource Professionals and other groups, surveyed 907 high school and college students -- 602 LGBTQ+ and 305 non-LGBTQ+ -- with college students making up two-thirds of the participants. The group separately surveyed 194 college, high school and middle school counselors and administrators.

Among the students surveyed, 83 percent of LGBTQ+ students said they had experienced stress over the past six months, compared to 71 percent of non-LGBTQ+ students. Sixty-seven percent of LGBTQ+ students said they felt lonely or isolated, and 55 percent expressed feelings of hopelessness, compared to 49 percent and 35 percent of non-LGBTQ+ students, respectively.



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Eighty-three percent of LGBTQ+ students said they had experienced stress over the past six months, compared to 71 percent of non-LGBTQ+ students.

The pandemic only exacerbated these discrepancies, the report found. Nearly all the counselors and administrators surveyed said that COVID-19 worsened symptoms of depression, anxiety, loneliness and difficulty coping with stress among LGBTQ+ students. Eighty-six percent named anxiety as the top-presenting issue among the LGBTQ+ students they served over the past six months, 84 percent cited depression and 75 percent listed “family concerns” -- including fear of coming out and acceptance of their identity -- as the biggest concern among their LGBTQ+ students.

Sofia Pertuz, senior adviser at the Jed Foundation, noted that some LGBTQ+ students who returned home during the pandemic struggled with finding a private space to talk about their mental health issues -- especially if they weren't out to their family. Additionally, some LGBTQ+ students who didn't have health insurance couldn't access outside mental health practitioners for services that they received in person from their institutions, which especially impacted BIPOC LGBTQ+ students.

“Colleges, specifically, were safe havens for many LGBTQ+ students

Addressing the Mental Health of LGBTQ+ Students (cont.)

because they found LGBTQ+ centers for schools that had them, or they had designated roles, or they had an office of diversity and inclusion where they felt like someone was trying to help,” said Pertuz.

To be sure, where LGBTQ+ students attend college greatly impacts their experience. Half of the students surveyed reported that their high school, college or university is a top LGBTQ+-affirming space. But the report found that students in states that lack protections for LGBTQ+ individuals experienced additional stress and felt less supported by their institutions.

The report comes as Campus Pride, a nonprofit organization that aims to create a safer college environment for the LGBTQ+ community, released its [annual list](#) of the worst campuses for LGBTQ+ students. The list of nearly 200 institutions, most of them religiously affiliated, includes Brigham Young University, Malone University, College of the Ozarks and Lee University.

In September, [a group of alumni from Lee](#), a Christian institution in Tennessee, spoke out against a change to the university’s student handbook that excludes the words “gender” and “gender identity” from its anti-discrimination policy. “Cross-dressing” on campus and “same-sex sexual behavior” are banned as well, according to the handbook.

The report found that risk factors for transgender and nonbinary stu-

dents include gender-segregated facilities, including restrooms, locker rooms and housing, and the inability to put chosen names and pronouns into student information systems. At St. Mary’s College, [students staged a sit-in](#) last week due partially to the institution’s cumbersome name-change policy.

Pertuz said one of the worst things institutions can do to LGBTQ+ students is ignore their preferred pronouns and gender identity.

“When students have to continuously remind people what their pronouns are and how important that is, and people are dismissive about it ... I think that’s really harmful,” Pertuz said. “Because I think they’re not only dismissing someone for who they are, they’re not even showing that they’re trying to help.”

Pertuz said one of the biggest findings in the report is that while institutions want every student to succeed, some are misinformed or harbor misguided beliefs on how to help LGBTQ+ students.

“If you truly believe that you want to support LGBTQ+ young people, then you might have to consider for a moment putting your personal belief aside to really see who is in front of you,” Pertuz said. “Get the training, the knowledge and the information that would truly serve the LGBTQ+ student population without worrying about morals and what’s wrong and what’s right.”

According to the report, LGBTQ+

students want their institutions to have a clear process for reporting, responding to and remediating victimization, and to establish nondiscrimination policies that include sexual orientation, gender identity and gender expression. Institutions should also provide LGBTQ+-focused training and education to students, faculty, staff, coaches, administrators and board members and offer focused services, academic curricula and residential communities for LGBTQ+ students.

Specifically for higher education, the report recommends encouraging all students to acquaint themselves with LGBTQ+ resources on campus. It suggests using an incentive like a gift card or credit to the campus bookstore to get students to visit their institution’s LGBTQ+ office. “Familiarizing students with the resources available to them may very well increase the likelihood that they will refer back to them in a time of need,” the report states.

Pertuz said there’s a misconception that because LGBTQ+ people have more visibility in society, they are generally safer. She pointed to a rise in anti-transgender legislation.

“When you’re looking at actual legislation, school policies and attention paid to how to change structures -- gender-inclusive facilities, gender-inclusive language on websites, gender-inclusive housing -- all of that is happening very slowly,” she said. ■

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<https://www.insidehighered.com/news/2021/10/26/lgbtq-students-face-sizable-mental-health-disparities>

New Mental Health Investments, Ongoing Uncertainties

Colleges and universities are beefing up their mental health services ahead of the fall semester as the uncertain trajectory of the pandemic continues to affect students.

By [Sara Weissman](#) // August 5, 2021

Many college and university leaders are preparing for the return of students to campuses this fall by making a renewed push to provide increased mental health services to help those still processing the events of the past year navigate the transition back to in-person learning. The administrators also want to help students manage stressors related to remaining uncertainties about COVID-19 and the path of the pandemic.

A number of studies [have shown](#) young adults struggling with stress, anxiety, depression, suicidal ideation and substance abuse during the pandemic. A report from the Centers for Disease Control and Prevention [released](#) in March found that mental health problems rose for Americans from August 2020 to February 2021, with some of the largest increases among those ages 18 to 29. About 57 percent of that age group reported experiencing symptoms of anxiety and depression within the last seven days, up from 49 percent at the beginning of the survey period.

Kevin Banks, vice president of student affairs at Morgan State University, said he expects a fresh wave of mental health challenges among students this fall, including anxieties about disparate mask use and vaccinations and the process of reintegrating into a campus social life. Morgan State will be fully reopening



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this fall for the first time since the start of the pandemic.

“Coming back after being behind the boxes, as I call them, those little squares -- Zoom calls ... Google Meets, it’s really going to be a different space for students,” he said.

The historically Black university in Baltimore intends to hire two new counselors as soon as possible, one to work in the evenings and another with expertise working with student athletes, he said.

“The competition for hiring counselors is unbelievable,” he said. “We’re competing with 14 or 15 other colleges and universities in the area. Everyone’s trying to upstaff their counseling center.”

University administrators also put together a 43-person “resocialization and re-acculturation” committee to help the university prepare for the fall semester. One of the goals of the committee is to figure out how to go about collectively “taking some time to acknowledge what we’ve gone through over this past year” while also celebrating the return to campus for students and employees, Banks said.

John Dunkle, senior clinical director for higher education at the JED Foundation, which focuses on young adult mental health, has seen “numerous examples” of colleges investing in mental health resources ahead of the fall. He noted that the combination of pan-

New Mental Health Investments, Ongoing Uncertainties (cont.)

demographic-related financial strains on students and concerns about their physical and mental health, and the [continuing tensions](#) on and off campuses nationally [over racial injustices](#) highlighted by the killing of George Floyd last summer have created a “Gordian knot” of mental health challenges for students. Paired with the unpredictability of the pandemic and widespread grief over the hundreds of thousands of lives lost, Dunkle said, college leaders have their work cut out for them.

“They need to be prepared to help provide space for their communities to heal from trauma, from death, grief and loss, and vicarious traumatization,” Dunkle said. Students of color and other student groups disproportionately affected by COVID-related sickness and death and job loss will need targeted supports.

State University of New York chancellor Jim Malatras [announced](#) July 23 that the system would direct its 64 campuses to invest 5 percent of their respective COVID-19 relief funds in mental health supports for students, a total of \$24 million across the system. The funding would supplement the \$35 million campuses already invested in mental health programs for the 2021-22 academic year. The new funding will go toward training residential staff to identify students struggling with mental health problems and refer them to appropriate supports and to expanding SUNY’s counseling services, peer-to-peer hotlines and crisis text line.

“Our students are dealing with a



The competition for hiring counselors is unbelievable. We’re competing with 14 or 15 other colleges and universities in the area. Everyone’s trying to upstaff their counseling center.



once in a lifetime health crisis -- first from the fear of the unknown and being away from family and friends, and now as we readjust to being in-person again -- and coupled with the normal pressures of college, it is affecting their wellbeing at a higher rate,” Malatras said in a press release. “We can’t expect students to thrive if we can’t be there for them in their time of need. Our students are demanding additional services and we hear them.”

Eddie Howard, vice president of student affairs at Northern Kentucky University, said he believes investments in student mental health may also help campuses recover from enrollment losses. Higher education institutions across the country [continued to experience](#) enrollment declines this past spring, dropping by 3.5 percent during the spring 2021 semester compared to the spring 2020 semester, according to National Student Clearinghouse Research Center [data](#).

Northern Kentucky is using

COVID-19 federal relief funds and state appropriations to start a few mental health initiatives, including a peer training program to teach about 40 students per semester to identify warning signs of mental health challenges among classmates and refer them to resources on campus. The goal is to create an “army” of students equipped to help each other, Howard said. The university will also continue to waive the \$15 counseling session fees for uninsured students on campus this fall, as it did during the past academic year, and plans to increase the number of counselors available to students.

“I think if we as institutions of higher education can show that we understand that some students might come to us with some mental health concerns, which in some cases haven’t even been diagnosed, if we can tell them that we have support services in place ... I think that would encourage more students to want to come to campus, especially if they’re in a situ-

New Mental Health Investments, Ongoing Uncertainties (cont.)

ation during the pandemic where they've been isolated or there's not a lot of interaction" with peers, Howard said.

Students with mental health diagnoses were already at risk of dropping out before the pandemic and are going to need help readjusting to campus life, said Anna Guimaraes, program manager for College Re-Entry, a program designed to help students re-enroll after leaving college because of mental illness. The program, which is a branch of a New York-based mental health organization called Fountain House, usually offers three, in-person, 14-week sessions per year for cohorts of 10 students, with classes on academic skills building and mental wellness and one-on-one coaching to devise a re-enrollment action plan.

Only 18 students participated last year, in part because students usually join the program when they feel "optimistic and ready to get back on the horse and return to college -- and that wasn't the experience for a lot of people through the pandemic," Guimaraes said.

The program will offer six sessions, three in person and three online, during the 2021-22 academic year, because Guimaraes is expecting an "influx of re-entry" among students who dropped out because of mental illness.

"We anticipate there will be a new optimism, and with that optimism, there's probably going to be a lot of anxiety," she said.

Hannah, a student at the Univer-

sity of Maryland Global Campus, who goes by the pronoun "they" and requested to be identified by first name only, participated in the program during the pandemic last fall, two years after dropping out of college. Hannah had been wrestling with a thought and processing disorder, which made it difficult to focus on class material and made their speech sound confused and jumbled, which contributed to them feeling depressed.

Hannah said they were struggling to pay for college out of pocket at the time, and trying to communicate thoughts and ideas that sound like "word soup" felt like yet another barrier.

"My stress level was already very high," they said. "Just to not be able to communicate what was going on was extremely difficult."

Before receiving a diagnosis, "I ended up just having to go to a nurse and saying, 'I don't feel well, and I don't know how to fix it,'" they added.

Hannah returned to college this spring and plans to continue this fall. They recommended universities hire more mental health professionals ahead of the upcoming semester as a first step to help other students returning after struggling with mental health challenges.

O'Neil Mahoney, who participated in the College Re-Entry program in 2018, plans to transfer from Borough of Manhattan Community College to Columbia University this coming fall. He believes universities should offer students with mental health challenges "dual

support" -- help with tasks such as writing assignments and self-care techniques.

When Mahoney first started college, he felt overwhelmed as a Black student from a low-income background at a predominantly white institution, he said, and those stresses were exacerbated by his generalized anxiety and depression, which ultimately caused him to drop out.

He said the re-entry program gave him "this community of people who were supportive, who wanted you to achieve and helped you with problem solving," and he believes students who have struggled with mental health and are re-entering college would benefit from a similar approach.

Dunkle, the clinical director at the JED Foundation, noted that the uncertainty of the pandemic, and its accompanying stresses for students, are hardly over. The uptick in coronavirus cases caused by the Delta variant has already [prompted](#) colleges to shift some of their COVID-19 policies.

"We're still not out of the woods," he said. "There's a lot of ambiguity about what's going to happen in the fall still. Campuses need to be planning now, if they haven't already, about the impact of everything that's happened over the last year and a half. And if we have to slide back to masks and isolation and returning home, that's going to have a huge impact on our communities, whether it's students, faculty or staff." ■

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<https://www.insidehighered.com/news/2021/08/05/colleges-expand-mental-health-offerings-ahead-fall-semester>

Waiting days or weeks for emotional help doesn't help.



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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, both now and post-pandemic.

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.

However, the latest Student Voice



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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 col-

lege-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](#).

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

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

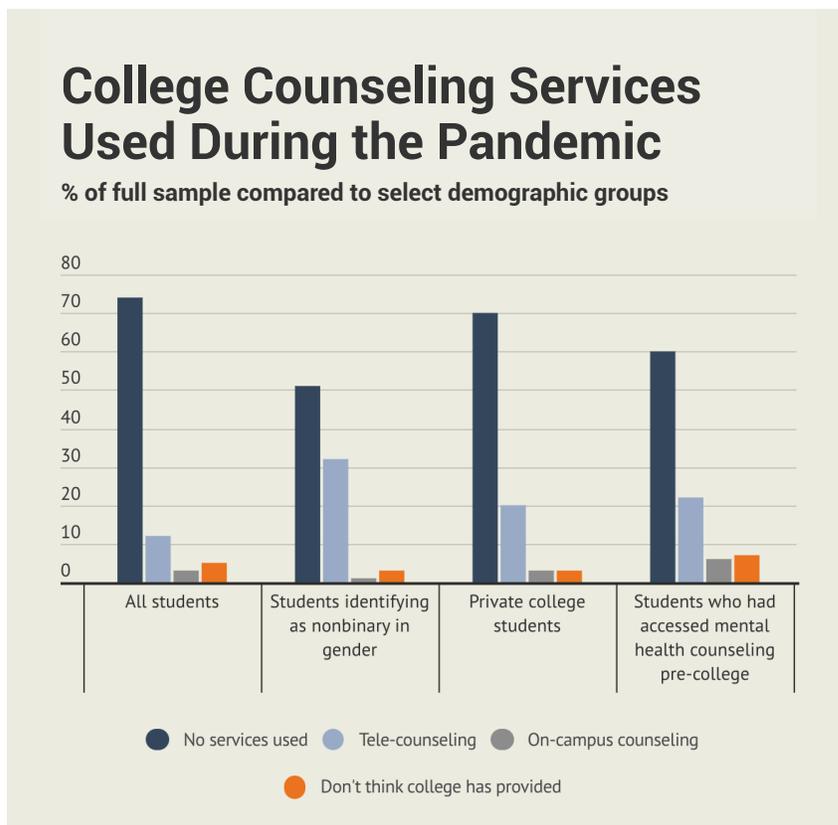
feeling anxious, worried or scared about life in the past six months. More than half of respondents reported worrying “constantly” (18 percent) or “often” (35 percent), with nonbinary and female-identifying students most likely to feel constant worries (35 percent and 23 percent, respectively).

Other research has explored sources of stress. For example, in interviews 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 nonbinary 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.



Source: *Inside Higher Ed* / College Pulse survey of 2,002 college students; Presented by: Kaplan

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

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

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.

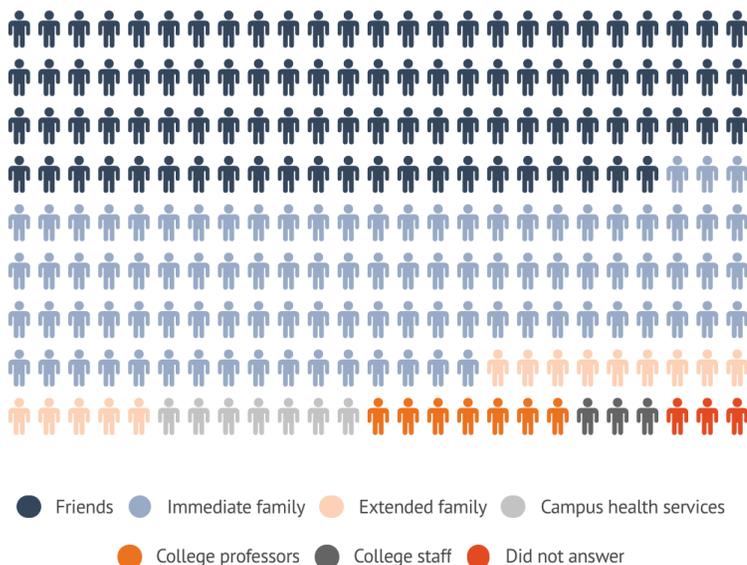
Locke, also senior director of counseling and psychological services at Pennsylvania State University, says colleges have "extended themselves to pretty incredible lengths to provide support," but that services must continue to be refined and improved.

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

Emotional Support During College Through COVID-19

Who students say they have relied on the most



Source: *Inside Higher Ed* / College Pulse survey of 2,002 college students; Presented by: Kaplan

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 program-

ming. 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.

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."

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

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 stu-

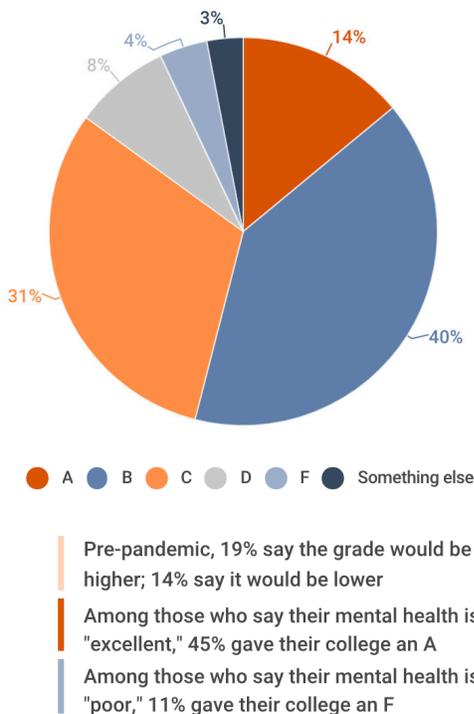
dent affairs and dean of students at Rose-Hulman, says limited resources prevent more proactive outreach. “We provide top-notch education, but here we are with mental health, not meeting those needs,” he says, noting that a three-week wait for care with a broken finger would never be acceptable. Smith 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

Mental Health Report Card

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



Source: *Inside Higher Ed* / College Pulse survey of 2,002 college students; Presented by Kaplan

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

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 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 question-

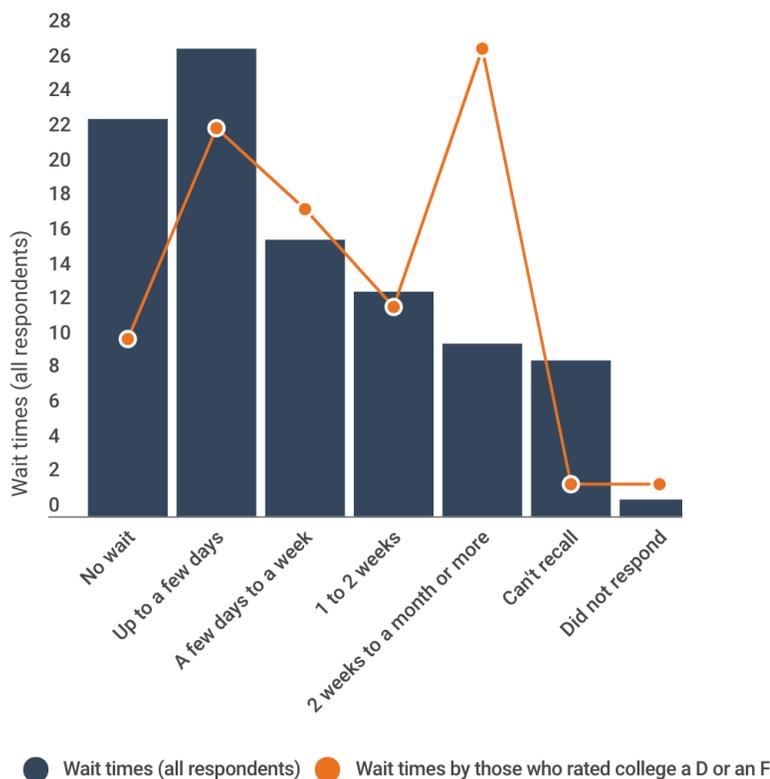
naire. Even when a campus counselor responds with suggestions and encouragement, students can remain anonymous.

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 develop-

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
Presented by: Kaplan

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

ing 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 support 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.

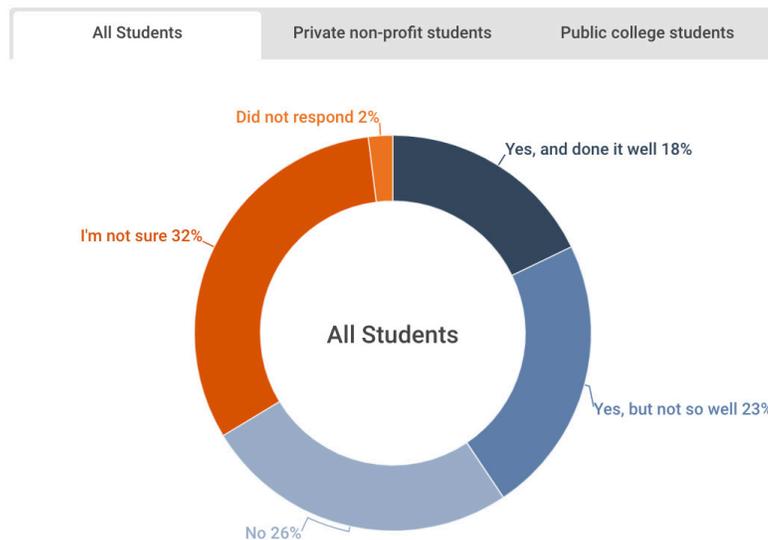
Counseling centers can also train groups in grit. Altman created a "Road to Resilience" workshop that has been offered via classes and to athletic teams. "Challenge is inevitable, curveballs are going to happen in life and there are evidence-based skills that can be developed to help in difficult situations,"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

8. Incorporate peer training and support groups.

Peer-to-peer programming, such as through Active Minds chapters, is

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
Presented by: Kaplan

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 children. 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.

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

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

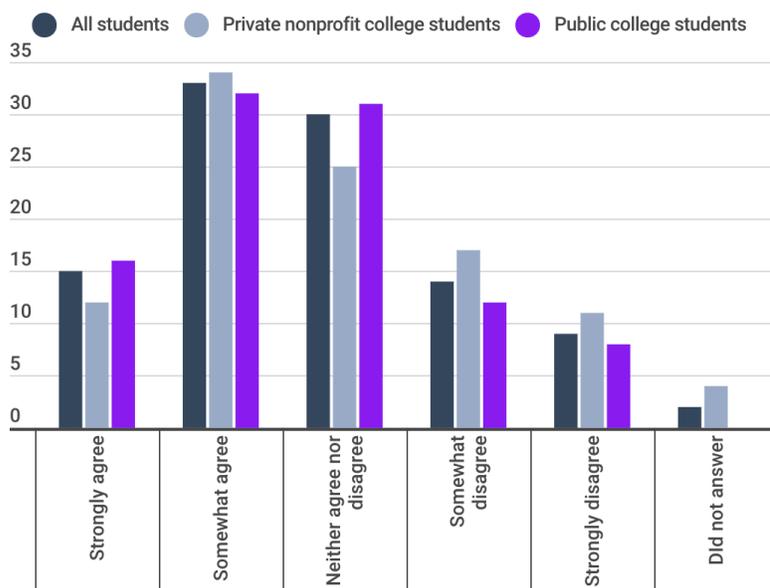
Horne advocates for presidents reporting back to students on strategy and actions.

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

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
Presented by: Kaplan

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

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

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.

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 col-

leges paying to join the consortium, says Hayes.

12. Don't ease up post-pandemic.

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

UNC Takes Day Off to Mourn Student Suicides

The Chapel Hill chancellor declared Tuesday a “wellness day” following the deaths of two students. But some say the administration must do more to improve mental health on campus.

By [Maria Carrasco](#) // October 13, 2021

The University of North Carolina at Chapel Hill [canceled classes](#) yesterday so students could observe a “wellness day” following a death by suicide and an attempted suicide last weekend, as reported by the [UNC police log](#). The log [recorded another suicide](#) Sept. 4 and an [attempted suicide](#) Sept. 22.

“We are in the middle of a mental health crisis, both on our campus and across our nation, and we are aware that college-aged students carry an increased risk of suicide,” Chancellor Kevin Guskiewicz [wrote in a message](#) to students. “This crisis has directly impacted members of our community – especially with the passing of two students on campus in the past month. As chancellor, a professor and a parent, my heart breaks for all those whose suffering goes unnoticed.”

The announcement from Guskiewicz came after leaders of UNC undergraduate, graduate and professional student governments called for a pause in instruction Monday and Tuesday.

“Students require this immediate action from the university to ensure that their mental health needs are being considered and met,” they [wrote in a statement](#).

In his announcement, Guskiewicz encouraged students to use the day off Tuesday -- World Mental



MELISSA SUE GERRITS/GETTY IMAGES

“To tell students to go to class on Monday, and then the next day they can mourn is just absolutely disgusting to me,” one student said.

Health Day -- “to rest and to check in with each other.”

But for some students, that wasn't nearly enough. Kendra Randle, a junior at Chapel Hill, said canceling classes just on Tuesday instead of on both days was misguided. (*This paragraph has been updated to correct Kendra Randle's year.*)

“To tell students to go to class on Monday, and then the next day they can mourn is just absolutely disgusting to me,” Randle said.

Lamar Richards, president of the UNC Chapel Hill Undergraduate Student Government, tweeted Sunday night that professors who were

still holding classes Monday were part of the problem.

“We are not machines with on and off switches,” [Richards wrote](#). “I don't care what ‘you're not allowed to do.’ We are students and we need a break. On behalf of my 30,000 peers, consider us all excused.”

Plenty of students took Monday off anyway, Randle said.

“A lot of students are just taking a break to mourn and get their emotions out and recover from this weekend,” Randle said. “But also some professors have been very accommodating and sending out messages to make sure that we're

UNC Takes Day Off to Mourn Student Suicides (cont.)

taking care of ourselves and that school is not the priority right now.”

Even the university's independent student-run newspaper, The Daily Tar Heel, announced it would [operate on a reduced schedule](#) this week to allow its staff “time to rest and to prioritize their mental health.”

Other students have been circulating a petition calling on the university to take action to help students recover from the loss of their peers. As of Tuesday evening, the petition started by Savannah Worrell on Saturday [had over 2,000 signatures](#).

In his statement, Guskiewicz announced the university would take additional measures to address mental health on campus, including hosting a mental health summit with faculty, staff and student leaders to “work together to address this national crisis.” He also said the university would launch Heels Care Network, a campuswide campaign to promote and support mental health awareness.

This week the university has created both virtual and in-person spaces on campus staffed by experts from Counseling and Psychological Services (CAPS), the Department of Psychiatry, the School of Medicine and the School of Social Work, where students, faculty and staff can come together to speak about their experiences.

Randle said that in the past, some of her peers have been disappointed by CAPS, which sometimes refers students to outside clinics with limited appointment availability. She added that she hopes the university will provide CAPS with more



The issues that we're seeing on campuses, it's going to take deliberate, sustained attention to really move the needle on promoting mental health and reducing suicides.



funding and resources so it can offer more students immediate help.

“Telling us that CAPS is available is great, but when CAPS cannot sustain the students that come in with their mental health problems, then what's the point of representing them?” Randle said.

Increase in Student Mental Health Needs

Students everywhere are struggling with myriad issues including anxiety, depression, nervousness about returning to in-person learning, financial hardships and mourning the loss of friends and family members to COVID-19, according to Nance Roy, the chief clinical officer of the Jed Foundation, a nonprofit that works to protect mental health and prevent suicide among teenagers and young adults.

“It's the uncertainty that we're facing right now that I think really generates the higher levels of anxiety that we're seeing,” Roy said. “There's quite a list of concerns that

folks have had to manage during this time, and students are included among them.”

In June 2020, one in four people aged 18 to 24 seriously contemplated suicide, according to research from [the Centers for Disease Control and Prevention](#). Since the beginning of the pandemic, [experts have been urging](#) colleges to invest in mental health services rather than slash their budgets.

And when a death by suicide does occur on campus, it's crucial that universities respond appropriately, Roy said. [Postvention: A Guide for Response to Suicide on College Campuses](#) is a comprehensive guide created by the Jed Foundation and other mental health organizations that offers institutions advice on what kind of support services they should offer, whether or not they should hold a memorial for the student, and how to communicate the news of a suicide to students and families.

[According to the Jed Foundation,](#)

UNC Takes Day Off to Mourn Student Suicides (cont.)

a good post-event plan can help maintain community stability and ensure effective outreach during a crisis. And while a mental health day is good for students, Roy said, mental health isn't something that's going to get solved in one day.

"The issues that we're seeing on campuses, it's going to take deliberate, sustained attention to really move the needle on promoting mental health and reducing suicides," Roy said.

It's important that institutions adopt a "comprehensive approach," she said, which means also helping students develop life skills, such as self-care and good nutrition; promoting social connectedness; identifying students at risk; encouraging help-seeking behaviors; and providing mental health and substance abuse services.

"We really believe that if you want to move the needle on preventing suicides on campus and promot-

ing positive health, you need to look at all of those elements," Roy said. "Our program, when we work with a school, will sit with them and assess what things do they have in place in each of those domains, and where are the gaps."

The rise of telehealth options during the pandemic has made it easier and more convenient for students to get help for mental health issues. Teletherapy also allows institutions to manage volume by using third parties, which can prevent counseling centers from being swamped with students.

Moreover, Roy said, addressing and preventing suicide among college students requires a campuswide approach. Mental health issues can't be relegated to health and counseling centers, she said -- "everyone has a role to play."

"We really need to take a public health approach where everyone takes responsibility, not for provid-

ing therapy, but for supporting students and their emotional well-being and getting support from senior leadership," Roy said. "We find if we don't have those two underlying principles in place, it's very difficult to move the needle in any kind of long-term, systemic way."

At Chapel Hill, some faculty members have expressed support for students taking days off to take care of their mental health. Mimi Chapman, a professor and chair of faculty governance, wrote a message to the campus community telling them they are worth something, no matter what they do or don't achieve. Sara Smith, a political geography professor, called on faculty to take the time to check in with students.

"Fellow faculty, there's nothing preventing you from checking in with your students now to see what they need from you this week," Smith wrote. "Follow the leadership shown by our students." ■

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<https://www.insidehighered.com/news/2021/10/13/unc-chapel-hill-grieves-after-reports-suicides-campus>

Grad Students and Mental Health

The well-being of graduate students has been overlooked, a new report argues. How can administrations support this population?

By [Lilah Burke](#) // April 30, 2021

The past year has seen an increased focus on mental health and well-being, as students and faculty have undergone immense stress during the pandemic.

But although some graduate students have tried to bring attention to it, their mental health has escaped more dedicated focus from administrations. A [new report](#) from the Council of Graduate Schools and the Jed Foundation now finds that while graduate students face unique mental health and well-being challenges, they are underrepresented in research and in campus messaging. One recent study suggested that one-third of graduate students report symptoms consistent with post-traumatic stress disorder, anxiety or depression. But in a CGS and Jed survey of institutions, only 58 percent said they had a model, framework or plan to promote the mental health and well-being of graduate students.

Suzanne Ortega, CEO of CGS, said the fact that graduate students are fewer in number than undergraduates likely plays a role in that. The makeup of the population, which is generally older than undergraduates, may also play a part.

“A significant minority of graduate students are international students about whom there are both stereotypes and assumptions about their



FIZKES/ISTOCK

resiliency and their work role,” Ortega said.

Graduate students are diverse in many ways, so their challenges are likely to be different and unequally distributed. Students of color, students with disabilities and low-income students may face increased obstacles during their graduate careers, leading to potential stress and sadness.

The wellness issues graduate students face can be brought on or exacerbated by a hypercompetitive environment, especially in disciplines where students and faculty are judged by their publishing and grant funding. Graduate students may need support from faculty, but getting faculty to model work-life balance and healthy boundaries

may mean also changing conditions for professors.

“I think we need to look at the entire system,” said Nance Roy, chief clinical officer at the Jed Foundation. “If we want faculty to acknowledge that students have whole lives, then we need to acknowledge that so do faculty and staff.”

Ortega said presidents and funding agencies can help this effort by re-evaluating how they judge success.

“This is absolutely the time when funding agencies, when university presidents and governing boards at universities really need to ask the question, ‘Is the only way we can judge ourselves highly productive and high-quality by measures that count up the number of publica-

Grad Students and Mental Health (cont.)

tions and number of dollars we've secured without also exploring how much of that work has really had a significant impact on the discipline and at least as importantly on the broader community?" she said.

The CGS and Jed report also emphasized the importance of including graduate students in designing the programs and messaging that target them. Task forces that are ineffective can put a burden on graduate student time, but ones that are well structured and given real power can create real change, authors said.

Susanna Harris, CEO of PhD Balance, an online platform for students to talk about mental health struggles, said that administrators should be thoughtful about whom they place on committees and task forces. Often people who show up to meetings are the people with the most time and resources to expend, which can lead to a homogeneity of white, cisgender women.

"If you have four grad students at a table, that's better than zero, but they don't represent everybody," she said. "Leverage these other communities that exist. Go to your diversity and inclusion office and have them put out the post. Go to your LGBTQ office and have them put out the post."

Administrations should also be mindful of how they talk about and



As soon as we start saying, 'depression's up, anxiety's up,' we communicate in sort of a larger heuristic way that the problem is the student. It may be a reasonable response to what's in front of us rather than a pathological or disordered response to what's in front of us.



discuss mental health and well-being, said Barry Schier, director of the University Counseling Center at the University of Iowa. Students may be having problems more with their general well-being, which does not mean anything is wrong with them.

"As soon as we start saying, 'depression's up, anxiety's up,' we communicate in sort of a larger heuristic way that the problem is the student," he said. "It may be a reasonable response to what's in front of us rather than a pathological or disordered response to what's in front of us."

Schier said students who are feeling sad may not be experiencing a mental health disorder but could be reacting appropriately to a difficult situation. He gave the example of a faculty member who said they

were worried about a student who was in their office crying, explaining that they thought the student might need to speak with someone from the counseling center. The student's mother had just died.

"Do not send that student to the counseling center. Nothing's wrong with them, they're just sad. They may need to just talk to someone they know, which could be you," he said. "As soon as you send them here, you tell them something is wrong and they need help."

CGS's statement of values and principles includes commitments to actions such as creating a campuswide consultative body on the mental health and well-being of graduate students. So far, 157 universities have signed on. ■

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<https://www.insidehighered.com/news/2021/04/30/report-administrations-could-better-help-graduate-student-mental-health>

Colleges Seek Virtual Mental Health Services

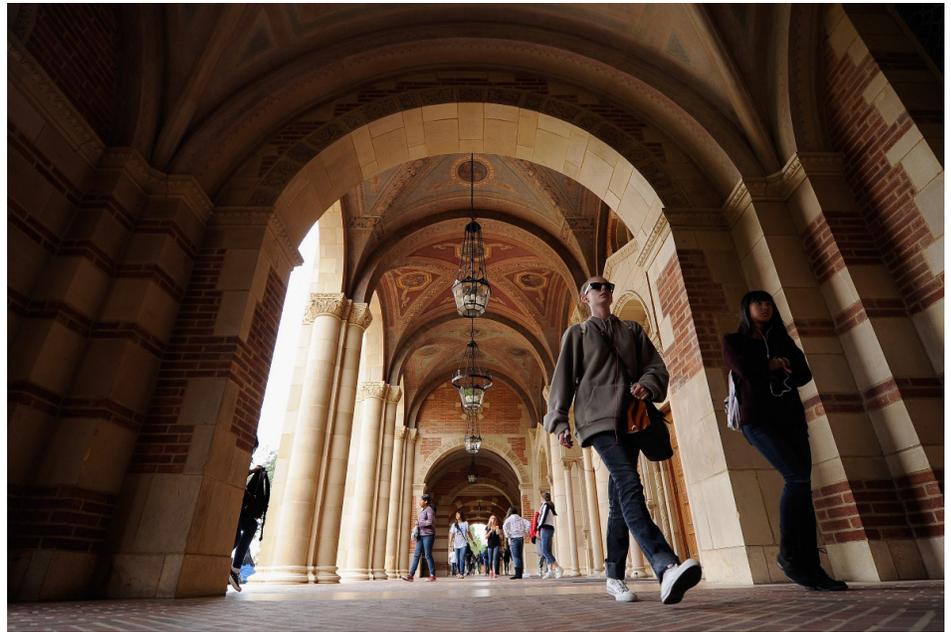
New digital and telehealth options make it easier for students living off campus -- even in a different state -- to access their institution's mental health resources.

By **Maria Carrasco** // September 20, 2021

The COVID-19 pandemic created a greater need for college mental health services as students struggled with the social and economic consequences of shuttered campuses, online learning and, in some cases, the illness or death of loved ones. Now, as most institutions resume more normal in-person operations, they are leaning on telehealth mental health services to deliver help to students, whether they are on campus or off.

"We've seen that a lot of schools are focusing more on their services and making sure that they have an offering for health and well-being such as telehealth and teletherapy," said Seli Fakorzi, director of mental health operations at TimelyMD, a telehealth provider. "Campuses are now thinking about whether they're offering enough services that provide virtual and in-person support."

In **June 2020**, TimelyMD found that 85 percent of college students said they were experiencing increased stress and anxiety due to the pandemic and uncertainty about continuing their education. Another poll from the Beginning College Survey of Student Engagement found that 53 percent of first-year students reported a **substantial increase in mental and emotional exhaustion**. Because of the increased need for services, institutions are **beefing**



KEVORK DJANSEZIAN/GETTY IMAGES

Colleges are moving toward 24-7 mental health services.

up their mental health resources for the fall semester. And given the wide range of student needs and living and learning situations -- on campus, off campus, in person, remote, hybrid -- many institutions are using technology in innovative ways to provide counseling and support services for all who seek them.

T. Anne Hawkins, director of West Virginia University's Carruth Center for Counseling and Psychological Services, said she and her team recognized that they needed to do something "outside the box" for the upcoming fall semester. So they established a yearlong partnership

with Talkspace, an online platform and app that connects students with licensed therapists. Students can send their therapist text, audio, photo and video messages at any time, as well as schedule live video sessions. Hawkins said the partnership is especially helpful for out-of-state students because of telehealth licensure laws. Since the semester started Aug. 18, 178 students have signed up for the app, Hawkins said.

"We know that some of our students have not returned and are out of state or somewhere else in the state navigating virtual learning,"

Colleges Seek Virtual Mental Health Services (cont.)

Hawkins said. “Our goal really is to increase mental health services to support students and to help them process the events of the pandemic and transition back into in-person learning.”

She added that the university has a “wide menu” of mental health resources, both in person and virtual. In addition to seeing counselors on campus during business hours, WVU students have 24-7 access to the Crisis Text Line, a mental health service where they can text a live, trained counselor who responds to messages privately. Students can text back and forth with the counselor, who asks questions, empathizes and actively listens. ProtoCall is another mental health service students can call for crisis intervention and stabilization, as well as to get referrals for network providers and other resources.

Such programs show great promise in helping students. Studies have found that teletherapy can be just as effective as in-person therapy for treating post-traumatic stress disorder, depression and anxiety, as one researcher [told The New York Times](#). Even before the pandemic, researchers from the [Milbank Memorial Fund](#), a nonprofit health foundation, drew similar conclusions, also pointing out that telebehavioral health can cost less than in-person visits and reach more people as well.

“What we’ve seen is that telehealth is essentially just as effective as face-to-face psychotherapy – and retention rates are higher,” David Mohr, director of the Center for Behavioral Intervention Technologies at



If issues overflow at 4 in the morning, I think it’s definitely a benefit for campuses to have a backup program to say, ‘Hey, this is also a place where you can get some help.’ But it also gives the campus the security of knowing help is there.



Northwestern University’s Feinberg School of Medicine, [told the American Psychological Association](#).

At Belmont University in Tennessee, Katherine Cornelius, director of counseling services, said students are split between wanting in-person or virtual mental health services. During the first two weeks of classes, the institution saw a 60 percent increase in the number of counseling appointments compared to 2019, Cornelius said. Her office has been working to increase mental health access to nontraditional students – including graduate students or those with full-time jobs.

“We’ve really been focusing in the last several years on increasing access to care and decreasing barriers,” Cornelius said. “Telehealth has been a huge benefit for that. Students don’t have to travel to campus, and we saw a lot of students were really concerned about their health, so they really feel more comfortable doing virtual visits.”

Before the pandemic started, Bel-

mont purchased Therapy Assistance Online, a virtual self-help platform that offers self-guided tools, educational and interactive modules, journals, and progress trackers, to which all Belmont students, faculty and staff have free access. This fall, the school also purchased Timely MD’s TimelyCare, which provides free virtual physical and mental health support and is accessible 24-7 to all Belmont students, Cornelius said.

“Students’ lives don’t end at 4:30 p.m. when our office is closed. A lot of them just start,” Cornelius said. “So TimelyCare is kind of filling in the gap for after hours.”

At the University of Virginia, Nicole Ruzek, director of counseling and psychological services, said students were struggling with issues beyond the pandemic. Many felt the impact of racial injustice following the deaths of George Floyd and Breonna Taylor, among others, at the hands of police, as well as anxiety over the climate crisis and the

Colleges Seek Virtual Mental Health Services (cont.)

divisive 2020 presidential election. She said students seemed to like both in-person and virtual counseling, so her department is providing hybrid options. In 2018, the university contracted with SilverCloud, a virtual mental health platform that focuses on digital therapy, to give students access to informational videos, mental health questionnaires and interactive tools.

In addition, the university signed a contract with TimelyMD “to continue to meet that demand for service,” Ruzek said. The contract allows students to have 24-7 virtual access to one-on-one counseling, psychiatric services and on-demand support with a health professional.

“Some students really appreciate having telehealth as an option. It can be much more convenient if they don’t want to travel,” Ruzek said. “To have that option to be able to engage with a mental health provider, through remote service, I think is really helpful. Then there are other students who really want to be seen in person.”

Cooper Union, a private college in New York City where the majority of students commute, has had to develop mental health resources that meet students while they’re on campus and when they are at home, said Chris Chamberlin, dean of students.

“We’re small and we try to capitalize on our geography and all the resources that are available to us here

in New York City and in our neighborhood to provide students with a significant amount of access to care,” Chamberlin said.

In partnership with TimelyMD, Cooper Union created Cooper Care, an app and online platform that give students 24-7 access to virtual health-care providers. Chamberlin said the use of Cooper Care with the institution’s own counseling program has created “maximum flexibility” for students to meet their needs. He added that students are instructed during Welcome Week to download and set up the Cooper Care app so when a crisis occurs, they can immediately access help.

And it’s not hard to get students engaged in telehealth resources if campuses normalize their use, Fakorzi of TimelyMD said. Round-the-clock services like TimelyCare can connect students with help during late and early hours when in-person care is unavailable if they run into a crisis.

“If issues overflow at 4 in the morning, I think it’s definitely a benefit for campuses to have a backup program to say, ‘Hey, this is also a place where you can get some help,’” Fakorzi said. “But it also gives the campus the security of knowing help is there.”

There’s still a stigma around getting mental health help, Cornelius of Belmont, said. Some students have concerns around confidentiality, while others come from back-

grounds where treating mental health isn’t the norm. And there’s a greater stigma against students struggling with mental health issues other than depression and anxiety, she said, including bipolar disorder and trauma.

Ruzek at the University of Virginia said the switch to more virtual mental health resources has opened up access for students from families or cultural backgrounds that typically don’t seek mental health help.

“They don’t have to even walk through our doors anymore,” Ruzek said. “They can connect with us electronically and we can get them connected to the right resource without their parents knowing, if they don’t want their families to know, or even without their peers knowing if they’re in a private location.”

Chamberlin agreed, saying the switch to telehealth “created access in a way that didn’t exist before,” when many mental health resources were confined to a certain time and place on campus.

“More and more students are engaging with our virtual programming, whether that’s actually seeing a therapist remotely or participating in a workshop that they wouldn’t normally be able to do,” Chamberlin said. “I also think we’ve continued to do a number of things virtually that we could have done in person because we also know people learn differently and people engage differently.” ■

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<https://www.insidehighered.com/news/2021/09/20/colleges-expand-mental-health-services-students>

Pedagogy of Healing: Bearing Witness to Trauma and Resilience

Mays Imad suggests 13 actions professors and other educators can take to help promote students' mental health before and during the fall semester.

By **Mays Imad** // July 8, 2021

"As you return home, your home, think of others. Don't forget those who live in tents."

— *Mahmoud Darwish*

"Numb" is the most appropriate adjective I wanted to use this past year when someone would ask me, "How are you?" Starting last summer, I noticed that I felt powerless to feel.

By September, I found myself searching online: "Why can't I cry?" The pandemic triggered strong flashbacks, if not also nightmares, to when I was middle school age in Baghdad in 1991. When Operation Desert Storm launched, schools across the country shut down abruptly. We did not have the internet nor the ability to attend school virtually. Landlines were disconnected, and we lost electricity immediately when the bombing started. My father had a tiny battery-operated radio that we listened to in the morning after a night of bombing. We tuned in to the BBC to learn about which areas were targeted the night before, and then my father and uncle predicted how bad the next night's bombing would be. One morning I heard my parents whispering about the bombing of the [Amiriyah shelter](#), which was primarily occupied by women and children. I was terrified that my



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friends and schoolmates were in there.

The bombing lasted from Jan. 17 until Feb. 28. Shortly after the bombing ended, we went back to school. We came back expecting that some of our classmates and teachers would not come back. We'd heard on the news that people died. I'd heard rumors about students who were in the shelter the night it was bombed. The first class I attended was composition. I sat in the second-to-last row next to a wall. I was a serious student with few friends, but I knew everyone in my class. I immediately noticed that the first row was missing one

of my classmates. I remember wondering if I would ever see her again. I passed notes to my classmates, asking them if they knew what happened. Then I raised my hand and, with tears in my eyes, asked to talk about the shelter bombing.

The war weakened the infrastructure of the country and caused it to regress from a thriving and developed country to one that barely had electricity. We lived under sanctions that caused tremendous amounts of stress and made basic life necessities hard to obtain. So, how did I, and my classmates, move forward and continue to learn? We did not have therapists

or mindfulness training. We had teachers who told stories about their own methods for processing and moving forward. Our teachers allowed us to feel, to grieve, to goof off, to be vulnerable and to be human. Slowly but surely, we began to feel excited about learning and imagining our future.

A recent [Student Voice survey](#) from *Inside Higher Ed* and *College Pulse*, with support from Kaplan, examined how students feel about their level of success this year and what they predict their success will be in fall 2021. Fifty percent of students who participated in the survey (total 1,411) chose “mental health” as a source of concern regarding their ability to “complete coursework and get good grades.” These mental health concerns among students were documented previously by the [JED Foundation’s](#) and [Active Minds’](#) 2020 survey of college student mental health. For months I have been reflecting on how we will welcome our students back to our institutions and classrooms this fall.

What can we, as faculty and educators, possibly do to help attend to our students’ mental health and ameliorate their [anxiety](#), [depression](#) and [loneliness](#)?

In answering that question, I recognize that first, we do not need to be therapists or have any formal training in counseling. Our job is not to diagnose or fix. [Parker Palmer](#), founder of the South Carolina-based Center for Courage & Renewal, reminds us, “The human soul does not want to be advised or fixed or saved. It simply wants to be witnessed -- to be seen, heard, and



When we bear witness,
we acknowledge and advocate for truth -- our
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companied exactly as it is.” Second, and related to my first point, we each bring remarkable and rich assets and experiences that enable us to create the space for ourselves and our students to connect and reconnect; in doing so we can work with our students to leverage the healing power of what Naomi Shihab Nye calls the “[tender gravity of kindness](#).” Nye connects our potential to experience kindness to our ability to know, experience, connect with and bear witness to others’ sorrow.

When we bear witness, we acknowledge and advocate for truth -- our students’ struggles, pains and griefs -- and in doing so, we validate and empower them to heal. By using our positionality and proximity to our students, we can transform the classroom into a bridge that allows them to move from an uncertain, painful, disenchanted present to a future they can feel excited about and look forward to.

Below are 13 suggestions for sup-

porting our students this coming fall term and bearing witness to their pain and joy, their stories and shared humanity. Reflect on these ideas and then share with our higher ed community and me (@lrning-sanctuary) your own planned strategies for this fall semester, using [#bearwitnesshighered](#).

Before the Semester: Course Planning

1. Focus on student assets. What will be your first communication with your students? What is the impression you want to leave on them after they receive the initial email from you? Consider articulating that when they come into your class, they bring past experiences, language, stories and [cultural assets](#) that can enable meaningful learning for themselves and the rest of the classroom community. For example, consider sending a short email a week before the semester begins to let students know how excited you are to embark on a learning journey with them.

2. Emphasize the intellectual and emotional aspects of learning. Add to your course learning outcomes an objective about the [human dimension](#) of learning, about our interdependence and interconnectedness. Often, our syllabi use technical language that does not encompass the affective dimensions of learning. Intentionally impart to your students that you want them to engage, to grow, and that there is responsibility that comes with knowledge. For example, consider adding a version of the following learning goal: “By the end of this course, students will be able to articulate the power of empathy in helping us see our common humanity and strive for truth and justice in the world.”

3. Explicitly prioritize student well-being. Add to the syllabus a statement about mental health and that you will prioritize your students’ well-being. In addition, include in the course schedule a mental health day when students take the day off to attend to themselves. Provide a list of [national resources](#) to learn about mental illness -- why we become depressed or anxious, for example -- and offer tools to help students. Libraries can purchase a license for the recent documentary [The Wisdom of Trauma](#) with Gabor Maté. Invite students to watch the documentary and share a paragraph about what resonated with them.

4. Connect institutional support with the classroom. Schedule an in-class visit from a college therapist or mental health specialist to share resources the institution offers related to grief, anxiety and

depression and explain how to access them. During the session, ask questions and invite your students to ask questions. For example, what are warning signs of mental or emotional distress that you and students should be aware of and what should they do about them? Also, why do students struggle to seek help, and how can you, as their instructor, encourage them to do so?

5. Infuse music, poetry, humor and storytelling into your course. We store trauma in our bodies. One powerful way to metabolize trauma is through [expressive arts](#), because they allow us to connect, create, make meaning, express, communicate and imagine new narratives. When planning your course, incorporate the arts throughout. For example, have music playing in the background when students arrive at your class. Invite students to request songs you can play throughout the semester. Another example is to offer 10-minute mental breaks during which students may journal, draw or write lyrics. Divide the time equally between creating and sharing.

At the Beginning of the Semester

6. Share your own story. Talk about how you navigated the past year and how you are processing the grief. This gesture will help normalize the feelings of pain and sadness and help create a space for your students to process their own experiences. It is important to remember that our stories should not burden the students but remind them that to feel sad is to be human. [Jessi Gold](#), a psychiatrist at Washington

University School of Medicine in St. Louis, whose patients include college students, faculty members and staff, says showing “some level of vulnerability can go a long way” toward helping students. While Gold doesn’t advocate a need to disclose our mental health history to students, she reminds us that talking about our own pandemic-related challenges will help students open up.

“Students assume faculty don’t understand what they are experiencing ... they will never approach you to talk about it if they don’t feel you are a safe person or trusted person to talk to, or one who even values the emotional experience in the first place.” Storytelling helps others imagine and connect and begin to feel comfortable to tell their own stories and even ask for help.

7. Remind students that you are there for them. Let students know they can come to you if they need help and that even if you cannot personally help them, you will find help for them. Let them know that you will also check on them if they stop showing up, because you care. If you continue not to hear from them, you will seek support from a dean or counselor, because you are concerned about their well-being. When or if that happens, it is crucial that your students know that you are not upset with them and that they are not “in trouble.”

Throughout the Semester

8. Remember that language matters. Invite, reassure and encourage. When the fall term begins, after a year of learning during a pandemic, students will likely have re-

tained less than they would have in a typical year. (In the Student Voice survey, 52 percent of students reported feeling as if they learned less this past year compared to pre-COVID.) It can be overwhelming for students to hear how they are “behind” academically without giving them a road map to catch up.

We have to balance content with grace and be mindful not to overwhelm them with a sense of urgency to “catch up.” For example, during your first meeting with your students, congratulate them on making it through last year and let them know that you will devote time to review and bring everyone up to speed. Gold notes, “Be aware of the language you use in emails. The smallest thing you write in an email to the whole class, but especially in reply to a student, will be analyzed over and over and sometimes can be taken out of context. Lead with validation and empathy where possible. Especially right now.” I have forgotten much of the contents from my undergraduate years, but I do remember things my professors said to me when I was feeling anxious or self-doubtful and how that made me feel.

9. Focus on learning as a process. Remind students throughout the semester that learning involves a complex series of events that change the brain’s structure. Learning is a [journey](#), and struggle is part of that journey. Failure to understand the materials the first time around is part of the learning. It is essential that when we discuss failure as an opportunity for growth, we model that and remain consistent in that message. Com-



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municate to students that your approach to assessment is to help them learn the materials, even if it means you slow down and or take multiple tries. For example, consider using an [assessment](#) or [grading](#) approach that centers on students and their learning improvements.

10. Center meaningful learning. Remind students of the big picture throughout the semester. Our brains seek and make meaning and assign value to those meanings and invest energy accordingly. If an activity we are engaged in is meaningless, our brains will quickly disengage and divert attention to other, more meaningful activities. At the beginning of the semester, ask why they are taking your course and how their reasons relate to their dreams and the betterment of their community and the world. Then, throughout the semester, say, “Remind yourself why being here matters to you, your family and your community.” Invite them to write their answers on a Post-it and place it on a wall and have everyone

examine all the Post-its during the break.

11. Help students tell their stories. Help students get to know, support and advocate for each other. Trauma impacts our sense of self and causes us to view ourselves as an other. One reason peer support helps us is that it allows us to connect with others who can bear witness to our story as we bear witness to theirs. Sometimes, when we feel stuck, our peers can help us tell our truths and lessen our pain.

This support from our peers can help liberate the stories we carry, as was echoed in [Maya Angelou’s](#) words: “There is no greater agony than bearing an untold story inside you.” For example, during the first couple of weeks of the semester, encourage students to learn each other’s names and three everyday things that connect them. One of your assignments could be to ask students to advocate for each other. Let them know you will give five points extra credit to the entire

class if everyone completes the assignment, and every student has an advocate.

12. Pause to reflect and advocate.

Advocate for systematic mental health support. I have written about how [institutions need to have a holistic approach to mental health](#) where an ethic of care and kindness becomes foundational to our institution -- for students and employees alike. At times it will seem like no change is happening, and no one is taking us seriously. We persist in the name of love -- for our students, our colleagues and humanity. Someone will eventually listen.

13. Take care of yourself and find a support network.

One of my former mentors used to tell me, "You can't give what you don't have." In the same spirit, we have to take care of our own well-being so we can continue to give. Gold notes, "It is really hard to be a faculty member, especially in the middle of returning to a 'new normal' work environment after a pandemic. You have a right to feel whatever you will feel and to have your own sup-



Trauma impacts our sense of self and causes us to view ourselves as an other. One reason peer support helps us is that it allows us to connect with others who can bear witness to our story as we bear witness to theirs.



port. It will make you a better teacher to understand your reactions and why you are having them, to cope with the experience yourself, and to problem solve." Self-care is not a luxury but rather a way to help us metabolize pain, grief and traumas in order to continue to help others.

In two recent *Inside Higher Ed* columns, I wrote about how [intentionally engaging students](#) and their well-being can help them navigate their way through murky terrains to

a [beautiful future](#) where they can be more confident and excited about learning and life. Our healing journey ahead is not going to be easy or painless or predictable.

There is nothing I wish to romanticize about my life as a middle school war survivor: it was scary and painful and, at times, still is. But our journey can be communal, and in that community, even as we grieve we can find comfort and even joy. ■

Bio

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<https://www.insidehighered.com/views/2021/07/08/how-faculty-can-support-college-students-mental-health-fall-opinion>

Beyond Gatekeepers

Especially if trained to do so, we faculty members should shift our mind-sets and become much more a part of students' network of mental health care, writes Krista Speicher Sarraf.

By **Krista Speicher Sarraf** // October 25, 2021

When I was a graduate student, my generalized anxiety settled into an onerous depression. I did not tell anyone at the university until a professor passed around index cards in class and instructed, "Write down anything you'd like me to know." I took a deep breath and wrote that I was exhausted and having trouble concentrating. Then I handed in the card.

And then, silence. My professor never acknowledged my note. Perhaps understandably so -- many students are exhausted and have trouble concentrating, and for many, that's not a sign of a larger problem.

Even so, the silence hurt. I felt embarrassed and exposed.

Luckily, I sought professional help on my own. My symptoms improved, and I finished the semester. But many students, graduate and undergraduate alike, do not have the resources I had. And many students' mental health struggles turn **fatal**.

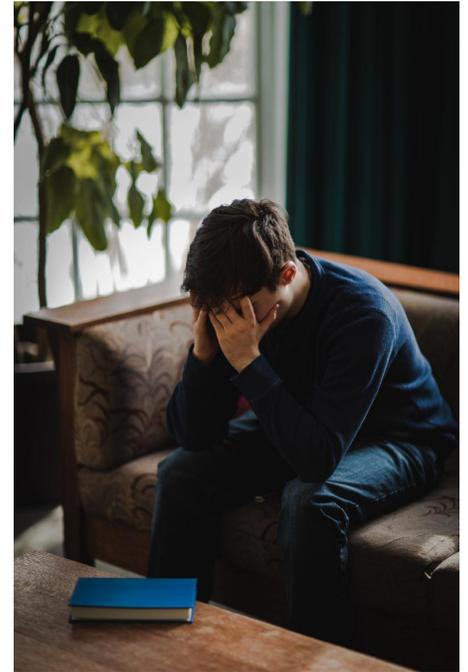
I finished my graduate degree and started a new academic position during the pandemic, and my transition from student status to faculty status during COVID-19 has illuminated the extent to which **graduate** and undergraduate students struggle with mental health. Because I have experienced this pandemic

both as a graduate student and as a faculty member, my closeness to the student experience guides how I interact with my students who disclose mental health issues.

Now, as a college professor, I cannot be silent. In the midst of a global pandemic, it's clear to me that college professors may need to shift our mind-sets and become much more a part of students' network of care. College and university professors aren't mental health experts, but we are humans, and it's crucial that we talk to our students -- as human to human.

We can care for students by having conversations with students about mental health, modeling help-seeking and self-care behaviors, and approaching coursework and grading with flexibility. I trust we can do this work, especially if we are trained to do so.

It's vital that we act now. If COVID-19 has taught us anything, it's that colleges and universities must do more to support their students' mental health. According to a Student Voice **survey** conducted by *Inside Higher Ed* and College Pulse and presented by Kaplan, 65 percent of students surveyed reported having fair or poor mental health a year after the pandemic began. Yet of these students, only 15 percent had engaged in mental health services over the past year.



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Many factors contribute to the rate of students using campus mental health services. For instance, **continuing stigmas** about counseling may prevent students from seeking help, leaving counseling centers underutilized. Further, students may perceive, often correctly, that their on-campus mental health services are overbooked and inaccessible. My students regularly report long wait lists to be seen by a counselor at our campus health center. Even students who see a counselor immediately may not have access to regular, consistent counseling.

mental health support from my university resulted in a six-month

Beyond Gatekeepers (cont.)

wait from October 2020 until April 2021. To be clear, the wait list was to meet a counselor through my university's medical system, not the student counseling service. Further, as a professor with medical insurance, I could have sought out private counseling, beyond the university's system. But while I decided to endure this wait, for students and those with inadequate insurance, six months is six months too long.

Moreover, not all students are comfortable talking to a therapist. Students are struggling, and professional mental health services are simultaneously underutilized and overburdened.

A Key Part of Support Networks

While students wait for their universities to adequately respond to their mental health needs, what can faculty do for them, if anything? A [study](#) from Boston University's School of Public Health, the Mary Christie Foundation and the Healthy Minds Network argues that faculty are "gatekeepers" of student mental health, meaning that we can identify signs of mental health issues and learn to refer students to resources. The study found that 79 percent of faculty members report reaching out to students about their mental health and wellness. Further, the [Student Voice](#) survey found that students say they relied on their college professors at the same rate they rely on campus health services for support during COVID-19.

Taken together, this research makes a compelling argument that students need to be able to talk to their college professors about men-



Students need to be able to talk to their college professors about mental health. We need to learn how to talk to -- and, most important, listen to -- our struggling students.



tal health. We need to learn how to talk to -- and, most important, listen to -- our struggling students.

This is the point in the conversation when college professors remind each other of several valid arguments: we aren't counselors, we are overworked and we need structural change. Before we get too far, then, allow me to clarify with the following points.

Faculty should not replace professional mental health services. But we can work alongside professional services in at least four ways. We can:

1. Invite students to discuss their mental health concerns and empathetically listen within those conversations;
2. Model self-care and help-seeking behaviors;
3. Provide leeway for deadlines and assessment; and
4. Refer students to professional services (the gatekeeper model).

Faculty members should not be required to do more. But faculty members who wish to support their students should be empowered to do so.

Colleges and universities need structural change. It shouldn't be a revolutionary idea to structure academics/work in a way that supports our health.

As a writing professor, I work in a discipline where students write about trauma, and the "we aren't counselors" mantra was passed on to me early in my academic acculturation. I agree. But just because we aren't counselors doesn't mean that we can't talk to our students about their lives and their mental health.

To be clear, I am not suggesting that college professors hold counseling sessions with their students. Rather, I am arguing that college professors can use some of the skills that professional counselors use: namely, empathetic listening. That might be as simple as display-

Beyond Gatekeepers (cont.)

ing empathetic listening during a conversation while we also show students how to access professional mental health resources.

I am also aware that my call for faculty care is problematic in light of painful data that show [emotional labor disproportionately affects women](#) and may exacerbate inequities many female professors face. It is worrisome that the [Ithaca S+R COVID-19 faculty survey](#) found that women who are caregivers find it more difficult than their male counterparts to manage their time and balance family and work responsibilities. But at the same time, as we fight to rebalance labor, we need to be cautious not to commodify our human duty to love and care for one another. In other words, though I want to be paid fairly for my emotional labor, as one colleague recently put it, compassion costs me nothing.

To be sure, faculty support of students on a case-by-case basis will not address the structural problems that have caused and exacerbated the current mental health crisis. University administrators need to address those problems and improve student access to resources. But faculty are not only gatekeepers who can connect students to professional care. We are also part of

students' support networks -- sometimes a really fundamental part.

Further, we need training both to perform gatekeeping duties and to have conversations with distressed students. Approximately [half of faculty](#) members say they know how to recognize a student in emotional distress, but far fewer say they've received training about how to recognize emotional distress and refer students to resources.

Even when college professors are trained to respond, the training often only focuses on how to refer students to other resources, such as the counseling center. For example, Title IX trainings tend to focus on professors' legal duty to report sexual assault to campus Title IX coordinators, but we also need to know how to handle the conversation in which a survivor comes forward.

When we only focus on referring students to resources, we assume that our students are healthy enough to follow through and seek support. What about the student who isn't healthy enough? What about the student for whom it took everything in them to ask their professor for help? Asking a professor for help may be a last effort, not a first effort. Instead of a quick referral email or worse -- silence -- faculty can em-

pathize, listen, model and then refer. This is why college professors also need to know how to have conversations with students about mental health.

So, yes, we need major structural changes, such as those outlined by [Sara Freuh](#), and increased resources to address the mental health crisis. In the meantime, we can tap in to our humanity and love to care for our students.

That does not mean requiring college professors to do, as [John Warner](#) worried, *more work*, but to approach our work differently. We are modeling *something* to our students, whether it's workaholicism, perfectionism or self-care/help-seeking behaviors, so let's choose the latter. It means we respond to the students who disclose mental health struggles with empathy and compassion while also guiding them toward professional mental health support. That is not to say college professors are intentionally cold, simply that as we remind each other that we're not counselors, we might also remind ourselves how to display compassion.

At the very least, we need to tell our students who, like me, divulge their struggles on an index card, "I see you. And I'm here to listen." ■

Bio

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<https://www.insidehighered.com/views/2021/10/25/how-professors-can-support-students-mental-health-opinion>

5 New Realities to Know About College Hunger

The pandemic shines a bigger spotlight on the issue of college students with food insecurity and how their institutions can support them, writes Rachel Sumekh.

By [Rachel Sumekh](#) // July 1, 2021

As higher education adjusts to its “new normal,” it must be prepared for today’s students, many of whom have been left exhausted by this last year. While they showed us just how resilient they can be, we know their basic needs were threatened as their learning and living environments abruptly changed in the face of a global pandemic.

A student’s sense of basic needs security is critical to their success -- and as students get ready to return to their campuses, colleges and universities can play a central role in making them not only feel welcomed, but supported as they earn their degrees. Here are five realities about student hunger for campus leaders keep front of mind this fall.

1. College food insecurity has always been an issue -- but the pandemic has exacerbated it in stunning ways.

We’re all familiar with the phrase “starving student” as if it’s some rite of passage, but the romanticization of student food insecurity is preventing us from seeing it as a crisis that deserves a systemic solution. Since the pandemic started, 38 percent of students have regularly missed meals because they’re less hungry or stressed, according to the recent [Student Voice survey on student health](#) conducted by College Pulse for *Inside Higher Ed*, with support from Kaplan.



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Not only are students not being nourished properly to focus on school, but it’s affecting their ability to graduate. A shocking 36 percent of students know someone who has dropped out due to food insecurity during the pandemic, according to [Chegg research](#) conducted in November 2020. We know that if students’ basic needs are met, they’re more likely to perform well, feel physically and mentally better, and feel part of the campus community.

2. Effectively addressing students’ basic needs requires campuswide efforts.

Due to stigma and poor marketing, it’s not easy for students to

find accessible food resources on campus. In the best-case scenario, institutions have a basic needs coordinator whose sole purpose is to help students access food, housing and other basic needs -- but knowing such a coordinator exists relies too heavily on word of mouth.

By inviting multiple offices, faculty and student organizations to be part of the basic needs conversation, campuses can reach even more students. Within the network of my organization, Swipe Out Hunger, [88 percent of campuses](#) involve student leaders in managing food security programs, and 60 percent of campuses involve faculty/staff members. By inviting more stakeholders to the table, a wider range

5 New Realities to Know About College Hunger (cont.)

of students will be made aware of and will be able to access resources available to them.

3. Stigma interferes with students' ability to access resources, but campus leaders can help remove this barrier.

When students have to step out and self-identify as food insecure to access resources, they're less likely to access and ultimately use the resource. That's why it's so critical to create food security programs that are designed to destigmatize the experience of hunger. Asking for help shouldn't make one feel vulnerable.

Colleges and universities have made significant strides over the past few years, moving away from the campus pantries that are not only difficult to track down but also located in the dark basement of the student affairs office. Swipe Out Hunger's programs allow [72 percent of meals to be directly transferred to students' ID cards](#) -- enabling them, as one student put it, "to socialize with my friends on campus without being embarrassed that I can't buy any food on campus." By eliminating stigmatizing barriers, students can more freely access the food they need to thrive.

4. Many campuses are taking action on hunger, but it doesn't always prevent hunger.

We must look upstream to truly prevent student food insecurity. That's why we need thoughtful legislation that can sustainably address student hunger, like the [Hunger Free Campus Bill](#).

This bill has already sent more than \$70 million to public colleges and universities that are addressing student hunger on campus. These funds are used to provide SNAP enrollment opportunities, start meal donation programs or strengthen existing campus food security programs like pantries. First passed in California in 2017, and then in New Jersey, Maryland and just recently Minnesota, this bill has incentivized campuses to support students' basic needs.

Other states -- including Illinois, Massachusetts, New York, North Carolina, Pennsylvania and Washington -- have all introduced this legislation to demonstrate to their students that they are seen and supported in each of their great states.

5. When someone's food security has stabilized, their mental health, sense of campus inclusion and finances improve.

It isn't just about dismantling the "starving student" stereotype: the fact is, when a student feels nourished, it has a ripple effect on so many other aspects of their lives. Of students who accessed Swipe

Out Hunger's programs, [63 percent of meal donation recipients](#) felt less stress and anxiety about where to get their next meal, 61 percent felt their college was more supportive of students like them and more than half said they were able to make ends meet and stretch their money.

When a student has the ability and access to switch out the ramen noodle cup for a warm, nourishing meal, it provides more than just healthier calories: it reinforces for students that their campus, and higher education as a whole, was made for students exactly like them.

As colleges and universities re-envision what their campus community looks like this fall semester, we are presented with an incredible opportunity to provide for students in a way like never before. On behalf of the one in three students who will experience food insecurity this year, we are urging colleges across the nation to seize this opportunity and elevate their response to basic needs insecurity beyond a food pantry shelf.

Now is our moment to leverage the lessons learned from being adaptive over this last year and center the immediate needs of students by building an educational experience that not only leads to a degree, but to stronger and healthier students. ■

Bio

Rachel Sumekh is founder and CEO of Swipe Out Hunger, a nonprofit addressing college student hunger.

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<https://www.insidehighered.com/views/2021/07/01/covid-s-impact-college-student-hunger>

Suicide Prevention Shouldn't Be Optional

Failing to mandate suicide prevention training at colleges and universities isn't just misguided or negligent, argues Melody Moezzi. It's ignorant and reckless.

By **Melody Moezzi** // June 8, 2021

Like countless educators across America, I have completed active shooter training. The public university where I teach requires it. Officially, I have been instructed on how to [run, hide and fight](#) in order to ensure that my students and I survive in the event that an aspiring assassin enters our classroom.

Unofficially, I am as thoroughly prepared to survive a mass shooting as I am to perform an appendectomy. That is to say, not at all, because I am a professor of creative writing and a lawyer by trade. Hence, survival combat, like general surgery, falls decidedly outside my range of expertise.

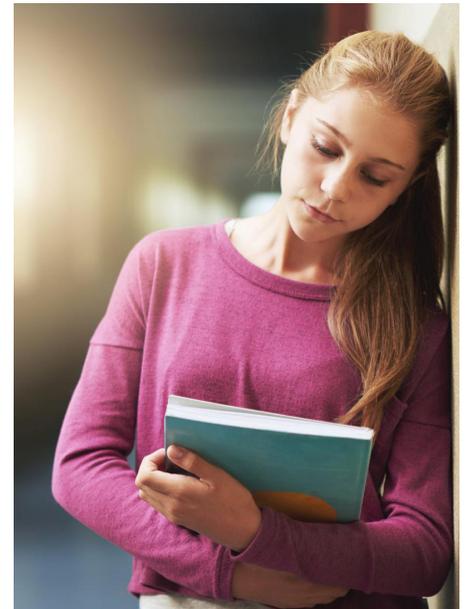
Thankfully, I have never experienced an active attacker situation, and data show that my chances of doing so are [quite slim](#). In contrast, however, my chances of encountering a suicidal student are disturbingly high. According to the World Health Organization, suicide is the [second leading cause of death among young people](#) aged 15 to 29.

Thus, it should come as no surprise that in less than three years of teaching, I have spoken with several students struggling with suicidal thoughts. I have personally escorted them to our counseling center, driven them to the emergency room and even accompanied them to doctor's appointments. I have lost track of how many students

I've called, texted, emailed or met with (either in person or via Zoom since the start of the COVID-19 pandemic) after reading worrying essays, stories or poems they've written. And I'm not alone.

Every other educator with whom I've spoken about this issue has plenty of their own stories to share -- and they seem to be piling up at an even faster rate since the start of the pandemic. A survey by the [Centers for Disease Control and Prevention](#) of thousands of Americans last summer confirmed that we're not imagining this uptick in distress among our students. According to the survey, more than a quarter of 18- to 24-year-olds reported seriously considering suicide within the previous 30 days, while three-quarters reported one or more adverse mental or behavioral health symptoms.

More recently, an [extensive meta-analysis](#) found that the COVID-19 pandemic has had a significant psychological impact on college students worldwide. When reached for comment, Kavita Batra, lead author and a biostatistician at the University of Las Vegas School of Medicine, noted, "Given the well-established association between psychological morbidities and suicidal ideation, educational institutions need to prioritize suicide prevention training programs targeted at



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students, faculty and staff."

Still, my university, like far too many, does not require suicide prevention training. As opposed to active shooter training, which is mandatory for all faculty and staff, suicide prevention training remains *optional*. This is despite the fact that [fewer than 1 percent of all gun casualties in the United States are the result of mass shootings, while roughly 60 percent are the result of suicides](#) -- for which youth remain at a disproportionately high risk.

Failing to mandate suicide prevention training at colleges and universities in spite of these statistics isn't just misguided or negligent. It's ignorant and reckless. I say this not

Suicide Prevention Shouldn't Be Optional (cont.)

only as a professor concerned for her students but also as a suicide attempt survivor who tried to end her own life during graduate school. This is partly why I organized an optional QPR suicide prevention gatekeeper training for our creative writing faculty this semester.

QPR -- which stands for Question, Persuade and Refer -- is a popular, [evidence-based suicide prevention training](#) program, and data show that it yields positive [short-term](#) and [long-term](#) outcomes. It appropriately identifies faculty and staff as gatekeepers who can recognize warning signs of potential suicidality among our students, ask them the right questions, encourage them to get help when needed and refer them to relevant mental health resources. I include myself among the educators recently referenced in an *Inside Higher Ed* article that noted, "Professors feel a responsibility toward students who are suffering and would welcome better -- even mandatory -- training on the topic [of mental health], according to a COVID-19-era [report](#) from Boston University's School of Public Health, the Mary Christie Foundation and the Healthy Minds Network."

But procuring such training for my department wasn't easy. I had to visit websites, fill out forms, send emails and attest that at least 10 faculty members from our small department would attend over Zoom. In short, I had to make a case for why we deserved suicide prevention training. I imagine that was because the two highly skilled counselors who ultimately led our excellent training session did so in

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”

addition to already serving as staff psychologists at our counseling center -- which, like most university counseling centers, is disturbingly overwhelmed and underresourced. In other words, training us in potentially life-saving gatekeeper interventions meant these psychologists had even less time for their own potentially life-saving student counseling appointments.

What's more, students at my coastal North Carolina university have endured an exceptional amount of trauma over the past several years. Like all students, they've been hit hard by the pandemic, but they've also been hit hard by its underlying causes, including global warming, which keeps slamming us with hurricanes. In the years directly preceding the pandemic, Hurricanes Florence and Dorian cut short two consecutive fall semesters. As a result, some of our students don't even know what a normal academic year at a university feels like, because man-made catastrophes disguised as natural disasters have

interrupted every one of theirs.

Nevertheless, our students are remarkably resilient and well informed with respect to mental health. Most of them do not hesitate to seek psychological help, and they recognize self-care as vital to overall health. In other words, they are not failing to pursue the help they need. Rather, we are failing to provide it.

I'm not saying that mandatory trainings represent the best suicide prevention strategy available to protect our students from harm. Far from it. Considering that [half of all suicides and three-quarters of all homicides are gun related](#), gun control represents the most obvious and powerful strategy when it comes to keeping our students alive and safe. Even so, America is [abysmally behind the rest of the world](#) when it comes to meaningful gun control.

As a university professor, I can't rewrite gun laws, let alone force

Suicide Prevention Shouldn't Be Optional (cont.)

people to follow them. I can, however, listen to my students and advocate for them when they are in crisis – and let me assure you, they are. American students today are enduring more collective trauma than any in a generation. The same can be said of our woefully overextended college counselors, who are experiencing unprecedented levels of collective secondary trauma. As

faculty members, the most effective and immediate way to support our students and counseling staff is to be responsible gatekeepers when it comes to student mental health.

Fortunately, effective training programs can teach us how to become exactly that in just a couple hours. If only educational institutions would mandate them. Because the active attacker students are most likely

to face isn't a masked gunman. It's themselves.

If you are experiencing suicidal thoughts, call the [National Suicide Prevention Lifeline](#) at 1-800-273-8255 (TALK) or text HOME to the [Crisis Text Line](#) at 741741. For crisis lines outside the United States, consult the [International Association for Suicide Prevention's database here](#). ■

Bio

Melody Moezzi is a visiting associate professor of creative writing at the University of North Carolina at Wilmington and the author, most recently, of *The Rumi Prescription: How an Ancient Mystic Poet Changed My Modern Manic Life*.

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<https://www.insidehighered.com/views/2021/06/08/colleges-failure-mandate-suicide-prevention-training-ignorant-and-reckless-opinion>

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