

THE CHRONICLE  
OF HIGHER EDUCATION

# Overwhelmed

**The real campus mental-health crisis  
and new models for well-being**



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Sarah Brown joined *The Chronicle of Higher Education*, where she is a senior reporter, in 2015. She primarily covers campus life, including students' mental health, sexual assault and harassment, diversity, activism, and the Greek system. Recently she has written about how turnover and burnout are roiling campus Title IX efforts, how institutions are balancing students' demands for free speech and inclusion, and how the lack of a college education has become a public-health crisis. She is a regular guest on TV and radio programs and speaker at higher-education events, including Stetson University's National Conference on Law and Higher Education.





# A

SK ANYONE in higher education — from presidents to professors to resident advisers — what's top of mind, and they'll probably mention students' mental health. There's also a good chance they'll describe it as a crisis. Whether it is — and what the crisis is, exactly — is up for debate. But the data are clear: College students are reporting rapid spikes in anxiety, depression, and suicidal ideation.

The number of students screening positive for anxiety has jumped to 31 percent from 17 percent in just six years, according to the national Healthy Minds Study, which surveys thousands of undergraduate and graduate students of all ages each year. Eight percent of students screened positive for major depression in 2009. By 2019, that figure had more than doubled, to 18 percent.

Across the country, the general population has grown more distressed, and deaths by suicide have gone up in the last dozen years. Yet the trend lines for college students are even steeper. More than one in three students reports having a mental-health disorder. One in four has taken psychiatric medication in the past year, compared with one in six or seven in 2009. And almost one-third have sought counseling, double the share a decade ago.

A freshman at the U. of Tennessee at Chattanooga reads personal stories of students who have died by suicide, pinned to backpacks as part of the traveling exhibit *Send Silence Packing*, run by the national advocacy group Active Minds.

ERIN O. SMITH

College has always had the potential to be stressful: It's a time of transition, when many students — traditionally young people — are trying to make their way in the world, maybe living away from home for the first time, juggling work and classes, paying bills, understanding health insurance, figuring out how to manage their time. Academic demands can pile up quickly, making students scramble to keep up. But why are today's students so much more distressed? No one has quite figured that out yet.

Experts have some theories: The prevalence of smartphones, for instance, has produced a new generation of students who are less comfortable talking to one another and, as a result, feel lonely. There's heightened pressure to succeed, especially at selective colleges. And in an instant-gratification culture, shaped by social media and helicopter parenting, many young people haven't developed the coping skills to navigate life on their own.

Societal stressors are also at play: the formative experiences of 9/11 and the Great Reces-

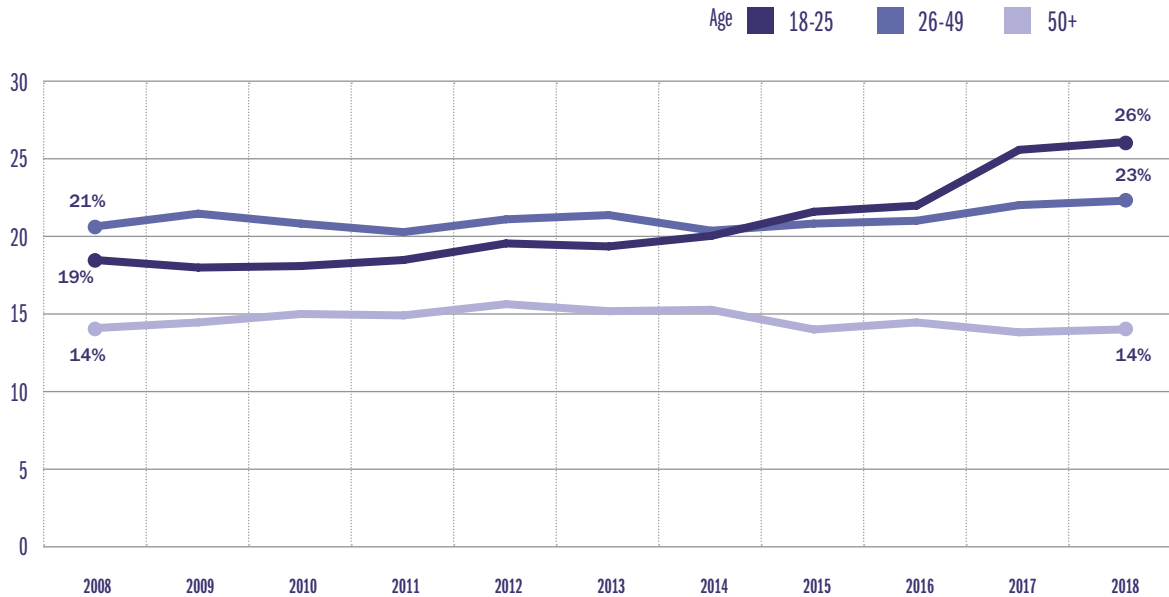
sion, dealing with persistent racism, and worrying about school shootings and climate change. In a broadening college-going population, first-generation students may feel they're carrying their families' hopes on their backs. And many students struggle with financial instability and food and housing insecurity.

## Overwhelmed students are seeking help, overwhelming their colleges.

Some factors contributing to the trends are good, generally speaking. More students who have a mental illness are now able to go

### A DECADE OF GROWING UNEASE

As the prevalence of mental illness has inched up over all (from 18 percent in 2008 to 19 percent in 2018), it has increased most among young adults.



Note: The survey estimates the occurrence of mental illness, excluding developmental and substance-use disorders, based on respondents' answers and criteria in the most recent *Diagnostic and Statistical Manual of Mental Disorders*.

Source: 2018 National Survey on Drug Use and Health (NSDUH), Substance Abuse and Mental Health Services Administration (SAMHSA)



to college, thanks not only to advances in medication and treatment, but also to expanded support services. More than half of the students who go to campus counseling centers today have previously sought counseling, according to the Center for Collegiate Mental Health at Pennsylvania State University.

At the same time, awareness of mental health has grown. Over the past two decades, devastating accounts of students taking their own lives have led to new laws on suicide prevention. Shootings at Virginia Tech and Northern Illinois University have sparked discussions about how to identify troubled students. Campus administrators and professors have spent the past 15 years telling students: If you need help, go to the counseling center.

As the stigma around mental illness has faded, more students have been willing to talk about their struggles more openly.

Here is where that leaves us: Overwhelmed students are seeking help, overwhelming their colleges.

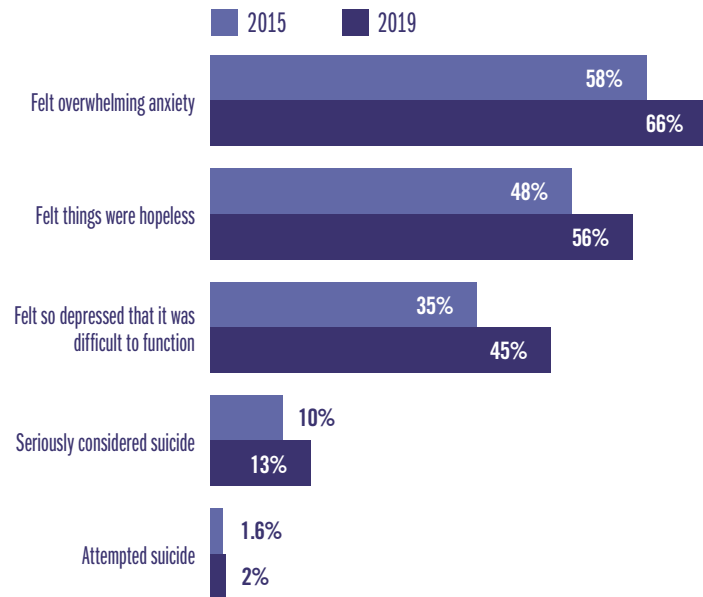
The number of students showing up to campus counseling centers jumped by an average of 30 to 40 percent between 2009 and 2015, according to the Center for Collegiate Mental Health. That's five to six times the increase in enrollment at those institutions over the same period.

How far can and should colleges go to meet the demand? And how can they best assess and accommodate students' needs? With less stigma comes more liberal use of clinical terms to describe everyday problems. Many students no longer say they're worried; they say they're anxious. They're not sad; they're depressed. That complicates efforts to ensure that the students who most need help can get it.

What colleges offer in terms of mental-health services varies widely, depending on an insti-

## TRUUBLING TRENDS

Undergraduates and graduate students are more likely than they were even in recent years to struggle with mental health.



Source: American College Health Association-National College Health Assessment, Fall 2015 and Spring 2019

tution's size, type, and location. But on most campuses with a counseling center, the basic treatment model has long been the same: Students who seek help can meet with a therapist regularly for a short period of time. If students need long-term therapy, or if their concerns are beyond the scope of what the campus counseling staff can treat, a center will make referrals to local providers.

But these days, colleges are seeing a tidal wave of distressed students asking for individual therapy sessions, and there aren't enough appointments to go around. Often students end up on a waitlist several weeks long. Some turn to campus or local newspapers and say that their colleges don't care.

Yes, students are more distressed than ever before, but that's not the real campus mental-health crisis. The crisis is that the traditional model of serving them is broken. Colleges can't offer regular therapy sessions to every student who asks for them, nor hire enough counselors to meet that mark. And not every student needs to be in therapy, anyway.





## WHAT STUDENTS ARE DEALING WITH

**36%**

have major or moderate depression.

**31%**

have anxiety disorder.

**37%**

have been diagnosed with a mental disorder at some point in their lives.

**24%**

have taken psychiatric medication in the past year.

**6%**

say they would think less of someone who received mental-health treatment.

**47%**

think most people would.

Source: The Healthy Minds Study  
2018-2019 Data Report

vices, some counseling centers are moving away from a traditional treatment model toward a rapid-access approach, trying to get more students in the door quickly, evaluate them, and then offer them *something*, whether it's a stress-management workshop, a spot in group therapy, or an urgent crisis appointment. More centers are adopting a system of stepped care in which students are offered the lowest level of resources first, and treatment is intensified as needed. Counselors are also streamlining referrals to community providers, tapping more students to serve as peer counselors or lead support groups, and experimenting with teletherapy by phone or online.

Those steps are important, but they are reactive. What about reaching troubled students who never seek counseling? Or helping those who don't need therapy but could use guidance to ease exam stress or manage their time?

In the long run, an effective, sustainable approach will require colleges to integrate mental health into a bigger picture of students' well-being. But making that term an institutional priority takes more than putting it in the strategic plan. Creating the "culture of wellness" more colleges now aspire to means transforming campus culture altogether.

One way to start is by training faculty and staff members as gatekeepers who can spot students in distress and ask them the right questions. Some colleges have turned to trained wellness coaches to help students. Several campuses have constructed new wellness facilities featuring counseling services, yoga classes, pet-therapy rooms, and meditation gardens. Other institutions are promoting sleep campaigns or developing resilience programs to normalize failure and build grit.

Not every college will be able to offer each program described here, or build a multimillion-dollar wellness center. That's OK. This report features a range of institutions — whether small residential colleges or majority-commuter campuses — that have identified options to suit their budgets and their students.

Prioritizing students' mental health isn't just the right thing to do; it's an institutional imperative. Colleges that fail to provide adequate resources can face serious legal consequences and reputational hits. What's more, mental-health problems often prompt students to drop out. More resources preserve opportunities for them and tuition revenue for colleges.

Providing that support isn't coddling, as some critics would claim. It's creating the kind of environment where a diverse population of students — many of whom have already struggled just to get to college — can succeed, academically and otherwise.

## SECTION 1



# How to Handle Growing Demand

A peer counselor meets with a classmate at Hamilton College, in New York. Students there can schedule appointments three evenings and one afternoon a week.

NANCY L. FORD  
FOR THE CHRONICLE

# M

ORE AND MORE students in distress are knocking on the counseling center's door, putting constant pressure on practitioners to respond. The phenomenon, familiar on campuses across the country, has been well documented. Long wait lists for therapy. Immediate referrals off campus with no follow-ups. Students with unmet needs. Colleges may find the money to hire additional counselors, only for demand to quickly exceed supply once again.

Counseling centers weren't always this overwhelmed — or this clinical. Not all that long ago, they weren't even true mental-health facilities.

Declines in students' mental health coincided with campus tragedies, legal action, and national advocacy to shape colleges' responsibilities.

Soaring expectations and demand for counseling are straining the traditional campus model of individual therapy.

An expedited intake process, more therapy groups, and different forms of peer support can give students alternatives to sitting on a wait list.

Smoother referrals to local providers and trusted platforms for teletherapy can help more students get the treatment they need.



For years, campus counseling centers mostly helped students with typical developmental issues, like homesickness, relationships, identity formation, and the transition to adulthood. Staff members would often play dual roles as therapist and guidance counselor.

As the 21st century dawned, counseling visits began to rise. Campus therapists started seeing more students with serious mental-health conditions. More often someone needed to be hospitalized. Most centers started to look like mental-health clinics, focusing on treating diagnoses and increasing the role of psychiatry and medication.

Still, their structure remained largely the same. Students made appointments for counseling, and if there weren't any available, they'd wait a few days. In the past decade, however, those waits have stretched to weeks. And weeks. What's more, students who seek help are likely to be in greater distress than in the past.

This section will explain how counseling centers ended up in the current predicament, and how colleges can better meet demand. The right model of mental-health care will look different for every institution, depending on its student population, size, location, and resources. But one thing holds true across campuses and sectors: Something has to change.

## UNDERSTAND RESPONSIBILITIES AND NEEDS

In the 2000s, campus tragedies, litigation, legislation, and advocacy shaped a new reality for campus mental-health services. One student whose death shook higher education was Elizabeth Shin, who died after suffering burns from a fire in her dorm room at the Massachusetts Institute of Technology. Her parents initially believed her death was a suicide. They sued the institution in 2002, arguing that MIT officials had known about her deteriorating condition and failed to act to protect her or alert her family.

The lawsuit was eventually settled for an undisclosed amount, and Shin's parents and MIT agreed that she had probably died in an accident. But the four-year course of the case, *Shin v. MIT*, stoked conversations and fears about whether colleges and individual administrators were legally responsible for preventing students' suicides. What kind of help

would institutions be obligated to provide? At what point would students be considered at risk of harming themselves? Should they then be removed from campus? The case raised more questions than it answered, though there is some consensus now on legal matters such as trying to keep students on campus rather than placing them on involuntary leave (See Page 25).

Congressional action increased the urgency around suicide prevention. The Garrett Lee Smith Memorial Act, named after the son of a senator who took his own life while in college in 2003, provided an initial \$82 million in grants for colleges, as well as state and tribal agencies, to raise awareness about mental health and suicide, and to encourage young

## CAMPUS COUNSELING BY THE NUMBERS

Average enrollment per counselor:

**1,411**

Average caseload per counselor:

**126** Min: 34  
Max: 343

Average counseling sessions per client:

**5**

Centers with session limits:

**46%**

Most common limit per year:

**12**

Average budget:

**\$1,059,324** Min: \$47,459  
Max: \$8,300,000

Centers with flexible limits:

**45%**

Centers with wait lists:

**34%**

Average number of students on wait list:

**51** Min: 2  
Max: 300

Centers that gained staff in 2016-17:

**43%**

Centers that lost staff:

**9%**

Note: The budget represents salary and benefits plus operating expenses.

Source: The Association for University and College Counseling Center Directors Annual Survey 2018

## HOW MANY COUNSELORS?

Colleges vary widely in the number of clinical staff members the counseling center employs.



Source: The Association for University and College Counseling Center Directors Annual Survey 2018

people to seek help. The law has poured millions of dollars into such programs in the past 16 years. National advocacy groups like the Jed Foundation, created in 2000, pushed for greater awareness and better campus resources and policies on mental health.

Then came the deadliest school shooting in U.S. history. After a troubled undergraduate shot and killed 32 people and himself at Virginia Tech in 2007, colleges scrambled to create systems to flag students with mental-health issues earlier on. Most institutions now have some form of behavioral-intervention team to identify troubled students who may harm themselves or others. A culture spread across higher education to protect students' safety and limit institutions' liability: Refer, refer, refer, and document that you have referred.

Students' mental-health problems have been steadily increasing for decades. But today, the issues on campuses are far more widespread and urgent than they were 20 years ago. Increasing shares of students are enrolling with mental-health histories, in terms of diagnoses, treatment, and medication. Traditional-age

students have grown up with societal stressors, and a broader college-going population means individuals are grappling with potentially destabilizing challenges.

Not long ago, in 2013, more than half of college students were "flourishing," according to a scale used by the national Healthy Minds Study to measure self-perceived success and good mental health. In 2019, only about four in ten students hit that mark.

More students are being told to get help, or they're seeking it themselves. They are anxious, depressed, and stressed out. They are dealing with relationship or family problems, suicidal thoughts, academic difficulties, and feelings of isolation.

Where are all of these distressed students ending up? Exactly where colleges told them to go: the campus counseling center.

## MANAGE EXPECTATIONS

As colleges, following national trends, have raised awareness of mental health, they have also raised expectations of what they can do for students. But when those students come forward, there isn't necessarily a place for them.

"For many years, we got so good at telling the campus that you had access to five free counseling sessions," says Janelle Patrias, the manager of mental-health initiatives at Colorado State University at Fort Collins. "Now the math on that is crushing us."

The number of students turning to counseling centers rose by 30 to 40 percent between the fall of 2009 and the spring of 2015, according to the Center for Collegiate Mental Health, at Pennsylvania State University. College enrollment over that same period increased by just 5 percent. In other words, demand for campus counseling grew at five to six times the pace of enrollment at those institutions. And that demand has continued to surge. About half of colleges have session limits, commonly 12 per year, but most of those limits are flexible, the Association for University and College Counseling Center Directors has found.

The result is many troubled students in a holding pattern. While two-thirds of counseling centers surveyed by the directors' group didn't have wait lists in 2018, the centers that did had an average of 51 students on the list; one institution had 300. The average time all students had to wait for their first appointment was more than six business days, but for students on the wait list, that delay stretched to almost 18 business days. One small college had an 82-day wait for a counseling appointment; one large university had to tell students it would be 90 days before they could be seen.

For students who do get in, the time between appointments is getting longer, too. Some students who are in regular therapy can schedule an appointment only once a month. And that lower treatment dose is often not effective. Higher caseloads for counselors lead to significantly less improvement in students' mental-health symptoms, according to the Center for Collegiate Mental Health.

There might appear to be a simple solution: Hire more therapists. And many colleges have been. In 2018, 43 percent of counseling centers surveyed by the directors' group had hired new staff members. The ratio of full-time counseling staff members to students has gone from 1,952 to one a decade ago to 1,411 to one today.

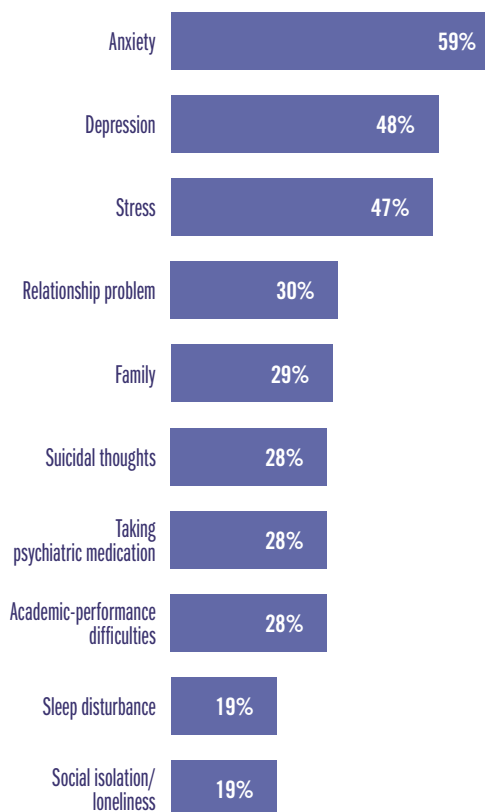
The story of expanding resources is what many students and parents want to hear. And admissions representatives will tell them, We have an excellent counseling center! And treatment is free! As the cost of college has gone up, assumptions that many services, including mental-health care, will be available on campus have grown, too. Meanwhile, community mental-health resources are sparse in most parts of the country, so students might not have a viable treatment option elsewhere. They also might not be able to afford it. That's why some students wait until college to seek help.

But colleges aren't psychiatric facilities. They are generally equipped to provide counseling on a short-term, limited basis. If students require weekly therapy for as long as they're enrolled, or have serious issues that exceed the capabilities of the campus staff, it is hard to accommodate those needs.

Yet counseling centers are increasingly contending with expectations from families and even from campus leaders to provide that treatment. "We're held to a standard that's not real-

## WHAT PROBLEMS STUDENTS PRESENT

Anxiety tops the most frequent concerns among campus-counseling clients.



Source: The Association for University and College Counseling Center Directors Annual Survey 2018

istic, and frankly, it's unethical for us to engage with a student who we know needs a higher level of care," says Sharon Mitchell, senior director of counseling, health, and wellness at the University at Buffalo and the current president of the directors' group. "We're always torn between what we know will actually be helpful, and the expectation parents and administrators have that we help everyone." No one would expect a college to provide comprehensive cancer care, she says. Why should anyone assume that for mental health?

Serving students well is in large part about deciding what resources you can offer — what some institutions call establishing a philosophy of care — communicating that clearly, and then trying to reach everyone who might need help.

When the counseling center at the Johns Hopkins University took steps to accommodate



more students quickly, its website advertised drop-in hours with no wait time. But it didn't tell students what to expect when they came in, says Kevin Shollenberger, the vice provost for student health and well-being. Now the website explains that the center has a triage process and will offer students a wide range of options, one of which might be seeing a therapist.

Johns Hopkins also started orientation sessions for new students' families about the counseling services available. The staff tries to make clear that campus therapy is short-term and goal-oriented, and most students are seen for only six to eight sessions. It's not that the university won't help students with major psychiatric disorders, but that help will probably involve finding an off-campus therapist.

The University of Texas at Austin has seen an 88-percent increase in students seeking counsel-

ing over the past nine years. So the counseling center saves individual slots for students with fewer resources to get help on their own, says Chris Brownson, associate vice president for student affairs and director of the counseling and mental-health center. The center's overarching message to students, he says, is: Start here, and we'll help you figure it out. But for individual therapy, the unofficial motto is: We're here for the students who need us the most.

Colleges cannot — and arguably should not — keep expanding their counseling staffs. If demand for therapy at Austin continues to increase at the current rate of about 10 percent a year, the counseling center will be seeing 100 percent of the university's 50,000 students by 2040.

So what's the alternative? Colleges need to find better ways to manage the demand for

## 5 INSTITUTIONS' PHILOSOPHIES OF CARE



### University of Texas at Austin

**Type:** public flagship

**Enrollment:** 52,000

**Approach to counseling:**

Prioritize students who don't have other options for individual therapy.

While the counseling center promotes access, it runs on what it calls an equity model for therapy, which means that it determines students' need not only psychologically, but also financially. That stands in contrast to the many counseling centers where every student gets 12 sessions, for example. If students at UT-Austin can't afford to see a local provider, the center is more likely to find them a slot for individual counseling. If they have adequate insurance coverage or otherwise can afford to go off campus, a university case manager will help connect them with a community therapist.

### East Tennessee State University

**Type:** public regional

**Enrollment:** 14,000

**Approach to counseling:**

Offer short-term therapy to students with mild to moderate symptoms — or nowhere else to go.

The counseling center is clear on its website about its limited scope of care, saying it can't treat students who have recently shown suicidal behavior, for example, or who are experiencing hallucinations. The small center's therapists want to keep the flow of students moving to minimize wait times for the next wave that needs help. But at an institution with a significant share of low-income students, sometimes the center takes on clients with more-serious conditions who can't afford therapy elsewhere. Counselors also work closely with the university's student-success specialists to help meet basic needs like food and housing.

### College of Lake County

**Type:** community college

**Enrollment:** 14,000

**Approach to counseling:**

Provide culturally responsive services.

Like many two-year institutions, CLC used to have a combined academic-advising and counseling office. But the institution, about 50 miles north of Chicago, opened a dedicated counseling center in 2018 when it was clear the office was overwhelmed. It has grown to three full-time and two part-time staff members serving three campuses. The therapists, some of whom speak Spanish, must be comfortable interacting with a diverse population of students ages 18 to 60, including recent high-school graduates, military veterans, career changers, and working adults.

counseling. The main challenge is to reimagine a treatment model that is currently neither sustainable nor especially effective. Right now many institutions are straining to fit too many students into individual therapy tracks that they don't necessarily need. Other support services and interventions — including low-cost models that can scale up easily — should be available to students instead.

As counseling centers establish philosophies of care and reimagine their treatment models, clear communication is essential. “Yes, we want to help students,” says Lee Burdette Williams, the senior director for mental-health initiatives at Naspa, the national association for student affairs. “But we don't want to make unreasonable promises.”

### RETHINK INTAKE

To get more students in the counseling center's door quickly, colleges can use different models of intake: that first contact with a therapist. But as institutions try to expedite the process, they must also be sensitive to students' needs.

Many counseling centers have adopted some form of triage as the first step. That generally means that a counseling staff member talks — by phone or in person — with each student who seeks help about what that person is going through, and briefly determines how urgent the situation is. Students who are having suicidal thoughts are typically fast-tracked to an appointment. Those with less severe concerns are asked to wait, or to try a different resource.

At the University of North Texas, the counseling center offers a set of triage guidelines, so students know what to ask for. The website spells out defined levels of need: Level 1, for example, is when students feel they are at risk of harming themselves and need an emergency consultation. Level 4 indicates a short-term concern, like a major life decision, but not necessarily a desire for continuing therapy.

On some campuses, triage happens as students call the counseling center. A staff member might talk with them for 10 to 15 minutes and decide what the next step should be. Other institutions have embraced a drop-in-only model, where students come for a first assessment without calling ahead. Elsewhere, a student schedules a consultation and then comes

in, maybe that same day or at least within a couple of days.

The University at Buffalo, part of the State University of New York system, made the move to same-day scheduled assessments in the fall of 2019. At the time, around 40 students were on a wait list for therapy. When their appointments finally rolled around, roughly two weeks after they'd first asked for help, nearly a third either canceled or didn't show up.

To make same-day assessments work, Buffalo's counseling center cut the length of that initial appointment to 30 minutes instead of 60. Students call in to schedule a session, there's little to no wait time, and just 9 percent of students don't end up coming.

Buffalo's new model not only ensures that students are seen quickly, it also points them in a helpful direction. Previously, says Mitchell, many students coming to counseling weren't ready to commit to intensive therapy. Other students didn't need it.

Now, after the intake process, a counselor might refer a student to wellness coaching in the university's health-promotion office. Or if students feel lonely and disconnected

**“For many years, we got so good at telling the campus that you had access to five free counseling sessions. Now the math on that is crushing us.”**

from campus life, they'll get set up with the student-engagement office. “It's more about, what do you want right now, what are the barriers, and how do we get you moving forward?” Mitchell says.

While eliminating wait lists is a commendable goal, colleges have to be careful what they promise. The University of Illinois at Urbana-Champaign introduced same-day assessments, but so many students are now asking

for them that only one-third actually get an appointment the first time they call. If students don't call counseling first thing in the morning, the slots tend to fill up.

Another approach to manage demand is known as stepped care, in which students are offered the lowest levels of treatment first, like peer support or online self-care modules, and then the services are intensified as needed. Along the way, the counseling center will see how students are responding to certain interventions. According to the counseling directors' group, 36 percent of institutions now use some form of stepped care.

For some students, just one counseling appointment can make a big difference. In fact, it might be all they need at the time. That thinking led Brown University to embrace a flexible-care model known as single sessions.

The model is based in part on urgent-care facilities, says Will Meek, Brown's counseling-center director. He saw that many students were coming to the center with immediate concerns, say anxiety about an upcoming test, and they were being told to wait two weeks. Now students can quickly get an appointment that lasts 20 to 30 minutes, instead of the usual hour, and be on their way. Two-thirds of Brown students who seek counseling are now served without entering continuing therapy. Most students get an appointment the same day; if schedules don't line up, they'll have to wait an average of three days.

"They don't have to get locked into a track," Meek says. "They can come and go when they need it." Shifting most students to single sessions has freed up slots for students who need regular therapy and can now schedule weekly appointments. According to Meek, the existing research, if not extensive, supports the idea that a concise session can be just as effective as a longer one. Tufts University has started using the single-session model at the most high-demand times of year: the beginning of each semester and right before finals.

One potential drawback to expediting triage is that some counseling centers are being forced to shift most of their staff time to rapid-access services. The risk is that colleges may come to depend on the one-time brief appointment too much. For students who really need mental-health care, traditional, regular therapy is a better bet, says

## A 'Comprehensive Approach' to Protect Emotional Health and Prevent Suicide

The Jed Foundation is a national nonprofit that advocates for mental-health protections for teens and young adults. Founded in 2000 and named for Jed Satow, who died by suicide two years earlier while a student at the University of Arizona, the group works with high schools and colleges to improve mental-health, substance-misuse, and suicide-prevention programs.

Here are the seven tenets, with brief descriptions, of what the group calls its Comprehensive Approach:

**Provide mental-health and substance-abuse services:** Campus counseling should be accessible and flexible, with a high-quality, diverse staff who can connect students with local providers if needed.

**Increase help-seeking behavior:** Work to destigmatize mental-health issues and raise awareness of the resources available to students.

**Identify students at risk:** Maintain systems to spot troubled students and intervene, and train frontline faculty and staff members, as well as peers, to recognize and refer anyone in distress.

**Promote social connectedness:** Strengthen student engagement and help build relationships across campus to minimize feelings of loneliness and isolation.

**Develop life skills:** Teach students healthy ways to cope with stress, including decision making, managing relationships, and finding purpose and meaning.

**Restrict access to potentially lethal means:** Prevent suicide and accidents by conducting an environmental scan and limiting access to weapons, for example, and rooftops.

**Follow crisis-management procedure:** Publicize a 24/7 crisis phone or chat line, and share information back and forth, as appropriate, with local emergency rooms.



Ben Locke, the senior director of counseling and psychological services at Pennsylvania State University and executive director of the Center for Collegiate Mental Health. “We want to get people in,” he says. “But if we don’t get them better, are we really doing anything?” The key for colleges is to blend accessibility and intensive treatment, using the intake process to determine what best suits each student.

### SERVE GROUPS

The menu of options that counseling centers offer may also include group therapy, where 10 to 12 students meet simultaneously with one or two counselors. Group therapy is not a new approach, but institutions are making more use of it these days, some running more than 100 group sessions a year. That move is partly out of necessity — more students served at once — but it also suits patterns counselors are noticing in students’ needs.

Anxiety is the top concern that colleges see among today’s students, says Barry Schreier, the director of the university counseling ser-

vice at the University of Iowa. While students might find the concept of groups uncomfortable, he says, that model is often an effective form of anxiety treatment. What’s more, colleges typically don’t put session limits on group therapy, so students can stick with their group until they graduate.

Ohio State University, with more than 60,000 students, has one of the largest group-therapy programs nationwide. One of its groups, Buckeye Brothers, is designed to reach men. That’s important, says Micky Sharma, the director of the counseling and consultation service at Ohio State, because even as the stigma around mental health has faded for many students, men continue to underutilize the counseling center. Ohio State promotes Buckeye Brothers not as therapy, but as a supportive space for men to bond over video games, sports, and team-building activities.

Group therapy might be less successful at smaller institutions. Furman University, where the enrollment is about 3,000, makes some use of groups, but the counseling center can’t establish one for every concern that a student may have. Also, it’s harder to guarantee stu-

## PHILOSOPHIES OF CARE



### Texas Christian University

**Type:** private religious

**Enrollment:** 11,000

**Approach to counseling:**

Serve even the most troubled students on campus.

The university used to refer students with suicidal ideation off campus. But they still required a lot of the counseling center’s resources, because they tended to have a high incidence of relapse, and would reappear in crisis. Now the university partners with a local provider to offer students an intensive outpatient program that meets on campus for three hours, three nights a week. In response to any concerns about liability, campus counselors argue that keeping students around actually reduces the risk of harm because they’re less likely to fall through the cracks.

### Hamilton College

**Type:** private liberal arts

**Enrollment:** 2,000

**Approach to counseling:**

Stick with traditional therapy.

Students who want to be seen right away can schedule quick consultations at the counseling center. But otherwise, the center focuses on offering regular, ongoing therapy and building trust and connection with each student. For students with mental-health diagnoses, that’s what the center finds to be the most effective treatment, and the college can hire enough counselors to keep their caseloads and client hours manageable. The counseling center is able to go above and beyond with its resources, offering massage chairs, acupuncture, weighted blankets, sound therapy, and light therapy to help with seasonal affective disorder in upstate New York.

## EFFECT OF CAMPUS THERAPY

### Students' Satisfaction

Very satisfied Satisfied Somewhat satisfied Somewhat dissatisfied Dissatisfied Very dissatisfied

Quality of therapists



Respect for privacy



Scheduling appointments without long delays



Source: The Healthy Minds Study 2018-2019 Data Report

### Impact on Studies

**66%** of students say campus therapy helped their academic performance.

**63%** of students say campus therapy helped them stay enrolled.

Source: The Association for University and College Counseling Center Directors Annual Survey 2018

dents' comfort and privacy, says Thomas Baez, the counseling-center director. "Everyone knows everyone," he says.

Furman relies more on workshops, where students can come together in a structured environment around a specific topic, like boundaries, resilience, or public speaking. That way students are learning how to manage their emotions but don't have to share as many deeply personal experiences, Baez says.

Ohio State also holds workshops, on topics like beating anxiety and letting go of perfectionism. At Central Washington University, many students participate in a workshop called Pathways before they start individual therapy. It consists of three 50-minute seminars focused on mindfulness, acceptance of past experiences, and willingness to stop struggling with inner turmoil.

Workshops may also appeal to students who are unfamiliar or uncomfortable with the prospect of an individual therapy session in which they will be expected to do most of the talking.

The move away from individual therapy can be an adjustment for therapists, who may not have experience or interest in running workshops in front of dozens of students. In hiring and training counselors, a college should recognize that it is calling on them to fulfill the role of educator as much as mental-health provider.

### CONNECT STUDENTS WITH PEERS

Colleges are also trying to figure out the role of peers in helping students manage their mental health. It is an attractively inexpensive way to take some of the pressure off the counseling center, and, when managed well, it can benefit both peer leaders and their classmates.

Texas Christian University's peer-support communities include one for students struggling with alcohol use and another for students who have been through trauma, like a sexual assault. The goal is not psychoeducation, or therapeutic intervention, says Eric Wood, the

director of counseling and mental health at TCU. The recovery support group may never actually talk about alcohol in its weekly meetings. But those students will have someone to call at 3 a.m. if they're feeling tempted to drink.

Peer communities are an option to offer students who come to the counseling center, as well as to promote more broadly. "Our job is not to say that we can offer individual therapy to every student," Wood says. "But we do need to respond." The communities accomplish two things, he says. They give students who don't want to sit on a wait list for therapy an alternative. And they appeal to others who may need support but wouldn't seek traditional counseling.

Perhaps surprisingly, one of the most popular communities at TCU is Dungeons & Dragons. Wood was aware that avid video gamers playing for many hours straight were having a hard time interacting with peers, but the counseling

center had struggled to reach them. So a couple of staff members put together an eight-page manifesto for a D&D group in which gamers would play the tabletop version of the popular game for two hours a week, building social and interpersonal skills. The pilot program, with 12 slots, was instantly full.

Peer counselors are also common on many campuses. Sometimes trained student volunteers will staff a confidential hotline or a designated space where classmates can drop in and chat during specific times. Typically the conversations are about academic stressors or relationship problems with friends or partners.

But students' role, especially if it is being expanded to back up a strained counseling center, can make senior administrators and college lawyers nervous. Why put mental-health care in the hands of amateurs?

Supporters of peer-counseling programs say the name can be misleading. Students ar-

## DESPITE HIGH NEED AND AWARENESS, STUDENTS STILL MIGHT NOT SEEK HELP

■ Strongly agree ■ Agree ■ Somewhat agree ■ Somewhat disagree ■ Disagree ■ Strongly disagree

### Students who say:

I currently need help for emotional- or mental-health problems.



If I needed help, I would know where to go on my campus.



**30%** have received counseling or therapy from a health professional in the past year.

**43%** who screen positive for anxiety or depression have received such counseling in the past year.

### Which factors held them back?

**41%**  
say there was no need.

**27%**  
prefer to deal with issues on their own, or with support from family or friends.

**23%**  
say they don't have enough time.

**15%**  
say it would be too expensive.

Source: The Healthy Minds Study 2018-2019 Data Report

# Support for Students in Recovery

Students who struggle with their mental health often struggle with alcohol or other drug use, and vice versa. Now more colleges are creating recovery communities to support them. While counseling centers often oversee the communities, they generally aren't treatment programs or therapy groups, but opportunities to bring students together around shared values of personal growth.

The programs can help students remain enrolled or transition back after a leave of absence. The Reset, for example, is an addiction, recovery, and coping program at Asheville-Buncombe Technical Community College, in western North Carolina, that came to be after a student died of an opioid overdose on the campus. Baylor University's counseling center recently created an interdisciplinary team to help students overcome eating disorders.

On many campuses, a common issue is binge drinking. At Washington & Lee University, in rural Virginia, about one in five students at any given time probably meets the criteria for alcohol-use disorder, says Kirk Luder, a psychiatrist in the campus counseling center.

In the past, students who returned after leaving the university for treatment would often face setbacks, if not a relapse. Now a recovery community, called the Washingtonian Society, offers structured support. It's based in what used to be a faculty house, and a handful of students among the 20 or so in the program live there each year.

Some participants have had legal trouble, and others are referred by a campus therapist, but many reach out on their own. "The thing that really works for these students is connection — being around friends who can support them," says Luder. That support system is strong

enough that few students are referred out for treatment anymore, he says, and the specialized service can be a competitive edge for the college.

One feature of the Washingtonian Society is that complete sobriety isn't a requirement: Some students in the program are just trying to re-

The community also hosts a 12-step yoga recovery program. At the beginning of each class, students share how they're feeling, and before speaking, everyone takes a moment to breathe. Over time, they become more comfortable saying out loud what they're going through,



WASHINGTON & LEE U.

**The Washingtonian Society at Washington & Lee U., in rural Virginia, offers structured support to students who have struggled with alcohol use. A handful of students among 20 or so in the program each year live together in this house.**

duce their alcohol use. That can be controversial in the recovery field, but on a 2,000-student campus, Luder says, only a mixed community would be large enough to work. The program does offer a separate abstinence-only group.

The University of Connecticut supports a small but active recovery community of 10 students. Sandy Valentine, the program coordinator, works closely with academic advising and the disability office to help students change their class schedules to accommodate Alcoholics Anonymous meetings or therapy sessions. Sometimes she writes letters to faculty members to explain class absences and ask for leniency.

and listening to others without feeling triggered, says Valentine, who is in recovery from addiction herself. "Mental-health and substance-use disorders often go hand in hand," she says. "But it's almost impossible to know which came first until you remove the substance."

On a campus of 32,000 students, Valentine estimates that more than 200 might be struggling with a substance-use disorder. She hopes to increase the awareness and reduce the stigma of the recovery community with an ally program for students, professors, and administrators to learn how to support others. She has trained 50 people so far and would like to reach thousands more.



en't therapists, and campuses shouldn't pretend they are. "We use the model of a knowledgeable friend," says Kirk Luder, a psychiatrist at Washington & Lee University's counseling center. There, students mostly rely on peers to consult about campus resources. At Hamilton College, in New York, peers are available to talk in person from 6 p.m. to 9 p.m. three days a week, as well as on Sunday afternoons, when the counseling center is closed.

Luder believes that adequately trained peer counselors who know how to draw on other resources actually reduce liability for colleges. "It's an added level of detection and support," he says. "We catch problems earlier than we used to."

### TRACK REFERRALS

Colleges' approach to mental-health care has long involved referring students to community providers. That's because counseling centers generally offer only short-term therapy and aren't equipped to treat the entire spectrum of mental-health conditions.

But the referral process is often clunky and inefficient, with little follow-up to make sure students have found help. Counselors tend to hand students an unwieldy binder of local providers, or point to an outdated spreadsheet. Maintaining good lists including names, locations, specialties, fees, and insurance networks is the kind of administrative task today's counseling centers just don't have much time for.

There's often no indication of whether the listed providers have openings for new clients or would be a good fit. Even if stu-

dents do end up calling someone, they might end up playing phone tag for days, get discouraged or too busy with classes, and give up on treatment.

That's why UT-Austin's counseling center has added a case manager, says Brownson, the director there. It's tough for some students to hear that there's not a place for them, he says, and that they need to look off campus for help. The case manager does what's known as a warm handoff, sitting down with students to help them get in touch with local providers — and then checking in later to make sure plans for treatment are on track.

At large institutions, with upward of 25,000 students, more than half of counseling centers use case managers, according to the directors' group. Most of them are responsible for helping students with referrals, in addition to other duties like making follow-up calls to students in crisis.

Some colleges have also turned to third parties, like Thriving Campus and the Shrink Space, to improve referrals. Both of those are online platforms that partner with institutions to digitize lists of community providers. Appointment availability is updated in real time, and students can see whether a particular clinic will take their insurance. Anyone looking for a therapist with a certain background, whether race, ethnicity, or sexual orientation, can use corresponding filters. Before making appointments, students can

AMY PETERSON

Texas Christian U. maintains peer-support communities, like the popular Dungeons & Dragons one here, to reach students who may feel lonely or need help, but are unlikely to seek traditional counseling.



communicate with the providers via online chats. One platform also shows locations on a map, so students can see how far away they are, and if they're accessible by public transportation.

With students' consent, the Shrink Space provides information back to colleges on how things are going, so counseling centers would know if students with similar issues were doing well at a given provider. Thriving Campus does not share data about individual students with institutions, but it will show colleges how many students visited the directory and how many messages they exchanged with local providers.

For students, a streamlined referral can make a big difference, says Michael Baker, a founder of Thriving Campus, which works with more than 50 colleges. "It feels less like they're being banished or dismissed."

Some colleges have also reached understandings, whether formal or informal, with local providers, where they agree to take a certain number of students per year in exchange for some benefit, like the ability to use the university's space after hours.

#### **TRY TELETHERAPY**

Like the health-care system nationally, colleges are also moving in the direction of teletherapy to increase access and fill treatment gaps.

In some cases, few local providers are available, or students don't have the resources to seek off-campus treatment. Teletherapy can also appeal to students who don't want to or can't come to the counseling center regularly — those who are too nervous, have busy schedules, live far from campus, or take classes online. "Technology has to be part of the solution," says Sarah Lipson, an assistant professor at Boston University's School of Public Health and a principal investigator for the Healthy Minds Study.

The term "teletherapy" encompasses many different interventions, including video- and phone-based counseling sessions, text chats with a therapist, online mental-health screenings, and self-guided modules to complete. Because it's less time-intensive to provide and can scale easily, it's generally less expensive for colleges to offer. Teletherapy might allow a student to be seen only once a month in person at the counseling center, while communicating with a therapist remotely or completing assignments online in between. It could also give students who are stuck on a wait

list some temporary respite.

In the last several years, the share of counseling centers offering some form of teletherapy — broadly defined — has jumped substantially, to about 60 percent in 2018, according to the directors' group.

The University of Florida was an early adopter, introducing an online-therapy program back in

**"Our job is not to say that we can offer individual therapy to every student. But we do need to respond."**

2012, after student demand began to overwhelm the counseling center. Therapy Assisted Online, the program created by Florida's former counseling-center director, Sherry Benton, is now in place at more than 150 institutions. It offers brief video-counseling sessions and text messaging with a therapist, and self-help tools that can be used independently.

Other online platforms, including WellTrack and SilverCloud, offer self-guided cognitive behavioral therapy. Counseling centers may encourage some students to try such platforms as a first step before turning to more-intensive in-person treatment. Many institutions have also contracted with ProtoCall, a 24-hour hotline that allows students to talk with a licensed counselor and learn about campus and emergency resources.

Research into teletherapy is encouraging; multiple studies have found that it is as effective as traditional talk therapy. One limitation, though, is that teletherapy methods are changing so quickly, it's hard for the research to keep up.

Counselors might balk at teletherapy because they place a high value on the nuances of in-person communication. There are also concerns about whether providers licensed to practice in one state can treat or prescribe medication to students elsewhere, including on a study-abroad program. Teletherapy tools might also pose problems under the federal privacy law known as Hipaa that pro-

ffects the confidentiality of health information.

But even if campus counselors are skeptical, they acknowledge that technology must play some role in the delivery of treatment. Most counseling centers have at least considered teletherapy, if not embraced it.

## SUSTAIN OUTREACH

Even as students swarm counseling centers, some populations are still underrepresented, notably students of color.

Black students are more likely than white students to keep to themselves their feelings about the difficulties of college, according to a survey by the Steve Fund, an advocacy group for equity in mental health. When they get to college, black and Hispanic students generally feel not only less academically prepared but also less emotionally prepared than their white classmates do, the group has found. Even when they do seek help, they find therapists who mostly don't look like them.

Institutions are responding to those disparities in various ways. UT-Austin has a dedicated team of several therapists whose job is to build relationships with different identity groups. Many counseling centers run peer-support groups for students of color.

The College of Lake County, a two-year institution in Illinois, serves a considerable population of Hispanic students. For the relatively new counseling center there, cultural competence is a must. It opted to hire a therapist who could speak Spanish, so students would feel more comfortable coming into the office. Staff members also call around and make sure the community providers they refer students to include Spanish speakers. Having a translator available doesn't cut it.

When Ohio State adopted a program designed by Cornell University called Let's Talk, it had underserved students in mind. The program is an informal, confidential drop-in service for students to have a quick chat with a therapist. Ohio State uses it specifically to reach students from racial- and ethnic-minority groups, holding the drop-in hours in the campus multicultural center one night a week.

The Let's Talk model is gaining traction not as a replacement for counseling, but as a core form of outreach in general. East Tennessee

State University introduced the program in the fall of 2019. Therapists there are betting that a few minutes with a caring adult — stationed in a highly trafficked space like the library or a residence hall — might be all many students need. Others, with that entry point, could become aware of additional resources.

Larger institutions are also permanently embedding counselors in academic units, residence life, and the athletic department. The University of Iowa secured the funding, through a new mandatory fee approved by the student government, to hire more counselors for each school, so they can understand the unique culture and stressors that affect, say, engineering or nursing students. Iowa's counseling staff of 23 is now spread across seven locations.

**“We want to get people in. But if we don't get them better, are we really doing anything?”**

Outreach can also take the form of campus kiosks and online screenings. The University of California at Los Angeles recently started offering depression screening to all incoming students, as part of a broader research project on depression. The screening takes less than five minutes to complete and gives students immediate feedback. Those whose responses indicate that they have mild depression can sign up for an online program in cognitive behavioral therapy, while students who seem to have severe depression are immediately referred to treatment. If a student is thinking of suicide, a crisis line is alerted.

Broad outreach can fall by the wayside when therapists are stretched thin. But just because lots of students are coming to the counseling center doesn't mean everyone is aware of resources or seeking the help they need. The next section will explore how to reach more students — and how to extend a culture of well-being across the campus.



# Legal Liability and Compliance: 3 Key Issues

One of the most important and complex areas that campus leaders must understand about students' mental health is the law and what it requires. Colleges have to protect patient privacy under the federal health-care law known as Hipaa and student privacy under the federal education-records law known as Ferpa. And institutions need to provide accommodations for students with mental illnesses to ensure equal opportunity under the Americans With Disabilities Act, or ADA.

Colleges should also consider their responsibilities — and the specter of liability — if and when students are at risk of harming themselves or others. On that front, most colleges (94 percent) now have some form of behavioral-intervention team that allows representatives from student affairs, the counseling center, public safety, and other units to share information about students, discuss what kinds of support to offer, and determine when to take action. The teams might not be adequately trained, however, to recognize the early warning signs

of a crisis, and many students may not show up on their radar anyway.

Campus leaders must carefully balance legal obligations and students' interests. Here are three key considerations.

## SUICIDE PREVENTION

As more students have expressed suicidal thoughts over the past two decades, colleges have wrestled with how to respond. The more campus officials know, the more responsibility institutions might have for whatever

Harrison Fowler, in his hometown of Beaumont, Tex., was part of a recently settled lawsuit against Stanford U. over its policy of placing some students facing mental-health issues on involuntary leave. He is now a sophomore at the university.



MICHAEL STARGHILL JR., THE NEW YORK TIMES, REDUX



happens next.

But looking the other way isn't ethical, nor is it how educators think of their jobs, says Gary Pavela, an expert on higher-education law and longtime student-conduct official. "We need to ask the questions in order to save people's lives," he says.

Multiple lawsuits in recent years have argued that colleges and individual administrators are responsible for preventing students' suicides. While colleges generally haven't been held to that standard in the courts, one recent, closely watched case made clear that institutions must do something when they learn of a student's suicidal intentions.

The family of a Ph.D. student at the Massachusetts Institute of Technology who died by suicide in 2009 sued the institution, arguing that campus officials had known of his mental-health problems and had failed to provide him with enough support. MIT argued that it had offered the student resources, but he hadn't taken advantage of them. In 2018 the highest court in Massachusetts sided with MIT, rejecting the idea that the college should act *in loco parentis*, or in place of the parent, and saying: "Generally, there is no duty to prevent another from committing suicide." The ruling applies only to Massachusetts colleges, but it has commanded attention elsewhere.

The decision stressed that colleges don't have to actively search for suicidal students, but if an institution has knowledge of a student's suicide attempt or intention to commit suicide — whether disclosed to a professor, for instance, or a resident adviser — someone must respond. A student's discussions with a therapist, meanwhile, are confidential under medical privacy laws, with narrow exceptions. Mental-health professionals can disclose a student's records without consent only if there is imminent risk to that student or others. The MIT case centered on

institutional responsibility, not medical negligence, which is the standard therapists are usually held to.

According to the ruling in the case, *Nguyen v. MIT*, if colleges have a suicide-prevention protocol — for instance, alerting the campus police and the dean of students — then they must follow it. If there's no protocol in place, institutions must connect the student with clinical care, and if the student refuses professional help, notify the emergency contact. MIT fulfilled those obligations, the court said.

Sometimes college applicants will disclose serious mental-health problems, such as suicidal thoughts, in admission essays. There is no specific legal guidance on how admissions offices should respond. They may

flag such applications to discuss with admitted students what accommodations might be needed if they enroll. Occasionally, admissions officers are alarmed enough that they contact the authorities.

## INVOLUNTARY LEAVE

For many years, colleges used their conduct codes to remove from campus students deemed suicidal. The thinking was twofold: to encourage the students to focus on getting well, and to limit the colleges' liability. So-called involuntary leaves could happen fast, with evictions from campus housing, and some institutions imposed strict conditions on students' return. The conduct code, says Peter F. Lake,

## COST OF CLAIMS

An analysis of claims, or intents to hold an institution liable for a wrongful act, shows how they broke down.

### Claims involving students' general mental health ...

Average defense cost:

**\$11,000**

Average settlement cost:

**\$18,000**

Average time to settle:

**11 months**

Most common situations:

- Expulsion from a program or failure of a critical exam
- Dissatisfaction with the disability-accommodation process or outcome
- Discipline for inappropriate behavior

### Claims involving student deaths by suicide ...

Average defense cost:

**\$45,000**

Average settlement cost:

**\$174,000**

Average time to settle:

**7 months**

Students in campus counseling:

**27%**

Behavioral-intervention team involved:

**8%**

Note: The analysis is based on 451 claims involving higher-education institutions and related to student mental health from January 2011 through May 2019.

Source: United Educators

director of the Center for Excellence in Higher Education Law and Policy at Stetson University, “was a blunt instrument.”

Then, in 2010, the federal government set different standards. New regulations limited colleges’ ability to remove students who had threatened to harm themselves. Only students who threatened to harm others would meet the criteria for immediate removal, according to the U.S. Department of Education’s Office for Civil Rights.

The civil-rights office’s enforcement of the ADA hasn’t been as strong in recent years, Pavela says. But a legal settlement between Stanford University and several students in 2019 put colleges on notice that involuntary-leave policies could not paint with a broad brush.

The students had filed a lawsuit under the ADA, arguing that Stanford’s policy — which required students who posed a “significant risk” or whose behavior “severely” disrupted the campus to take a leave — was discriminatory. Students said they had been coerced into leaving and banned from the campus before they’d even collected their belongings.

Under the settlement, Stanford agreed to take additional steps to accommodate distressed students before forcing them to leave. Officials also agreed to make it easier for those students to re-enroll, eliminating a requirement that they submit a personal statement justifying their bid to come back.

Surveys have found that 15 to 20 percent of students today have considered or attempted suicide; colleges can’t force all of them to leave. And the data show that most students who consider suicide don’t end up killing themselves. Suicide rates on campuses are lower than in society at large.

“Even when you encounter someone in ideation,” Pavela says, “you’re more likely to be wrong than right.”



DREW ANGERER/THE NEW YORK TIMES

**Requests to bring emotional-support animals to campus have gone beyond dogs and cats to pigs and tarantulas, and here, at St. Mary’s College of Maryland, a rabbit.**

And college may be a safer, healthier place for a troubled student to be. Perhaps the support network is stronger there, a disruption would be unsettling, or going home would exacerbate family problems. Weapons are generally harder to obtain on a campus. And students might have more access to mental-health resources there.

The trend on involuntary leave is clear: It should be a last resort.

### **EMOTIONAL-SUPPORT ANIMALS**

Many more students are asking colleges if they can bring emotional-support animals into their residence halls. Institutions at first tended to weigh the requests on a case-by-case basis, but some have now developed formal policies.

Under the federal Fair Housing Act, students who have a demonstrated medical need — in other words, a letter from a mental-health professional — are entitled to keep animals in their rooms. But they can’t take them to class: Only service animals, such as

guide dogs, are covered under the ADA.

In recent years, some students have complained to the federal government about campus restrictions on emotional-support animals. The Justice Department has reached settlements with several colleges, including the University of Nebraska at Kearney and Kent State University, in which they agreed to pay students some restitution and change their policies.

As a result, colleges are opening their doors more widely to animals of different kinds, including dogs, cats, rabbits, and ferrets. Some institutions have even designated pet-friendly dormitories, given the volume of requests.

As this trend continues, administrators should discuss how to navigate potential disputes — for example, when one student wants her emotional-support dog to live with her in a dorm room, but another woman in the suite is allergic. Colleges also must determine what limits, if any, to put on the types of animals that can live on campus.



## SECTION 2



# Well-Being Across the Campus

A faculty member and students at the U. of Texas at Austin participate in a mindfulness activity at the campus's Blanton Museum of Art.

ANDREW MENDOZA

# M

ANAGING DEMAND for counseling is the most urgent but not necessarily the most important piece of the much bigger, more complicated puzzle of students' mental health. Although colleges need to invest in counseling, concentrating solely on that won't serve students well.

"You can't just keep bailing the boat," says Betsy Cracco, executive director for well-being, access, and prevention at the University of Massachusetts at Amherst. Her title is a clue as

to where the field of campus mental health is headed.

As treatment facilities, counseling centers' spheres of influence are limited. The evidence of that can be tragic. Students who die by suicide are often not known to the counseling center, and research shows that 50 percent of students who drop out due to behavioral-health conditions never accessed mental-health services. To be sure, students can thrive in therapy. But some of those who seek it out might be as well if not better served in other ways.

## TAKEAWAYS

Colleges need to invest in counseling but also shift their focus more toward outreach and prevention, targeting some of the root causes of students' distress.

Training faculty and staff members as gatekeepers can help them feel more comfortable offering students empathy and support.

New roles and campus spaces devoted to wellness and well-being are cropping up nationwide.

Wellness education can take different forms, from online programs and mindfulness workshops to campuswide campaigns and first-year seminars.

Prioritizing students' emotional health may prove to be a vital retention strategy.



Under the pressure of overwhelming demand for treatment, it can be hard to tell who needs what, and to conduct broader outreach. As long as counseling centers are scrambling to triage a flood of students every day, therapists don't have as much time to try to get through to those who are slipping into dark places. Or to underserved populations, like students of color, who are less likely to come forward to seek help.

Stemming the rising rates of distress — and reducing the demand for treatment — will mean focusing on prevention and targeting root causes. Put in strategic-plan speak, student well-being must be promoted at every level of the institution, from classrooms and residence halls to libraries and athletic facilities. But what does that actually mean?

Here's how colleges are trying to shift more of their mental-health care outside of the clinical environment.

### LEND STUDENTS AN EAR

If you are a professor or administrator, chances are you've found yourself sitting with a student and realizing that something is wrong. You might ask how he or she is feeling and listen for a while.

If the student is in your class, you might offer to extend a deadline. If he or she is nervous about an upcoming test, maybe you'll suggest a visit to the tutoring center. If the student is upset about a course or major that isn't going well, you could recommend an appointment with an academic adviser.

That's the kind of human interaction that some mental-health experts worry is becoming less common. Over the past two decades, the culture of referrals that has taken shape across higher education — driven by fears of suicide or a mass shooting — has convinced some students that they are mentally ill when they are just having a tough time, and many faculty and staff members that they are incapable of helping those students themselves.

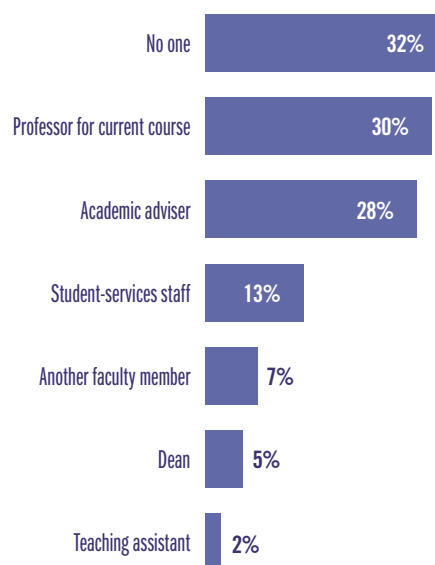
"'You should talk to someone' has become code for 'You should talk to a licensed clinician,'" says Gary Glass, director of counseling and career services at Emory University's Oxford College, a liberal-arts campus for first- and second-year students. There's not enough nuance in the conversation about what issues

students are dealing with, Glass says. "The bottom line is, by classifying these problems as mental-health challenges, we are reducing the role other administrators can play, and leaving the community feeling like they are untrained to deal with anything that suggests a student is not completely fine."

To be clear, it's good that more students now recognize that they are struggling. But what some of them are grappling with — grief, difficulty regulating emotions, or lack of sleep — doesn't necessarily require clinical mental-health resources. "We have to tease apart distresses that require professional help, and what is normative human experience," says

### SUPPORT FOR STRUGGLING STUDENTS

When mental health gets in the way of coursework, whom do students feel they can tell?



**15%** of students have talked with academic personnel about mental-health problems affecting performance.

**91%** of students say the response was supportive or very supportive.

Source: The Healthy Minds Study 2018-2019 Data Report

Ben Locke, executive director of the Center for Collegiate Mental Health and senior director of counseling and psychological services at Pennsylvania State University.

How can colleges help faculty and staff members on the front lines feel more comfortable in those personal moments with students? An approach gaining traction is known as gatekeeper training, because it targets the so-called gatekeepers who interact frequently with students, like professors and resident advisers.

The programs build on traditional models of suicide prevention, which help people recognize warning signs and develop a sense of what to ask and when to refer a student to a mental-health professional. In many scenarios, the programs promote listening, encouraging students to open up about their fears, and talking through resources.

One ready-made training popular with colleges is Mental Health First Aid, which promises to give participants, in an eight-hour course, the skills they need to respond to distressed students. The University of California at Santa Cruz now requires all RAs to complete the training. The University of North Carolina at Chapel Hill has hired a part-time coordinator to oversee the program, which trained 900 faculty and staff members in its first two years.

Some colleges are developing their own programs. “Before you buy a curriculum, see if you can be responsive to your university’s culture,” says Aaron Krasnow, associate vice president of counseling services and health services at Arizona State University, which designed a program focused on empathy. “We train people on how to be responsive to a human in need,” he says.

The University of Pennsylvania also developed its own training, I CARE, after a number of students died by suicide several years ago, and the campus community demanded action. Penn researchers have studied the program’s effectiveness and found that people who complete the training — about 4,000 have so far — report that they know how to intervene even 15 months later.

One participant said she learned to avoid giving a friend her opinions or advice, and instead focus on asking questions and helping the friend think through options, according to the study. “I let them do all the talking,” another participant said, “and allowed myself to become

sort of a guide to sort out their thoughts.”

Despite the training, such conversations don’t always go smoothly. Some participants in the study said students told them they didn’t have time to seek out campus resources. Professors without offices struggled to find a place for a

**“You should talk to someone’ has become code for ‘You should talk to a licensed clinician.’”**

confidential conversation. But most people who completed the program at least remembered the basics of what to say (I CARE’s “core skills” are to inquire, connect, acknowledge, respond, and explore). In general, research indicates that campus gatekeeper programs improve people’s ability to recognize students in distress, but they don’t always lead to action, like explicitly asking whether students have thought about killing themselves, a move experts say is important.

How can faculty and staff members better signal to students that they’re willing to listen? Hamilton College is planning to train and designate many of its employees as “care connectors,” based in part on the model of Safe Zone, the program that involves professors and administrators posting signs on office doors identifying them as a resource for LGBTQ students. The college is conducting a pilot program in the spring of 2020, says Terry Martinez, vice president and dean of students. Once it’s up and running, her office will make funding available for anyone who is available to go to coffee or lunch with a student.

Faculty members are some of the most important campus gatekeepers, because while pinning down students can be difficult, they do, in theory, have to go to class. And professors have always served as mentors in some capacity. In this day and age, however, they may be uncomfortable maintaining or expanding that role. Not only are faculty members gen-

# Anxiety, in Students' Words: How Colleges Can Help

Two in three students have felt overwhelming anxiety, according to the American College Health Association, and anxiety is the top reason students seek campus counseling, directors of those centers report.

In a partnership with [Active Minds](#), a national organization with more than 500 campus chapters dedicated to mental-health advocacy, *The Chronicle* solicited responses in 2018 from students across the country. How had their professors or administrators helped, how could they be more supportive, and what should people on campus know about students and anxiety?

"If we could 'calm down,' we would," one student wrote. "Obviously." When someone shows concern, or simply listens, that can make all the difference, students said. Here are selected responses, edited for length and clarity, from a *Chronicle* cover story in 2018.

It's very physical for me. It starts in my chest, and then I kind of get short of breath maybe. I get the chills a lot, when I get anxiety. It's hard for me to listen or understand. I think it's really important to normalize the conversation around taking a day off for your mental health just as you would for your physical health.

—Carly, Emerson College

There are times when everything piles up, and it feels as though there was nothing I could have done to avoid it and nothing I can do to make it better. I just have to ride it out and do as best as I can. In these times, my work may not be as great of quality, or I may seem scattered and like I don't care about that teacher's class or about my academics, but I do.

—Emily, U. of Nebraska at Lincoln



JULIA SCHMALZ FOR THE CHRONICLE

Carly, a student at Emerson College, and others involved in [Active Minds](#), a national organization dedicated to mental-health advocacy, shared their experiences with anxiety.

I panicked during a routine test. I forgot to take my medication, and I got the "deer in the headlights" feeling. It was horrifying. Anxiety is not brought on just because we didn't study hard enough. I had a teacher tell me that. It boiled my blood.

—Kelly, Pensacola State College

Mental health is included as a disability at my school, and if I officially registered as disabled, I could probably get extra time or test accommoda-

tions. But I'm afraid that having that information on my record would make my professors see me as not taking my studies seriously enough. There's a mandatory clause about mental health in every syllabus, but that's essentially just lip service. What really makes a difference is when professors demonstrate through their actions that they accept mental-health problems as a reasonable explanation for struggling with a class.

—Anonymous, U. of Minnesota-Twin Cities

I've had extreme panic attacks at school where I've had to leave class and go home because I was going to start hyperventilating. The first time this ever happened, the professor whose class I was in was very supportive of me and mental-health issues. She noticed something was wrong the minute I came to class, and she asked me if I was doing OK. When I told her I wasn't, she just replied, "Do what is best for you." So about 15 minutes into the class, I walked out, and she sent me an email

later that day to follow up with me.

—Anonymous, Kent State U.

When my anxiety was really bad, I approached my TA, not my professors. My TA was incredibly helpful and allowed me to leave class early when I couldn't handle being around too many people. I didn't approach my professors mostly because I didn't feel comfortable enough. Based off of comments they made during lectures, I assumed they weren't very empathetic toward this subject.

—Anonymous, U. of California at Riverside

I wish my professors knew my side of things, that I stay up worrying and get an unhealthy amount of sleep, and that's why I can't focus during lectures or do well on tests on certain days. I wish they would even care to ask, because maybe if they did, I'd feel more willing to explain.

—Cammy, Fitchburg State U.

Our campus offers a meditative nook in which students can decompress, a cafe to recharge with coffee, a courtyard, and faculty are always available to try and talk out issues with you, especially if it's affecting school-work. A classmate of mine even mentioned how our professor reached out to make sure she has a way to manage anxiety. That same professor has incorporated mindfulness-based approaches into our lectures, so that

we have some tools to use to self-calm.

—Ashley, Northern Virginia Community College Medical Education Campus

I come from a minority group that struggles to stay in college compared with other demographics, and a college education is even more important for our ability to thrive in society. Such groups should be more strongly targeted by their schools with outreach for mental-health purposes. I am not talking about babying entitled "snowflakes." I mean respecting the diversity of students, which might include populations and cultures that might not even discover or be aware of a mental-health issue in themselves until the pressures of college courses come bearing down upon them.

—Anonymous, campus withheld

An administrator paid for my therapy session. I couldn't afford (at the time) the \$25 fee to see a therapist during summer semester.

—Amelia, Salt Lake Community College

My professors during my finals have let me listen to instrumental music to keep myself calm.

—Ryan, U. of Nebraska at Lincoln

If you are willing to talk to students about their sources of anxiety, or walk them to a counselor on campus who can, then you may be helping more than you know.

—Meghan, campus withheld

erally more pressed for time, given multiple obligations, but as more students come to college with serious mental-health conditions, it's understandable to feel inclined to just send them to counseling.

"We have to normalize mental-health challenges for faculty members so it's not scary when a student shows up and seeks guidance from a mentor," says Lee Burdette Williams, senior director for mental-health initiatives at Naspa, the national student-affairs association. "That way we can deputize people all over campus to recognize challenges and not be afraid to have conversations with a student. That might be all they need at that moment."

Peers can be gatekeepers, too. Hundreds of institutions now either require or encourage students to complete an online training program called Kognito to teach them how to respond when a friend is feeling down. The University of South Florida puts the training on the same plane as others that students must do in alcohol prevention and financial literacy.

## CREATE SUPPORTIVE CLASSROOMS

Some colleges are also asking professors to re-evaluate their classroom environments, syllabi, and academic policies. The hope is that faculty members will be able not only to identify struggling students, but to prevent more academic-related problems from escalating.

Such changes can help students anywhere, but they're especially well suited to selective institutions that may perpetuate a culture of succeeding at all costs, which can leave students feeling overworked and afraid to fail. "Colleges more and more are asking those hard questions: What messages am I giving students?" says Michelle Bowdler, executive director of health and wellness services at



Tufts University.

There will always be stressful points in the semester. But perhaps professors could make assignments due in the evening, instead of at midnight, and encourage students to go to sleep earlier. Maybe an instructor could start class with a brief — say two-minute — meditation. Or professors could think about what behavior they're modeling. If they're working in the lab until 3 a.m., students, especially graduate stu-

dents, might think that's expected of them, too.

Faculty members are, of course, sensitive to the perception of decreasing academic rigor. And in the real world, some argue, employers won't be so attentive to emotional well-being. Plus, faculty members themselves are already overwhelmed by their research, teaching, and service workloads. So additional requests must make clear that they're not too time-consuming.

## Embracing Digital Detox

**A**s researchers and campus practitioners study and observe why today's students tend to be so overwhelmed and lonely, they point to smartphones as one culprit.

Mental-health concerns among teens and young adults surged around 2012, the same time the share of Americans owning a smartphone jumped above 50 percent, says Jean M. Twenge, a professor of psychology at San Diego State University and national expert on Gen Z, the generation born after 1995. "The iPhone isn't the only shaping influence, but it has had an outsize impact," she told *The Chronicle* in 2017.

As young people scroll through social media and compare themselves to their peers online, Twenge says, they become less confident. As they constantly check the internet and consume the news of the day, they become less optimistic. And as they interact with their friends more through Snapchat than in person, they feel isolated. According to the annual freshman survey conducted by the University of California at Los Angeles, the more time students spend on social media each week, the more likely they are to feel depressed, anxious, and overwhelmed.

Smartphones aren't going away. Still, some colleges are encouraging students to unplug for a while.

As part of a first-year seminar in

the fall of 2019, Adelphi University, in New York, assigned a handful of students to give up their phones for a week. The freshmen had to use a landline or email to contact their parents — and some had to buy alarm clocks. The first few days brought reports of withdrawal symptoms as well



NEWSDAY

**As part of a first-year seminar called "Life Unplugged," students at Adelphi U. gave up their cell-phones for a week. The students reported feeling relaxed and able to fall asleep more easily.**

as phantom vibrations, as though the missing phones were buzzing with notifications. But during a check-in halfway through the week, students reported feeling relaxed and able to fall asleep more easily.

Colleges are also embracing outdoor retreats as a form of digital detox. At the University of Scranton, a Jesuit institution in Pennsylvania, retreats have long been a part of students' religious education. But the technology-free opportunities have

taken on new meaning for younger generations, says the Rev. Herbert B. Keller, vice president for mission and ministry at Scranton. "Those times for reflection are so rare and so precious in our culture," he says.

Scranton offers silent retreats focused on introspection, prayer, and a connection with God, as well as backpacking trips in Death Valley with more group interaction. One that falls in the middle of the semester bills itself as "the busy person's retreat."

About 1,400 of Scranton's 6,000 students participated in a retreat last year. The goals are to instill a habit of reflection and to build resilience. "We want students to have the tools to deal with all the messiness of their

lives," Keller says.

Retreats aren't just for religious colleges. The University of Connecticut has also developed a digital detox called the Connect & Challenge Wellness Retreat, or C2. Events include team-building, yoga, meditation, hiking, and climbing — a "chance to unplug from the daily campus grind." Leaving your phone behind, the university tells students, "may be the most difficult and rewarding challenge."

Johns Hopkins University officials are working with the public-health school to pilot a new faculty-information session on classroom culture. The University of Texas at Austin's counseling center has hired a faculty member from the College of Education to work as a curriculum specialist. She consults with professors on the importance of learning names and saying directly that they're invested in students, academically and personally.

While faculty members can't get to know every student in a class of 150, simple gestures can show they care, and strengthen relationships, says Chris Brownson, associate vice president for student affairs and director of the counseling and mental-health center at Austin. One professor his center worked with had trouble getting students in her lecture hall to come to office hours. Then, at the start of one semester, she extended an explicit invitation, telling her students that she cared about them and wanted to ensure their academic and emotional well-being.

All of a sudden, her office hours were full. "It took almost nothing from her," Brownson says. Austin has published a handbook for faculty members on how they can make their classrooms more welcoming by, for instance, briefly sharing personal anecdotes about how they struggled in their own studies.

### **HIGHLIGHT THE IMPORTANCE OF WELLNESS**

Embracing a campuswide view of wellness starts with building up an infrastructure. Colleges are creating and redefining roles, bringing different units and services under one roof, even designing new wellness spaces. While certain moves are easier for well-resourced institutions to make, other shifts are not as expensive or time-intensive.

Some institutions are hiring chief wellness or well-being officers and putting them in charge of various efforts. Someone in that role might oversee the counseling center, health services, prevention education, the recreation center, and the disability office. The idea is to treat mental health not as a specialized concern or a separate office, but a natural part of campus life.

Betsy Cracco, at UMass, is one such well-being advocate. She is a licensed therapist and also a yoga instructor. She has spent a lot of time



SYRACUSE U.

**Barnes Center at the Arch, the new wellness center at Syracuse U., offers pet therapy several hours a week with community partners to help students relax.**

thinking about what kind of personal growth can happen outside of therapy. "Sitting and talking is one way of healing," she says, "but that's a very doctor's-office mentality."

Arizona State, Johns Hopkins University, and Penn all have stand-alone chief wellness officers. At George Mason University, the executive director of the interdisciplinary Center for the Advancement of Well-Being also serves as the university's chief well-being officer.

At Hopkins, the vice provost for student health and well-being, Kevin Shollenberger, is a longtime student-affairs official who stepped up to fill a need. In 2018, a task force shared recommendations for improving campus mental health, which included promoting "a climate of awareness and support," improving access to services, and ramping up awareness training for students and employees. Shollenberger took charge in the summer of 2019 to get the ball rolling.

Colleges are also turning to what they call wellness coaches to teach students stress man-

agement, decision-making, and healthy mindsets. Many students who come to Ohio State University's counseling center are connected with a wellness-coaching program that's run by trained undergraduate and graduate students. The University of South Florida's success and wellness coaches include staff members, professors, and graduate students.

Campus wellness centers might sound like glorified recreation facilities, but these days, they're more focused on mental and emotional health.

Syracuse University's new wellness center takes literally the idea of "stepped care," the model in which students start with a low level of intervention, and treatment is intensified as needed. The building has a meditation area on the first floor, along with peer educators and pet therapy: real animals, but also virtual-reality ones — students can put on a headset to "swim" with whales and dolphins. Seeing a therapist requires going to the third floor.

Say a Syracuse student heads up to the counseling center with mild anxiety or depression. In the past, that student might have started therapy or been prescribed medication, says Cory Wallack, interim executive director of health and wellness. Now the student might have a brief counseling session, then spend time

with a personal trainer. Another student might go to group therapy one week, a fitness class the next, and the climbing wall the week after that. When some students insist that they need

**“Colleges more and more are asking those hard questions: What messages am I giving students?”**

weekly therapy, Wallack responds: Are you willing to try something else first? Research suggests that regular exercise can be as effective as medication at treating moderate depression.

The College of William & Mary opened a new wellness center in 2018, featuring a water wall in the lobby, indoor plants, and a meditation labyrinth. Just outside is a zen garden with a plaque instructing students how to use it. Natural light streams through the building's glass walls, which look out on a wildlife refuge. The center was built with state, university, and private funds.

The McLeod Tyler Wellness Center at the College of William & Mary, which looks out on a wildlife refuge, is home to counseling and student-health offices, as well as meditation spaces. Since the center opened in 2018, annual assessments have shown a shift in campus beliefs about the importance of wellness.



STEPHEN SALPUKAS



# The Wellness-Tech Buzz

Even as technology can be a factor in students' mental-health problems, it has to be part of the solution. To try to ease the burden on counseling centers, extend their reach, and emphasize prevention, colleges need to meet students where they are: on their smartphones.

An occasional digital detox, perhaps in the form of a retreat or class assignment, might be valuable. But in the midst of daily life, a phone can be a helpful tool to build coping skills. Beyond true teletherapy — a video or a chat session with a counselor — dozens of platforms and apps offer a range of resources. The options are proliferating so quickly, it's tough to keep up.

Ohio State University, which released a student-wellness app in early 2020, is one of the first institutions to design its own. A more common move is to purchase access to existing platforms for all students and employees. Some colleges buy subscriptions to meditation apps, for instance, which are increasingly popular among students.

More than 60 institutions have signed on to You at College, an online platform built through a partnership between Colorado State University at Fort Collins and the company Grit Digital Health. Like Ohio State's app, it was designed with students' input. Through the You at College website, they can find campus resources, including where to go in a

crisis, as well as measure and track personal goals for nutrition, exercise, and sleep, and explore tips for managing problems like stress and fatigue. Community-college students are some of the most frequent users, says Nathaan Demers, a clinical psychologist and vice president at Grit Digital Health.

Some wellness tools on the market use cognitive behavioral therapy, an approach for treating depression, anxiety, and other mental-health conditions that guides people to recognize and change unhealthy thoughts, beliefs, and attitudes. Students can use apps like WellTrack or SilverCloud, for example, to track their moods and feelings on a daily basis, and work through modules for managing stress and depression. The platforms can help students who are on wait lists for campus counseling, or serve as supplements for those who are already in treatment.

One drawback to wellness technology is that students might not use the tools. Even if students download an app or fill out a profile, they can fall off track quickly, because whether or not they follow through is up to them. Research has found that nearly 50 percent of users who download smartphone

apps to deal with symptoms of depression don't complete the modules.

There's also concern about the amount of personal health data that different tools collect and whether



OHIO STATE U.

Ohio State U. released a student-wellness app in early 2020.

the companies that make them can be trusted to keep students' information safe. Some platforms and apps ask users to log their stress and anxiety levels, hours of sleep, and other health indicators. Because that information isn't covered by Hipaa, the federal law on medical-records privacy, companies aren't required to protect it in the same way. So as colleges explore behavioral-health technology, privacy should be a key consideration.

Ultimately, apps and websites, no matter what they promise, probably aren't as effective as counseling and medication are. But as a form of prevention and outreach — especially if the alternative is that some struggling students won't use any resources at all — technology seems like a worthwhile bet.

Assessments are already showing a shift in people's beliefs about the importance of wellness, says Kelly Crace, associate vice president for health and wellness at William & Mary. The hope is that the center will increase help-seeking in various forms. That need became especially urgent after the 2014-15 academic year, when four students took their own lives. So far,

the center has noted that students may come in with a specific purpose, like getting an allergy shot, but when they leave, they're more aware of what else is there.

One recent evening, a student walked into the wellness center crying, says Crace. He was standing near the front desk with a couple of students serving as "wellness ambassadors." He



# 3 Tips for Meeting Grad Students' Needs

Students pursuing graduate or professional degrees are struggling just as much with their mental health as undergraduates are, if not more. Some of the contributing factors are the same: anxiety, depression, the stress of balancing many obligations, and the uncertainty of a life transition. But the particular academic demands of graduate and professional programs can be unique stressors. What's more, the campus counseling center doesn't always understand or meet grad students' needs.

Ph.D. students are often assigned to teach undergraduate courses while pursuing research projects for their advisers and working on their own dissertations. Those in STEM fields tend to work late into the night in their labs because they believe it's expected of them. Impostor syndrome is common, and stalled research can lead to feelings of hopelessness. Law students, meanwhile, face years of grueling coursework. Medical students work long, draining shifts in hospitals. In most fields, work-life balance suffers, and the job market is dauntingly competitive.

Relationships with advisers are fundamental to Ph.D. students' progress and career prospects. If those relationships sour, for whatever reason, or just aren't supportive enough, students can flounder. Financial challenges are another common problem: In professional fields, debt runs high, and among Ph.D. students, stipends can be nearly impossible to live on.

At Vanderbilt University, graduate students drafted a "bill of rights"

outlining what they believe the institution should provide in terms of mental-health care and support. The document, which the president and the dean of the graduate school endorsed, holds the university responsible for combating stigma around mental health; providing adequate mental-health services for grad students, whether on or off campus; and ensuring that all new graduate students are connected with a care coordinator who can point them to resources.



COURTESY OF SUSANNA HARRIS

**Susanna Harris, a doctoral student in microbiology at the U. of North Carolina at Chapel Hill, started a project called PhD Balance to give grad students a place to talk about mental health and resilience.**

Here are three tips to help colleges meet the mental-health needs of grad students.

**Extend counseling hours:** Graduate students who teach classes, work in a lab, and hold office hours might struggle to get to the counseling center during business hours. Unlike undergraduates, grad students tend to spend much of their time in one campus building, without passing by the counseling center during the course of the day. At Tufts Universi-

ty, in response to graduate students' concerns about access, the center now stays open until 7 p.m. one night a week.

**Embed counselors:** Some large universities are embedding counselors in one academic unit to help reach grad students and better understand their common stressors. The University of Texas at Austin runs a program called CARE, or Counselors in Academic Residence, that deploys nine counseling staff members

across the campus. That makes it easy for people to refer grad students to counseling, because there's a therapist who is both close by and well known.

**Connect students with outside resources, and one another:** Graduate students across the country have created their own nonclinical support resources that colleges could promote. An online community called PhD Balance highlights stories of resilience in graduate education, raising awareness and reminding students that they're not alone. A number of students host podcasts that discuss

managing mental health, among other issues.

The Johns Hopkins University has created a peer-support community for Ph.D. students who are writing their dissertations, offering them a space to discuss their anxieties, especially if they aren't able to do so with their advisers. Rowan University is homing in on medical students with a support program and other resources. And Vanderbilt has hired a graduate-life coach to work with students to resolve conflicts.

assumed the student in tears would go to the counseling center. Instead, she asked where she could find a meditation alcove. One of the ambassadors led the way.

A dedicated space for wellness doesn't have to be a gleaming new center, or have water walls and massage chairs. Some institutions have simply designated existing rooms as campus wellness spaces. There students can meditate, relax in comfortable chairs, or take advantage of natural light or light therapy, which can help those who struggle with seasonal affective disorder, a type of depression that hits during gloomy fall and winter months. The space might include some sensory elements, like music or aroma diffusers, which can offer students on the autism spectrum or with attention deficit hyperactivity disorder a reprieve from busy campus life.

The student-body president at East Tennessee State University has proposed hiring a director of wellness, paid for with new student fees. The move would put prevention programs under a new umbrella, says Dan Jones, the university's counseling-center director. His center currently coordinates alcohol- and substance-use programs and oversees a violence-prevention specialist. But prevention education can be classified as wellness, not counseling.

A new director overseeing all wellness efforts could also tap public-health students to serve as peer educators, says Jones. They could develop practical skills for their careers, he says, while supporting their classmates. Eventually, he hopes to help create a physical wellness center, initially by repurposing existing space.

### CULTIVATE HEALTHY MIND-SETS

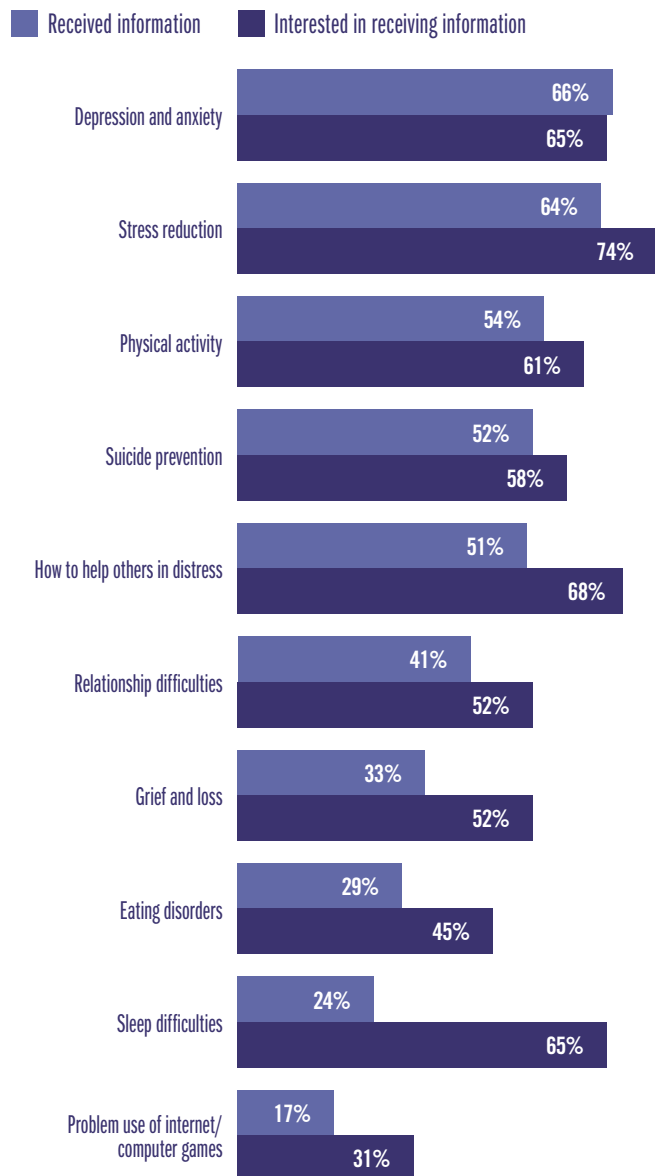
Colleges are experimenting with new ways to teach students

how to improve their own well-being, and to look out for their friends. That education can happen in person or online — during orientation, as part of the curriculum, or through a campuswide campaign.

One program many colleges have adopted is Koru Mindfulness, which was developed by two

## THE GUIDANCE STUDENTS WANT

On many issues, students would welcome more information from their colleges.



Source: American College Health Association-National College Health Assessment, Spring 2019

longtime staff members at Duke University's counseling center. The in-person course, which meets once a week for four weeks, focuses on meditation and regulating emotions using techniques the program describes as accessible and relevant to students' lives.

At first, says Holly Rogers, a psychiatrist and one of the founders, Duke's counseling center offered Koru to students who were stuck on the wait list. Today it's run through the university's wellness center. That reflects a mission change, Rogers says: The goal is to keep more students from needing individual therapy at all. A 2014 study showed that Koru helped students sleep better, reduce their stress levels, and feel less negatively about themselves.

About half of the trained Koru instructors across the country are faculty members. Some even embed the program into first-year experience courses, which are mandatory at some institutions.

Several institutions are developing their own wellness courses. The University of California at Berkeley offers a course in "adulting," which teaches students techniques for living on a budget, managing stress, and eating healthy. Carleton College offers a noncredit 10-week course known as "Happy Hour" that meets for an hour a week and centers on finding purpose and optimism in life. At the University of Southern California, "Thrive: Foundations of Well-Being" is a one-credit course that officials eventually hope to require for all new students.

Since 2011, Emory University has required students to take a first-year course called "Health 100: It's Your Health." Led by older students, the classes involve readings and discussions on issues like how sleep affects health. Emory's Oxford College, meanwhile, has restructured freshman orientation around the concept of mind-sets. Every day has a different theme: Success involves failure. You are enough. Devote time to play. Students can pick which theme resonates most with them and get a corresponding T-shirt.

## 10 Recommendations to Support Minority Students' Mental Health

Students of color tend to face more stressors and yet are less likely to seek counseling, according to the Steve Fund and the Jed Foundation, two national nonprofits that advocate for the mental health and emotional well-being of young people, the former with a focus on students of color. The organizations came together to publish the Equity in Mental Health Framework in 2017, which offers 10 recommendations to colleges, described here in brief.

**Make the mental health and well-being of students of color a campuswide priority.** Consider it in drafting mission and vision statements, as well as in setting funding and staffing levels.

**Engage students to provide guidance and feedback.** Conduct surveys and focus groups, and track data (including on mental-health-service utilization) to understand changing patterns and needs.

**Recruit, train, and retain a diverse faculty and staff.** Strive for them to represent the student body, and emphasize multicultural competence in all roles, especially those involving student support.

**Create opportunities to reflect on current issues.** Organize forums or other programs to discuss national and international events, cultural movements, social justice, and intergroup relations. Support diverse student clubs and activities.

**Dedicate roles to the well-being and success of students of color.** Senior administrators and informal meet-and-greet sessions can help improve the campus climate.

**Maintain an effective response system.** Students and employees should be aware of conduct policies and an institutionwide process for reporting incidents or raising concerns.

**Offer support in varied formats.** Consider mentor networks, discussion groups, transition programs for new students, and workshops that name common challenges (like stereotype threat, or the risk of conforming to stereotypes) and recognize intersecting identities.

**Promote programs and services through multiple channels.** Increase participation by drawing on student leaders to develop offerings and by spreading the word on campus, websites, and social media.

**Gauge effectiveness of programs and practices.** Collect data on satisfaction and outcomes, invite students' ideas, and refine offerings accordingly.

**Share information and resources.** Within and between institutions — through work groups, national organizations, and consortia — create opportunities for students, faculty members, and administrators to discuss common experiences and lessons learned.

The new orientation won't solve everyone's problems, but it helps, says Gary Glass, the college's counseling and career-services director. "We have a lot of students who need a therapist, who are coming from trauma, who have depression that's clearly a medical phenomenon and need medication," he says. "But so much of what we see in students is reflective of mindsets and mentalities."

Running a campuswide wellness campaign can also promote healthy habits for sleep, for example, deep breathing, or believing in oneself. Macalester College's sleep campaign emphasizes research findings that students who don't get enough sleep are much more likely to have symptoms of anxiety and depression. The campaign hopes to make staying up all night to study "as culturally irrelevant as the landline." Faculty members can bring a health expert into their first-year classes to discuss the importance of sleep, and the college has put together a campus "nap map" to help students find places to snooze.

The Jed Foundation, a national advocacy group that partners with colleges to strengthen their mental-health policies and programs, offers a free set of postcards, fliers, and videos for its campaign "Seize the Awkward," which encourages people to fill a moment of silence in a conversation by asking how someone's doing. Colleges are also continuing the longstanding practice of offering different forms of stress relief at high-pressure times of year: late-night pancake breakfasts, for example, and therapy dogs on the quad.

**"Sitting and talking is one way of healing, but that's a very doctor's-office mentality."**

One challenge for institutions with commuter populations is getting students to show up for wellness programs. "They're not well attended," says Tina Hardy, the disability-services coordinator at Illinois Valley Community College. So the college relies more on tech-

nology. Illinois Valley has bought into You at College, an online platform that offers students "little digestible bites" of information, Hardy says, about campus resources, stress-management techniques, and more. The first year, she applied for a grant to fund the tool, but the college has since budgeted to support it.

"We have so many commuters, and so many people who can't latch onto the services here, or get help, advice, or support because of their schedules," Hardy says. But they can use the online platform anywhere. Metrics show that students rely on it most for help with anxiety, study skills, and breathing techniques.

Residential, commuter, and distance-education students could all use a little help. In California, Foothill-De Anza Community College District used a grant from the state's community-college system to create a "Wellness Central" platform for online students.

## **BUILD RESILIENCE INTO STUDENT SUCCESS**

Educators these days talk a lot about resilience and grit. There's increasing recognition that cultivating those qualities can help students not only persist in college, but prepare for a successful career and life.

While some campus leaders may worry about the "low distress tolerance" of students today — say, homesickness presenting as desperation — others point out how many more students have had to overcome major obstacles just to get to campus. Rather than dismissing students as "snowflakes," more campus leaders are promoting a holistic approach of learning and personal growth.

At William & Mary, more than 2,000 students each year go through a resilience-building program called the Authentic Excellence Initiative. It teaches students — through workshops, online programs, and other means — how to manage emotional distress and challenges without counseling. Many students start the program thinking they need therapy, but change their minds along the way, says Crace, the associate vice president for health and wellness.

As part of a campuswide resilience project, Florida State University recently started requiring new students to complete an online training program. It's supposed to help them





An adviser at the U. of Oklahoma at Norman trained as an academic life coach helps students think deeply about what they want to get out of college.

BRETT DEERING

learn to navigate stressful situations and rebound from change, grief, or frustration. While it's suitable for anyone, it's targeted toward a growing number of students who have suffered from trauma.

Whether and how such programs build grit and resilience in students — and how long the effects last — are the central questions of a recent research project involving students at four private universities in North and South Carolina. One takeaway so far is that four key factors that bolster students' resilience and well-being are self-control, academic engagement, self-compassion, and meaningful relationships.

Many institutions are pursuing those areas through coaching, a form of advising that is both personal and academic. At the University of Oklahoma, for example, coaches are dedicated to supporting low-income students and keeping them on track.

In California's community-college system, many students struggle to be academically resilient because they're food or housing insecure. Among the students who responded to a 2019 survey, half had worried about where their next meal was coming from at some point in the previous month, and nearly 20 percent had been homeless in the previous year. The system

received funding from the state legislature to create basic-needs hubs on many of its campuses, which include food pantries, clothing closets, and housing assistance.

Promoting well-being across the campus isn't just about easing the burden on the counseling center or making students feel good. It's about student success.

At the University of South Florida, officials zeroed in on emotional well-being as part of an effort to improve retention and graduation rates. The institution hired more therapists, yes. But USF also trained wellness coaches and set up better channels of communication between the career center, academic advising, financial aid, and the registrar: the sites of the most common stressors in students' lives.

"We should be ready to support them on their path to graduation no matter what," says Paul Dosal, vice president for student success. "As a community, we have to commit to that."

The holistic approach seems to be working. At USF, 24 percent of students used to graduate in four years and 48 percent in six years. Now those figures are 61 percent and 73 percent, respectively. Dosal and others there see the connection clearly: When students are emotionally well, they are more likely to persist and complete their degrees.

## WHAT'S AHEAD

**S**TUDENTS' mental health keeps college leaders up at night. It has become a bigger priority in recent years on most campuses, with more money going toward mental-health resources and more mentions of well-being in strategic plans.

Meanwhile, big questions are swirling: How much treatment can colleges provide to troubled students? Are there points at which colleges should draw a line and say, Sorry, we can't do that? Debates over those and similar questions reflect rising public expectations, shortcomings in mental-health care in society at large, and evolving interpretations of colleges' legal responsibilities and moral obligations.

In the fall of 2019, the largest community college in Pennsylvania made a major decision: to stop providing mental-health care, period.

Central Pennsylvania's Community College, known as HACC, discontinued individual and group therapy without even notifying all students. The decision was financial, according to the college, which faced declining enrollment and a budget deficit. Not many students were using the mental-health services anyway, officials said, and the counseling office would continue to provide academic support, vocational guidance, and information about food and housing benefits in the community.

Criticism from students and others prompted

the college to sign a one-year contract with a private company to provide three therapy sessions per semester for any student who wanted them. But the provider isn't holding sessions on any of the college's five campuses, most of which are at least a 30-minute drive from the nearest office where students can be seen. The college is also promoting free, 24/7 virtual counseling.

**“Most counseling centers and campus mental-health agencies are barely keeping their heads above water.”**

Many institutions are strained financially. They are trying to maintain enrollment, meet payroll, and stay in the black. Finding money to hire another therapist or expand wellness programs may not seem feasible. Yet students' rising mental-health concerns haven't spared any institution. “Most counseling centers and campus mental-health agencies are barely keeping their heads above water,” says Dan Jones, direc-

tor of the counseling center at East Tennessee State University.

Campus therapists are under pressure to treat more and more clients, but they simply can't fit 60 students into 20 hours, one former counselor's weekly puzzle. "Counseling-center folks can't keep doing this," says Betsy Cracco, executive director for well-being, access, and prevention at the University of Massachusetts at Amherst. "It's relentless."

That reality points to a potential future when more institutions follow HACC's lead and get out of the business of mental-health care altogether. While more than 40 percent of counseling centers added staff members in the 2017-18 academic year, according to the Association for University and College Counseling Center Directors, about 9 percent lost positions. Among midsize institutions, about 15 percent did. Teletherapy, or virtual counseling tools, may become an increasingly popular alternative.

Already the disparities in colleges' offerings are stark: While Syracuse University students, for example, have access to a state-of-the-art wellness facility with a large counseling staff, personal trainers, and virtual-reality therapy, many students elsewhere might get a hotline number or a referral.

Still, campuses are continuing to develop creative approaches because educators see the signs of distress in students and want to help them. There's also an economic argument. Mental-health problems cause students to drop out, and many colleges can't afford to lose them.

The national Healthy Minds Network, a research center on adolescent and young-adult mental health based at the University of Michigan at Ann Arbor, has attempted to calculate

a college's return on investment for expanding mental-health resources. Reaching 1,000 additional students, the center estimates, means retaining 8.5 more of them — and that tuition revenue.

Several steps to promote wellness cost colleges relatively little. They are training students as peer counselors, and faculty and staff members as gatekeepers to draw students out in conversation. Colleges are infusing well-being into the curriculum, syllabi, teaching, and campus life. Emergency numbers now appear on the backs of some student IDs to raise awareness of resources.

Campus leaders must figure out what they can offer, based on their enrollment, location, and resources. An urban commuter campus might not need a comprehensive counseling center. At a rural liberal-arts college, meanwhile, there may be nowhere else for students to go. Single-session therapy could be the right bet as a primary form of treatment, or maybe a blend of group therapy, peer-support communities, and workshops would serve students well.

If current trends persist, more students will be arriving at college with mental-health diagnoses and rising levels of distress. There are many reasons for that: advances in treatment that make college possible for more students, societal and financial stressors, smartphones and social media, the pressure to succeed.

The traditional campus-counseling model — everyone gets in line for a therapy appointment — worked when the stigma of mental health was stronger and fewer students were willing to seek help. More are coming forward now, both because the stigma is lifting and because that's what colleges told them to do.

Faster triage can't be the only solution. Students' needs are changing, and colleges must change with them. Here's how.

### **Create flexible treatment models**

Instead of directing so many students to individual therapy, campus counseling centers should offer support in different forms, some of them less time-intensive and less expensive. One-off counseling sessions, group therapy, and stress-management workshops are three ways to not only serve more students but also make it more likely they can get help right away, without sitting on a wait list. Those types of support might even be a better fit for what they're going through than would a series of therapy appointments.

### **Build resilience**

Resilience is a buzzword these days, but it signals an important concept in mental health. Resilient students are happier, less overwhelmed, and more likely to succeed, in college and beyond. Finding ways to integrate resilience into the curriculum reflects a holistic approach to education that blends learning and personal growth. Instead of focusing on diagnosing and treating mental-health disorders, colleges should pay more attention to developing healthy mind-sets, says Gary Glass, director of counseling and career services at Emory University's Oxford College.

### **Train everyone**

Faculty and staff members may be inclined to refer students to the counseling center at the first sign of distress. But sometimes a struggling student just needs a caring person to listen. Colleges can draw on ready-made training programs to help so-called gatekeepers feel more comfortable in serving as sources of support. Institutions could also tap their own researchers to develop programs. Classes are prime opportunities for professors, in small ways, to promote well-being and show students they care. Students, too, should be trained to support their peers.

### **Try not to send students away**

For years colleges often compelled students whom they deemed suicidal to leave campus, and made it difficult for them to return. But students argued that such an approach was discriminatory, and government officials and courts have increasingly agreed. Colleges should try, within reason, to keep distressed students enrolled, with accommodations like changes in course schedules or supports like addiction-recovery communities. Some students might still need a break to focus on getting better, and in those cases officials should follow up regularly and help students transition back to campus when they're ready.

### **Emphasize well-being campuswide**

The counseling center can't — and shouldn't — be the only place on a campus responsible for students' emotional health. While therapists provide treatment, colleges as a whole should focus on prevention. Some students end up at the counseling center because they spiraled into a decline over many months. If they can find support and develop coping skills elsewhere, a crisis may never come. Wellness spaces, coaches, online tools, and noncredit courses can help build that infrastructure. "We need to talk more about sleep and eating and exercising," says Terry Martinez, vice president and dean of students at Hamilton College.

### **Manage expectations**

Colleges trying to stabilize or expand enrollment might promise comprehensive mental-health resources to students and their parents. But officials should be clear with prospective students' families about what counseling services are available and discuss at the outset what the students might need. If an institution isn't able to provide weekly therapy, for example, a case manager might be able to connect a student with a community provider, and follow up to make sure treatment is on track. If students enroll with the expectation of free therapy for four or more years, that's going to leave colleges scrambling and students dissatisfied.



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