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Supporting college student mental health: A university-wide partnership

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ABSTRACT

In a unique partnership, the Office of Student Life (which oversees counseling and wellness services) joined with the Office of the Provost (which oversees academic programs and faculty) to create a robust response to student mental health concerns by involving faculty in this effort. This approach included written guidelines and comprehensive training for faculty in a multilayered approach. The training program resulted in positive post-workshop responses from faculty who reported greater comfort in dealing with student concerns and increased awareness of resources. Partnerships between the academic side of a university and the student services side can bolster other campus resources to support college student mental health.

College student mental health has been a topic of concern for several decades, but never more so since the 2020 COVID-19 pandemic. According to available data (Kraft, 2011; Lipson et al., 2022), such concerns began to significantly rise and be recognized as a major issue around the mid-2010s, with studies showing significant increases in reported mental health issues among college students since 2013. More specifically, a large-scale study of more than 350,000 students from 373 campuses found that mental health worsened among all groups studied over the period from 2013 to 2021, reporting that more than 60% of the students met criteria for one or more mental health problems, a nearly 50% increase from 2013 (Lipson et al., 2022). This upsurge was particularly pronounced among students of color. For example, American Indian/Alaskan Native students experienced the largest increases in depression, anxiety, suicidal ideation and meeting criteria for one or more mental health problems.

In March 2020, when residential college students in the US were forced to pack up and head home to finish their semester online, it is likely that the

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social isolation, fear and uncertainty led to significant increases in depression, anxiety, eating disorders and suicidality. Data from pandemic-era studies illustrate the negative consequences to college student mental health (Bitter & McCrea, 2022). Findings from the 2022 annual National Healthy Minds Study of 76,406 students found that in the previous year, 36% experienced clinically significant anxiety, 41% experienced depression and 49% experienced an anxiety or depressive disorder (Eisenberg et al., 2023; https://healthymindsnetwork.org/wp-content/uploads/2023/08/HMS_National-Report-2022-2023_full.pdf). This is compared to results from the 2019 survey, in which 31% reported clinically significant anxiety, 36% depression and 44% had an anxiety or depressive disorder (https://healthymindsnetwork.org/wp-content/uploads/2020/08/f2019_HMS_national_final.pdf).

Significantly, despite the return to campus and easing of COVID-19 restrictions in 2022, major mental health issues continue to afflict college students, prompting Hughes et al. (2023) to advise that universities should anticipate high levels of distress after the pandemic. Some data indicate a slight receding in some areas, as indicated by the work of The Center for Collegiate Mental Health (CCMH; Center for Collegiate Mental Health, 2024, January) at Pennsylvania State University, which is a national research center and international practice-research network of over 800 colleges and universities whose mission it is to "bridge the gap between science and practice in college counseling centers" (p. 1, https://ccmh.psu.edu/). CCMH provides comprehensive reports on data that are collected as part of routine practice when students seek mental health treatment at colleges and universities. The CCMH annual report found that while generalized anxiety increased slightly in the academic year 2022–23, depression slightly decreased. Further, the report noted that "of the areas that notably increased after the onset of COVID-19 (social anxiety, academic distress, eating concerns and family distress), only academic distress appears to be receding, with social anxiety and family distress continuing to increase slightly and eating concerns flattening" (p. 12, https://ccmh.psu.edu/assets/docs/2023_Annual%20Report.pdf).

Related, the severity of students seeking help from counseling centers is on the rise. The 2024 CCMH report found that: rates of prior counseling and psychotropic medication usage were at their highest levels since data from counseling centers were first collected in 2012; over 63% of students entered services with prior counseling experiences; a history of a psychiatric hospitalization has trended upward since 2020; and a history of trauma increased overall during the previous 12 years, rising from 37.5% in 2012 to 45.5% in 2024. While serious suicidal ideation marginally declined, a history of suicide attempt(s) increased from 8.7% in 2012 to 10.9% in 2024. These important and rich data indicate that the

severity of presentation of students to counseling centers has increased along several dimensions and bolster the need for mental health support to extend beyond counseling centers (e.g., faculty). Training faculty to recognize mental health needs and provide support and resource information may be beneficial in this effort.

Zhou and Eisenberg (2022, p. 341) urged campuses "to consider to the adequacy of current approaches in supporting student mental health, especially for underserved populations, as the prevalence of mental health symptoms continues to rise." Counseling centers at colleges and universities did not appear to be prepared for the increased need for mental health services during the pandemic, which shone a light on the often-inadequate resources to meet student demand on many college campuses. Prior to the pandemic, the need for services at counseling centers outweighed available resources. A survey by the Association for University and College Counseling Center Directors in 2019 (LeViness et al., 2019) found that 87.3% of directors reported experiencing an increased demand for counseling services in the previous year, reporting that 12.2% more clients were served in 2019 than in 2018 (https://www.aucccd.org/assets/documents/Survey/2019%20AUCCCD%20Survey-2020-05-31-PUBLIC.pdf). This substantial student need continues to exceed the capacity at many college counseling centers, which has led to a burgeoning literature proposing innovative ways to address this crisis.

Digital interventions, peer-to-peer support and therapists living in residence halls (Marijolovic, 2023) have been offered as ways to deal with increased need for student mental health resources (American Psychological Association, 2024; Bailey et al., 2022). Determining ways to address this crisis continues to engage multiple offices at colleges and universities. As pointed out by Harris et al. (2021), the limited resources of college counseling centers have spurred universities to think more creatively about how to address the many mental health needs of their students.

One relatively untapped resource in this effort is faculty members who interact closely with students. Abelson et al. (2023) asked the critical question "What works for improving mental health in higher education?" and suggested that gatekeeper training would be a useful strategy. Interestingly, in their 35-page monograph, the word "faculty" is used only twice. In a survey conducted by Lipson et al. (2021) which polled 1685 faculty members in spring 2021, nearly 80% of faculty members reported that they had had a conversation with a student who related a mental health concern in the previous 12 months. However, fewer than 30% of faculty reported that they had received any training on how to have such discussions and 61% thought that basic mental health training should be required for all faculty members, leading the authors to conclude that universities "can do a better job in supporting faculty as they fulfill this increasingly important role… (p. 3)."

University-wide efforts to address student mental health have been developed to improve mental health support. The "Red Folder Initiative" developed by the University of California in 2012 has been widely implemented at a number of institutions in the US (https://www.psu.edu/news/student-affairs/story/red-folder-initiative-designed-help-identify-assist-students-distress; https://www.ucop.edu/student-mental-health-resources/training-and-programs/faculty-and-staff-outreach/red-folder-initiative.html#:~:text=In%202012%2C%20UC%20launched%20the,with%20distressing%20or%20distressed%20students). Additionally, the JED Foundation (www.jedfoundation.org) was founded as a non-profit organization dedicated to young adult mental health and works with colleges and universities to improve mental health services for students. The efforts of these initiatives could be enhanced with greater involvement from university faculty.

We believe faculty can and should play a greater role in attending to this crisis. Addressing and bridging the gap that exists between student life and academia to provide a more holistic, robust approach to mental health and student well-being is an important goal. As one effort toward this connection, we created a unique cross-university partnership to train faculty to recognize and respond to mental health concerns in their students. In doing so, we anticipated that faculty would learn how to better support student mental health needs and to point students to resources as needed. Thus, the aim of this paper is to describe this joint effort between the Office of Student Life and the Office of the Provost to develop and implement this faculty program.

Materials and Method

In response to increased student need, faculty members' unique connection to students in their classrooms and faculty requests for help in dealing with increasingly more student concerns presenting to them, the Office of the Provost partnered with the Counseling Center director and staff to create faculty guidelines for addressing student mental health. The guide includes four elements: (1) data on student mental health both national and local; (2) signs indicating urgent and non-urgent student mental health concerns with suggestions as to how to respond; (3) scenarios of typical student-faculty situations and examples of both verbal and e-mail responses; and (4) university resources for students. Collaboration with students through the campus student group Active Minds led to enhancements to the guide, which included adding recommendations for syllabus language and language encouraging increased flexibility by faculty. The faculty guide was widely distributed to faculty, department chairs, associate deans and deans. A presentation at a Faculty Senate meeting indicated significant faculty interest in the topic. A town hall, attended by 125 faculty, led to many requests for training to supplement the faculty guide.

Thus, in summer 2022, a faculty training program was designed utilizing the expertise of the team to develop a relatively short but relevant and meaningful training workshop for faculty. The team included the Senior Vice Provost for Academic Affairs, who is a clinical psychologist by training whose role at the university is to oversee academic and faculty matters, the Assistant Vice Chancellor for Wellness, a clinical psychologist and former director of the counseling center, the Director of Wellness Initiatives, and the Director of the Office of Prevention & Education, both of whom are licensed social workers. The training was widely advertised, and faculty signed up for the workshop on a voluntary basis.

The faculty training workshop was 90 minutes in length and designed so that half of the time was spent providing informational content and the other half on interactive activities. The content and activities in the workshop were as follows:

(1) Introduction to the topic by providing relevant data and encouraging faculty to share their own experiences in the classroom.
(2) Framing of the training which emphasized "faculty as partners" by clearly recognizing and acknowledging that faculty are not and were not expected to be mental health providers. Instead, the framing of the workshop encouraged faculty to think of themselves as partners, on the front line (classroom and office hours), who could provide students with supportive responses and key information to get the help they need from the appropriate resources.
(3) A series of scenarios to differentiate emergency, urgent and non-urgent situations and instructions and suggestions as to how to respond to them. The scenarios included information about how culture and identity may impact students' mental health and how students might vocalize these concerns to faculty and the appropriate responses. Faculty participants were reminded of the data indicating greater mental health concerns and less service utilization in students of color and were provided information on how to address issues related to identity.
(4) Two skills were taught that are reflective of a motivational interviewing approach (Miller & Rollnick, 2023): Asking open-ended supportive questions and reflecting back student concerns to indicate empathic listening. Faculty then practiced these skills in pairs, while facilitators observed, coached and provided feedback.
(5) Emphasis on the importance of briefly following up by checking in with the student in a non-judgmental and discreet way after an initial conversation.
(6) Scenarios were provided that facilitated practice and role-play opportunities. Feedback was given by facilitators and faculty peers after the

role-plays. Participants were asked to focus on how they would respond to the student, what resources would be suggested and how they might follow up with the student.

(7) A period for open questions and discussion with the faculty participants concluded the workshop. After the workshop, the faculty were asked to complete an anonymous 4-question program evaluation survey. As the brief survey was completely anonymous and utilized as a program evaluation, the institutional review board (IRB) determined it was exempt and consent was not required. There was no identifying information on the paper survey which was handed out at the end of the training and placed on a table near the door by the participants as they left the room. We have no information of any kind about who filled out the survey and hence the IRB did not require consent.

Results

Over the course of the 2022–23 academic year, five training workshops were offered (three in person and two virtually). Participation was voluntary and 121 faculty attended the workshops. Of these, 62 (51%) completed a four-question post-workshop survey to provide empirical program evaluation data. The first three questions used a 5-point response scale (1 = strongly disagree to 5 = strongly agree) and the fourth open-ended question requested suggestions for improvement. In response to the first question ("Due to this training, I can identify signs that a student may be struggling"), 100% of the respondents indicated that they strongly or somewhat agreed that they could identify signs that a student may be struggling. Question 2 ("Due to this training, I feel comfortable responding to a student who shares mental health concerns with me") resulted in 93.5% of the respondents indicating agreement. Finally, Question 3 ("Due to this training, I'm now aware of the resources that I can refer students to who need more support") resulted in 100% of faculty indicating that they strongly or somewhat agreed with this statement.

Regarding suggestions for improvement, faculty shared that additional examples of potential student interactions and more time to practice in small groups would be helpful. One participant asked about an opportunity to have training workshops for each department, and several requested a summary of resources to display in their office. Multiple faculty members requested guidance on when to give extensions to students who indicate they are struggling. Several suggested that the training be adapted to address nontraditional students and those who are in online classes, particularly on how to assess issues and respond in the remote format. A final topic concerned first

responders and the request for information about how they approach students and their training about student mental health issues. Overall, faculty participants were positive about the training and grateful for the opportunity to learn.

Conclusions

Utilizing the frontline resource of the faculty in recognizing and responding to student mental health concerns provides one tool to manage this crisis on college campuses. Faculty response to both the faculty guide and to the faculty training was overall positive. However, relatively few faculty volunteered to participate in this mental health training workshop. Although there are objections to mandated training opportunities for faculty, relying on faculty volunteerism may mean that only a few faculty learn about dealing with student mental health issues.

College mental health clinicians often cite that limited resources are available to reach students on their campuses (Cohen et al., 2022). Faculty can be helpful by providing information on the array of resources to students, by responding to them in an empathic manner, and facilitatating connections with university mental health services. As mental health concerns may be a result of academic stress, faculty-clinician partnerships may be a key asset for a student who is experiencing anxiety or other concerns centered around academic demands.

Limitations of this study include the small sample size and the lack of pre-workshop and follow-up data. Thus, we do not know whether faculty were already aware of how to identify students who were struggling or knew of the university resources prior to the training. As the survey was anonymous, we do not have information on those who attended the workshop except that they were full-time faculty.

Future work will include the addition of a pre-test and providing training at department or college meetings. Moreover, obtaining feedback from students who interacted with faculty who volunteered for the training and from the counseling center staff would enhance outcomes. Support from the counseling center on college campuses is critical for university-wide efforts, and we were fortunate to have a strong partnership in the current work. Finally, it would be beneficial to determine whether the 90-minute time frame for the workshop is an adequate amount of time to address the issues of concern.

Implications for college mental health clinicians

Faculty members function as a first point of contact for many students when they have mental health concerns, and they can be utilized, appropriately, to assist students to get the help they need. Providing robust, albeit limited-scope training will facilitate greater access for students and lend a degree of comfort to faculty in dealing with the concerns presented to them. Partnerships between the academic side of a university (faculty, classroom and office hour interactions) and the student services side (counseling center, student groups) can bolster the ability for college mental health professionals to reach students in need and provide services to promote student health and academic success.

Disclosure statement

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