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# Mental Health Needs in the Honors Community: Beyond Good Intentions

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In addressing mental health needs in honors communities, I first need to explain that I am not a mental health practitioner; I am a sociologist. The types of issues that interest me are structural: what can we do to set up supportive environments that help all our students. We need to respond appropriately to individuals, but we also need also to look at the larger system (Bertram et al.; JED Foundation, “A Guide”; Atkins & Frazier).

For honors educators, the challenges that students face in their daily lives are an ongoing concern. We are all aware of the rising rates of undergraduate mental health issues (Locke et al.; Cook; Ross et al.; Towbes & Cohen). Our students regularly articulate “fears and anxieties and doubts about their abilities” (Tough) and tell us about barriers that impede their progress, but careful listening reveals concerns that range beyond individual performance anxieties. Students also address a “widespread presence of intrapersonal difficulties, social isolation, and stress” (Mitchell et al. 23). We need, therefore, to look beyond those students we perceive to be at risk and address the larger campus context (Kelleher).

Our regular efforts to respond to students in crisis may include connecting students to campus health care services, exploring disability service options, and reaching out for help (if appropriate) to residential life services, academic advisors, and individual faculty (Novotney). We also sometimes contact families. Although we are limited, sometimes severely so, by inadequate institutional resources, we are uniquely situated in honors to expand our view beyond the individual to the larger social environment in which our students interact. Honors educators use multiple resources during any given day and have thus become adept at seeing how our programs fit into both our campus communities and the larger national discourse on both honors and, more generally, higher education.

A critical advantage that honors has in these conversations is its interdisciplinarity. The fundamental principles of honors education make it responsive to difficult conversations. Also, our faculty are clearly linked to the day-to-day lives of students in important and meaningful ways and have helped us understand the changing profile of the classroom experience. As a result, we are aware that our students are sometimes reluctant to take advantage of resources; they fear being stigmatized by peers, professors, and university officials (Cook; Rosenthal & Wilson; Eisenberg et al.). Some faculty also experience their own “fear and uncertainty” or reluctance “to have students with mental disorders in their classrooms” (Caughill 2–3), creating significant barriers (O’Connor-Merrigan). Discussing these issues within our community helps to both neutralize stigma and normalize mental health concerns (Mitchell et al.; Sontag-Padilla et al.).

Many of our students now seem comfortable using the language of mental health concerns as they articulate stress and anxiety about not just academics but time-management, sleep, family relations, and future plans (New; Berman et al.; Wu; Britz & Papas). A step that many of us as honors administrators now need to take is becoming familiar with the national discourse on mental health. We each know how responses are framed by our program and on our campus, and we are aware that the strengths and weaknesses of these responses can be far-ranging, but fewer of us are aware of larger discussions. We need to know more.

Specific federal legislation has moved mental health discussions forward. Section 504 of the Rehabilitation Act laid out the rights of individuals with disabilities (U.S. Department of Justice), and the 1990 Americans with Disabilities Act guaranteed these rights (Collins & Mowbray, “Understanding”). We can access important resources like the National Alliance

on Mental Illness report *College Students Speak: A Survey Report on Mental Health*, which provides a good overview for grounding honors educators in the national discussion of campus mental health. Other resources include the JED Foundation and top campus mental health services such as the one at the University of Michigan. There also is a next step.

As interdisciplinary units, our less-siloed vision opens the door for us to frame responses to individual, programmatic, and campus wellbeing (Miller & Amar; Chaszar; Klein & Newell). When we speak about interdisciplinarity, we are usually talking about curriculum development, but interdisciplinarity also offers a lens to imagine strategies for using our multi-faceted resources. Here are some initial ideas and suggestions to move campus conversations forward:

### **For Faculty and Staff:**

- Offer training opportunities for faculty and have informal conversations with them. Introduce them to campus resources such as health care and disability resources. Make them aware of federal legislation. Talk about the implications of an inclusive classroom culture (Arcus). Raise a discussion of trigger warnings (Brown). Heighten their awareness of national discussions and reaffirm your partnership with them in responding to the rapidly changing/challenging classroom climate (Coleman & Kotinek; Kadison and DiGeronimo; Nolan et al.). Understand what they can offer the conversation as individuals and as a collective.
- Think deeply about curriculum development. Assess the possibilities of developing a course focusing on mental health issues and/or integrating mental health conversations within current curriculum offerings. Infusing these conversations into the curriculum supports faculty and students in making connections between “academic content and real world college experience, and the implications for mental health” (Mitchell 22).
- Invite staff from various services on campus to formal and informal honors events where they can interact with our students, faculty, and staff. Such opportunities help familiarize or reacquaint all of us with our campus resources, including health and disability resources, and other units such as residential life and student groups. Also, many campuses currently have student mental health advocacy groups.

Consider what steps are taken by these groups to support students and where there is common ground or overlap.

- Understand the ins and outs of FERPA when dealing with individual crisis (Hlavac & Easterly).
- Be aware of Title IX and Title II mandates and their potential to affect your program (Title IX; Collins and Mowbray, “Higher Education”).

### **For Students:**

- Use the opportunity offered by first-year seminars, which can incorporate discussions of issues related to campus stress such as test-taking and time-management (Cook; Shatkin & Diamond). Look at Coleman and Kotinek’s NCHC monograph *Setting the Table for Diversity*. Consider other types of conversations we should be having in these courses.
- Initiate or continue to build a faculty-student community by devising programming that allows for informal interaction between students and faculty. Such events humanize both groups and help build informal networks that are important resources for students at critical junctures.
- Have conversations with students, and listen to them. Figure out how they are responding to not only wellness and safety issues but gender, diversity, and inclusiveness concerns. Read their learning portfolios to discover what they are telling us about their lives; these reflective exchanges can open the door to what is on their minds (Zubizarreta).
- Know whom to call in an emergency and where to take students when they present you or your staff with behavior or comments that threaten their wellbeing.
- Access the 2016 NAMI/JED student guide *Starting the Conversation* (National Alliance on Mental Illness/JED Foundation).

### **For NCHC**

- Develop a resource guide on mental health. Include in the guide examples of “best practices” for a variety of campus profiles including community colleges. Include resource materials discussing issues such as gender, race, and age as well as international and undocumented

students. Specialized profiles help us respond more effectively to our community's needs.

- Pull together a set of syllabi from already existing honors courses on mental health for distribution to NCHC members, and describe ways to integrate a conversation on mental health into courses we are already offering.

Many of us are responding to student mental health issues with best intentions but not always with the most informed strategies. We need a core of “best practices” that honors programs and colleges can follow. We need to commit to principles supporting developmental appropriateness, an integrated knowledge base (think interdisciplinarity), and an understanding of sociocultural context. We need to push for an integrated response to individual and structural troubles through linking together our college community, supporting and or developing emergency and non-emergency protocols, and networking with other campuses. We need to make visible connections between the courses we offer, the lived lives of our students, and the implications for mental health. We need to become proactive in reaching out to our students and to engage in discussions of development, monitoring, and/or expansion of services to address mental health needs and the larger issue of wellbeing on college campuses.

The problems on your campus or mine lie beyond any individual student in crisis. By moving toward a student-centered campus, we can make our honors communities stronger and more resilient. The NCHC community can play a larger role in this process.

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