

Institutional Strategies to Support Faculty Response to the College Student Mental Health Crisis

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Abstract

The importance of student mental health as an institutional priority came into stark relief during the COVID-19 pandemic. The total disruption of collegiate life over the two years highlighted the links between student mental health and institutional success. The traditional institutional response assigning support to students with mental health challenges to counseling centers and student affairs staff faces severe staffing challenges. Frequently, other stakeholders, e.g., faculty and staff, were immune from playing a role in responding to this crisis. An institution-wide strategy to address student mental health challenges is now a priority. Drawing on the relevant literature and anecdotal contacts, this study will a) summarize the current college student mental health crisis, b) review and highlight faculty and staff involvement and potential for responding to students with mental health issues, and c) outline needed institutional strategies and alternative models to support faculty and staff in these new responsibilities.

Key Terms: COVID-19, student mental health, higher education, faculty and staff

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Introduction

Since the COVID-19 pandemic, with its two-year almost total disruption to collegiate life, responding to campus student mental health has emerged as a seminal institutional challenge. Studies document the impact of student mental health issues with such indices of institutional strength as admission, retention, academic performance, completion, satisfaction, and overall wellness (Amaya et al., 2019). The pandemic and subsequent semesters have stressed the traditional campus model of providing student assistance through counseling centers and student affairs staffing (Welby et al., 2023). On many campuses, available manpower and the usual response modes are not meeting student requests (Taylor et al., 2021a). Many institutions are examining their modes of operation, repositioning to an all-campus response strategy. This invites a critical segment of the institution, faculty, and staff. To play a role that traditionally was not present. This strategy critically analyzes its dimensions and needed institutional interventions to ensure success. (Taylor et al., 2021b).

The purpose of this study is to a) summarize the current understanding of the college student mental health crisis, b) review faculty and staff involvement and potential for responding to students with mental health issues, and c) outline needed institutional strategies and alternative models to support faculty and staff in these new responsibilities.

College Student Mental Health Crisis

Institutional concern for and response to student mental health issues is a matter of longstanding. While institutional programs are textured by mission, history, student demographics, and available resources, the general mode is by way of counseling centers and student affairs staff. Faculty and other staff played a limited role, if at all (Amaya et al., 2019). The COVID-19 pandemic and its aftermath changed the campus landscape. The following scan reviews the extent of mental health concerns across students, the impact of the pandemic and its aftermath, institutional leadership responses, and trends in institution response strategy.

The impact of student mental health issues and student achievement, completion, and well-being were well documented (e.g., Eisenberg et al., 2009; Trenz et al., 2015; and Wyatt et al., 2017) before the pandemic. Calls for greater institutional awareness and response include a yearlong analysis by teams from the American Council on Education, the National Association of Student Affairs Administrators, and the American Psychology Association (Dounce & Keeling, 2014) and an 18-month study by the National Academy of Science, Engineering, and Medicine (National Academies of Science and Engineering, 2019). Institutional responses were varied, including comprehensive plans (Chessman et al., 2020, December 10) to uncoordinated

efforts focused on counseling centers and student affairs, with the latter being the most prevalent (Lipson et al., 2015).

The COVID-19 pandemic resulted in a two-year disruption to all collegiate functions. Instruction was shifted to remote delivery, administrative services were curtailed and provided by technology, dorms were closed, and activities were canceled. What was an in-person, community-based organization suddenly became an individualized remote environment. Many found both the immediacy of the change and its isolation demands both anxiety-producing and impacting students as well as faculty and Staff's overall mental health (Gogoi et al., 2022; Son et al., 2020).

While the pandemic is subsiding, its impact on student mental health continues. Lipson and the Health Minds Network (Boston University, 2022, April 21) chronicle the increasing indices of student mental health issues over the past decade. They document the growing prevalence of common depression, anxiety, and other mental health issues across all college students with a differential impact on students from marginalized groups. Recent surveys conducted by TimelyMD of a national population of 1200 students found fifty percent reporting their struggles with mental health as their top stressor as they moved into 2023. Consistent with previous studies, mental health needs were especially prevalent among certain underserved populations. Seventy-one percent of all students reported dealing with stress, anxiety, and depression. Certain groups reported especially high rates, such as transgender students (93%), nonbinary students (91%), and Native Hawaiian and other Pacific Island Native students (83%) (Alonoso, 2023, January 9). Over the past few years, the NCAA Research (NCAA, May 2022) has tracked the mental health and well-being of collegiate athletes. Their fall 2021 survey reported student-athletes reporting elevated levels of mental health concerns, 1.5 to 2 times higher than reported before 2020. Student-athletes from marginalized groups reported even higher rates of mental health well-being concerns.

Today's traditional-age college students, often called Generation Z, are more focused on mental health than any other generation (Hotaling, 2023). As Hotaling, 2023 noted, "Specifically, 70 percent of Gen Z teens indicate that anxiety and depression are major problems among their peers. Additionally, they are generally able to acknowledge their struggles with mental health better than previous generations" (p. 4).

Institutional Response

Individual campus experience with the pandemic heightened the importance of addressing student mental health/wellbeing issues. As documented (for example, APLU, 2020; McClure et al., 2023, January), these issues were ongoing. The pandemic placed reviewing and restructuring institutional programming a high priority. Responses can be viewed across three broad categories: a) awareness and priority, (b) increased support for existing programs, and (c) reexamination/redesign of institutional strategies and services. Individual, institutional characteristics textured the individual campus response, which may include elements across each category.

Awareness and Priority

Institutional leadership found the student mental health crisis to be of the highest concern (Jaschik & Lederman, 2020; Jaschik & Lederman, 2021; Taylor et al. 2021a; Taylor et al. 2021b), requiring immediate priority and attention. Ruch and Coll (2022) document needed shifts in institutional priority and leadership from the counseling center and student affairs staff to cabinet-level attention, centralized campus leadership, and overall president/ Board review.

Increased Support for Existing Programs

Before the pandemic, many counseling centers reported being understaffed (Lipson et al., 2019). As student demand increased, this trend has continued. The recent NASPA-Uwil (2023, January) survey of institutional leadership reported only 14% of institutional respondents found the ability to meet student demand. Only 4% reported that the availability of student mental health services was ‘extremely strong.’

During the pandemic, institutions responded to the need for additional mental health staffing. The 2022 INSIDE HIGHER ED Survey of College and University Business Officers reported that 65% of responding institutions increased investment in mental health services. Fifty-five (55%) of respondents indicated that these increases would continue into the next year (Jaschik & Lederman, 2022b, p. 17-18). During the same period, three in ten counseling center directors reported an increase in staffing (AUCCCD Annual Survey, 2020, 2021).

The continuation of these funds and additional resources is problematic. Post-pandemic institutional budgets are challenged, making additional funds limited. Much of the increased staffing was funded by the federal COVID funds, slated to end in 2022. Furthermore, Frank (2020) has challenged prioritizing additional mental health staffing as the best strategy.

Reexamination/Redesign of Broader Institutional Strategies and Services

The continuing student, mental health crisis is forcing a growing number of institutions to reexamine current strategies and make the desired redesign. Increased student demand in an environment of limited resources is now an institutional-wide priority. The issue is now a matter of presidential leadership (Ruch & Coll, 2022) and Board involvement (Shiemann, 2021; West, 2022). Calls for campus review come from both within and beyond the academy. For example, the Chronicle of Higher Education/Huron Consulting Group survey of college presidents and chief student affairs officers (Rudley, 2018), the Rand Corporation study (Sontag-Padilla, 2020), or a survey conducted by Fortune (Leonhardt, 2022).

No single strategy for campus redesign of student mental health services is present. Individual institutions are responding with plans and programs consistent with their mission, history, resources, and philosophy. Mowbray et al. (2006) presented a model centered on the counseling center and serving students with serious mental illness, while Harris et al. (2022, April) describe a set of universal steps every college or university could take to ensure services for all students. California State University, Long Beach, announced a comprehensive redesign

of its mental health initiatives using this as a major institutional characteristic and emphasis (Carrasco, 2022).

Reports by the Chronicle of Higher Education (2022) and the American Psychology Association (Abrams 2022, October 12) highlight the need for a broader campus culture of well-being. They present a range of campus initiatives and strategies. The need to better involve and equip faculty/staff to support students is identified as a priority.

Summary of Today's College Student Mental Health Crisis

The student mental health crisis continues as the pandemic winds down. Student demand for services outreach available resources. While additional funding during the pandemic provided additional mental health staff, the sustainability of funds and available future funding is problematic. The involvement of faculty/staff in a campuswide strategy to promote wellness and support current campus mental health professionals is a potential solution.

Faculty/Staff Involvement with Student Mental Health

One promising approach to institutional responding to the student mental health crisis is to develop an all-campus strategy inviting all members of the campus community to play a role. This strategy builds on several national projects offering models for campus mental health support. The role of faculty/staff is critical in this approach. A brief scan of ongoing work in these two areas is presented.

Campus Wide Programs

Amaya et al. (2019) reviewed the literature on current evidence-based practices promoting a campus culture of wellness. Using research and reports from nine university members of the National Consortium for Building Health Academic Communities, several best practices were developed. They serve as the basis for the campus-designed program. These practices reinforced the eight dimensions of wellness articulated by the Substance Abuse and Mental Health Services Administration, i.e., physical, intellectual, financial, occupational, social, emotional, and spiritual (SAMHSA, 2016). A common program delivery was a series of workshops across the dimensions available to all.

The ACHA Health Campus program sponsored an initiative for campuses to improve the health (including mental health) of students, faculty, and staff using a set of national objectives. This comprehensive, "one size fits all" approach limited scaling up across institutions with differing missions, student demographics, and resources. Following an evaluation and review, in 2020, ACHA revised its Health Campus Framework. The program now focuses on a broad set of elements and plans designed to facilitate individual campus program planning, implementation, and evaluation (American College Health Association, 2022).

Similarly, Travia et al. (2022) presented findings from a sample of ten institutions. Of importance was the finding that institutions were moving away from traditional health education practices to a more systematic, environmental approach and general utilization of the eight

dimensions of the wellness model. Institutions also reported designing programs to address health disparities among underrepresented or marginalized populations. Several institutions are completely restructuring Counseling Centers to incorporate more wellness services and partner more closely with campus Health Services (Alonso, 2023).

Some universities and colleges are now aggressively rolling out plans to provide basic coping skills for all students, targeted at supporting those with mental health and substance abuse challenges (Abrams, 2022). Trends illuminated across these studies include the use of a comprehensive view of health/wellness, with components to assure consistency with institutional mission and priorities and the successful involvement of faculty/staff. The roles and responsibilities of faculty differ, with each institution calling for clear institutional clarification, leadership, and support.

Faculty Support of Student Mental Health

A review of the literature suggests that faculty be trained to recognize the importance of student mental health and academic success, i.e., achievement, persistence, and program completion. A majority assert that providing mental health support and assistance is part of the faculty's role. However, many feel unprepared for this aspect of their role and would welcome extensive training and support (Abrams, 2022). The matter of volunteer versus required faculty participation in provided training is under debate. Faculty also express a need for clear institutional commitment and support for faculty to refer to quality, affordable mental health services.

The work of Kalkbrenner et al. (2019) builds on the findings of Eisenberg et al. (2016) and Schweitzer et al. (2016) in illuminating the awareness of faculty members supporting student mental health and academic success. The study reported that faculty members appeared interested and available to recognize and refer at-risk students for additional support. Respondents were aware of the institution's counseling center but lacked helpful information regarding referral procedures and other options for student support.

From February 2012 to June 2017, Albright & Schwartz (2017) surveyed over 14,584 faculty/staff across over 100 colleges and universities as part of the development of "At-Risk," an evidence-based and interactive mental health simulation for faculty development. The survey revealed that 95% of the faculty said it is part of their role to connect students with mental health issues with support services. However, half (just over 50%) don't feel adequate to recognize exhibiting signs of distress, and half (49%) do not feel prepared to recommend mental health support services to students.

A post-pandemic survey of faculty was conducted by the Boston University School of Public Health (BUSPH) in partnership with the Mary Christie Foundation (MCF) and the Health Minds Network (HMN). Respondents from 1,685 from 12 institutions across the higher education landscape were analyzed. Over 85% of the faculty responding felt that student mental health had "worsened" or "significantly worsened" during the pandemic. Almost 80% reported having at least one conversation (one-on-one, phone, video, or email) with a student regarding a

mental health issue. About half expressed confidence in their ability to recognize students' mental health concerns. Seventy-three would welcome additional professional development on the topic of student mental health, and 61% believe it should be mandatory (Boston University, 2022, April 21).

Common across the surveys of faculty involvement in student mental health support is the desire for relevant professional development and training. Resources abound; Wiest & Treacy (2019), based on their review of the literature, recommend research-based practices at large universities with higher education faculty. JED Foundation developed a Faculty Guide to Supporting Student Mental Health (The JED Foundation, 2022). Both Flaherty (2021, April 8) and Greenberg (2022, December 13) outline available resources. The REDFLAGS model provides a resource for both faculty and staff to recognize and support students with mental health disorders (Kalkbrenner, 2015, September 6). Individual institutions are developing their strategies. For example, the University of Maryland is using a course, Destressing 101, as an intervention. Faculty teaching the course work together to develop the curriculum for dissemination. (Alonso, 2023, January 13).

The development of institutional support and priority requires senior leadership. Over 400 presidents responded to the ACE's third Pulse Point Survey in April 2019. Respondents reported increased attention to student mental health concerns, increased investment in programs and staff, and identified the VP for Student Affairs as the most likely advisor and 'point person' (Chessman & Taylor, 2019, August 12). Hotaling (2013) presents a critique of needed leadership and support from the perspective of Counseling Centers. The need for mid-level administrative support for faculty involvement in supporting student mental health needs is outlined in a case study by Welby, Margolis, & Olwell (2023, January 9) and the work of Coll & Ruch (2021 & in press).

Summary of Faculty/Staff Involvement With Student Mental Health

There is growing evidence that most faculty understand they have a role to play in the support of student mental health. Institutional leadership, planning, reasonable support, and faculty training are necessary ingredients for an effective program.

Potential Models to Support Faculty and Staff

The recent pandemic has created a trauma-related context that has gone to a whole other level for college and university faculty and students. Negotiating the complex process of student learning and social-emotional management presents many daunting tasks for today's college students. Indeed, facing the demands of college within the context of a rapidly changing society may exacerbate trauma problems for students and leave a wake of stress and confusion. More college students arrive at school today with more problems than in the past, often because of trauma (Hotaling, 2023). So, too, do college faculty, with more professional and personal worries and anxieties, with increased awareness of their issues and a greater willingness to seek psychological help (Abrams, 2023).

Trauma-informed training

Students who have experienced significant traumatic events often have difficulty with the regulation of emotion (Brunzell, Stokes, & Waters, 2016). Students may demonstrate hyperarousal, hypervigilance, or other reactions to trauma triggers. Neurobiologically based trauma responses, flight, fight, or freeze, are based in the lower parts of the brain where reasoning does not occur. These triggers may or may not be recognized as such by the student, often leading the teacher to be unaware of the antecedents to behavioral responses. This lack of regulation can also impact a student's ability to focus, leading to behavior management challenges for faculty and often a misinterpretation of the behaviors as poorly motivated or low conscientiousness.

Some models of trauma-informed education identify faculty's regulation state dictates that of their students (Pyhalto et al., 2020; Rain, 2014). If the faculty member is not able to regulate well, they will have difficulty regulating their students. Faculty who have trauma histories themselves may be particularly vulnerable to becoming triggered by the behaviors of their students, creating a triggering cycle between them. Recognizing trauma triggers when, or even more appropriately, before they occur can allow the faculty member to maintain an appropriate emotional state themselves, thus permitting them to be present and supportive of the student instead of responding with a punitive or fear-based response. Today's college students present another challenge—the increased severity of trauma that threatens their ability to succeed in an academic environment. This is further exacerbated by a growing number of students diagnosed with mental illnesses who are maintaining psychotropic medications.

It has been strongly asserted that since the pandemic, current faculty professional development should specifically be focused on, at least in part, supporting teachers in becoming more trauma-informed (Abrams, 2022).

Trauma-informed training can be effective in both helping the recipient and training them in addressing a wide range of college student trauma-related problems. It is also well suited for the kind of developmental, crisis, and situational concerns often presented by and to faculty as first responders.

The I/C Approach Expanded for Embedded Clinicians

The initiator-catalyst (I/C) approach to college success combines academic and counseling/advising influences by emphasizing the advising and/or clinical staff's role in energizing academic programs to become involved in the operation and leadership related to student success (Archer & Cooper, 1998; 1999). For example, embedded counseling and/or advising staff may act as initiators and catalysts for better mental health within undergraduate professional colleges at universities (e.g., architecture, business, education), leading to higher levels of student academic and social integration. Archer and Cooper (1999) specifically encourage counseling and/or advising staff to 1) initiate efforts to change and modify academic college norms for greater student success and development, 2) participate in mental health assessment related to college objectives, 3) secure a role in faculty development activities, and 4)

delegate the development of mental health outreach to academic college faculty and staff to the fullest extent possible. For many students, delayed access to services can prove to be too long. Embedded clinicians can reduce the current national average for wait time from 7-10 months for counseling services to less than two months (Brown, 2023).

Conclusion

The role of the classroom environment in college student’s mental health and wellness, as well as their departure process, has recently begun to receive consideration as related to the disruptions from the global pandemic. This classroom environment serves as a critical gateway for student mental health and involvement in the academic and social communities of a college. Thus, the undergraduate professional school constitutes a source of influence on mental health, academic and social integration, and subsequent college departure. Pedagogical strategies to promote mental health are emerging – e.g., training of coping skills for students and targeted assignments to promote mental health (Abrams, 2022). There are no simple answers, but this is an excellent time to initiate pioneering actions. Perhaps it is the right time to provide mental health training for part-time and adjunct faculty as well as targeting highly enrolled introduction courses for mental health enhancing assignments. Research about positive outcomes if/when certain conditions are in place is important, as well as the effectiveness of early warning systems. With intentional focus, resources, training, and funding, more students will thrive. Table 1 provides a useful summary of key elements of a comprehensive mental health strategy.

Table 1

Elements of Institutional Strategies

	Individual Faculty	Campus-wide-optional	Campus-wide
Goal	awareness	individual participation	expectation
Priority	individual	implicit campus priority	explicit priority
Leadership	outreach-[Cnsl Center]	designated campus leader	campus leader + faculty/staff team
Resources	from existing budget	targeted, one-time	specific budget
Training Model	existing materials	specific materials/design participation optional	specific materials required

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