

THE NEW MODEL
FOR MENTAL HEALTH
AND WELL-BEING

EMERGING TRENDS
IN STUDENT
MENTAL HEALTH

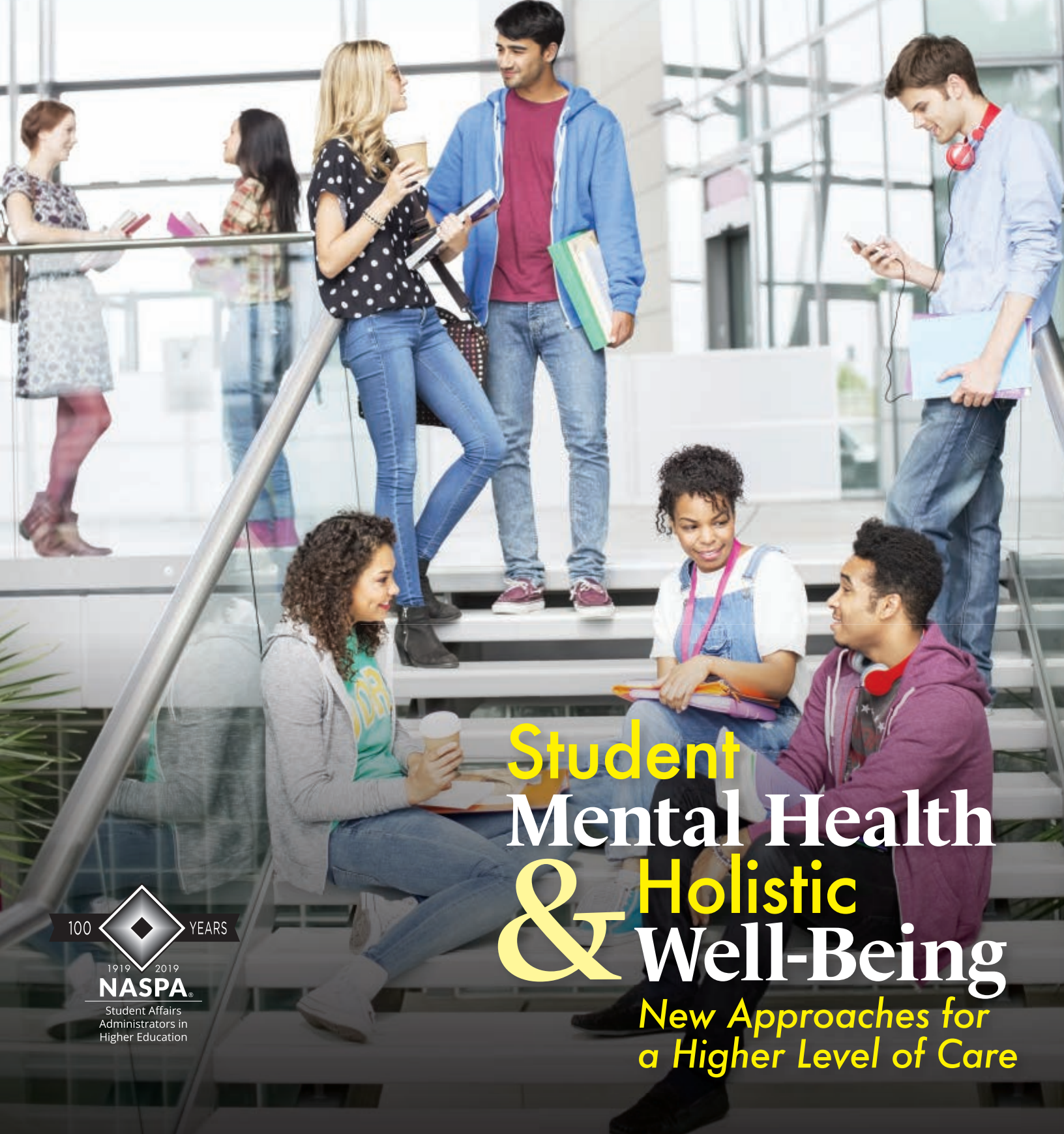
REACHING
THE MOST
VULNERABLE

CULTIVATING LIVES
OF MEANING
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Leadership Exchange

SOLUTIONS FOR STUDENT AFFAIRS MANAGEMENT

VOLUME SIXTEEN • ISSUE FOUR • WINTER 2019



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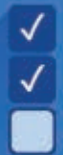
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FEATURES

8 | The New Model for Student Mental Health and Well-Being

Moving Beyond Traditional Services and Staffing

By Aaron Krasnow

18 | Emerging Trends in College Student Mental Health

A Paradigm Shift for Promoting Partnerships, Peer Support

By Sharon Mitchell

24 | Reaching the Most Vulnerable Targeted Mental Health Initiatives

Engage Student Populations at Risk

By Allison J. Smith and Zoe Ragouzeos

34 | Cultivating Lives of Meaning and Purpose

Undergraduate Experience Shapes Identity, Well-Being

By Helen Stubbs



COLUMNS

4 | From the President

One in Three

6 | NASPA's 100th Anniversary Timeline

38 | Liabilities

Client Confidentiality Rules

40 | Public Policy

Filling the Gap

42 | Tools of the Trade

Human-Centered Design

44 | Technology Center

Distance Counseling

46 | Who's Reading What

Minding Students' Mental Health

47 | Websites to Watch

Mental Health Resources

48 | Capstone

Campus Mental Health Takes a Community Effort

UPCOMING EVENTS

The James E. Scott Academy is pleased to highlight a sampling of programmatic offerings. Sessions described are only for the most senior-level student affairs professionals on campus.

2019 NASPA AVP Institute – Excellence in the “Number Two” Role January 13–15, 2019 West Palm Beach, Florida

Encourage members of your team to attend this intensive three-day program. Led by some of the field's most accomplished VPSAs and AVPs, the institute is appropriate for both new and seasoned AVPs. The innovative curriculum supports and develops AVPs. Special pre-institute workshops will be offered for AVPs who are new to the “number two” role and for those who wish to expand their effectiveness in leading teams. A post-institute session on diversity, social justice, and the AVP role will also be offered. For more information, visit naspa.org/events/2019AVP.

2019 NASPA Annual Conference March 9–13, 2019 Los Angeles, California

Reconnect with VPSA peers, and join us for these VPSA-only programs and events.

• Innovation through Design Thinking in Student Affairs Saturday, March 9, 1–4 p.m.

VPSAs face an array of seemingly unsolvable problems. Issues related to sexual misconduct, overconsumption of alcohol, free speech on campus, and many others are complex and charged. Old ways of problem solving—brainstorming, iterative thinking, and surveys—are not resulting in enduring solutions. Design thinking, born out of the d.school at Stanford, is a new way of devising innovative solutions to

unconventional problems. Design thinking involves gaining inspiration from consumers, identifying patterns and meaning, testing, and implementation. Workshop participants will be introduced to the principles of design thinking and hear from student affairs leaders who have implemented the practice. For more information and to register, visit conference2019.naspa.org.

• NASPA VPSA Institute Sunday, March 10, 9 a.m.–4 p.m.

VPSAs will participate in interactive sessions focused on the changing higher education environment and executive-level leadership challenges and opportunities related to freedom of expression on campus, activist staff, and communication during moments of campus crisis. Guest speakers and guided open discussions will allow participants to discuss high-level topics with colleagues who are managing similar issues. For more information and to register, visit conference2019.naspa.org.

• VPSA Roundtable Discussions Monday, March 11, 2:30–3:45 p.m.

Connect with VPSA peers from similar institutions during these roundtable discussions organized by institutional type. Discussions for VPSAs at large, mid-size, and small colleges and universities as well as those at community colleges and minority-serving institutions are offered. Join colleagues immediately afterward for the VPSA and Voting Delegate Reception.

• VPSA and Voting Delegate Reception

Monday, March 11, 4–5:15 p.m.

Take time out of your busy conference schedule to network with VPSA colleagues during this NASPA Annual Conference tradition.

• VPSA Lounge

VPSAs are invited to visit the lounge throughout the conference to enjoy some down time and the company of VPSA colleagues.

• VPSA Colleague Conversations

Throughout the conference, VPSAs can gather for facilitated conversations regarding a number of hot topics. Hear how VPSA peers are tackling some of the greatest challenges they face.

2019 Civic Learning and Democratic Engagement Meeting June 5–8, 2019

Fort Lauderdale, Florida

AASCU's American Democracy Project (ADP) and NASPA are committed to advancing the civic engagement movement in higher education. Join us for this annual conference, which brings together faculty, student affairs professionals, senior campus administrators, students, and community partners. Together we will ensure that students graduate from our colleges and universities—both public and private—prepared to be the informed, engaged citizens that our communities and our democracy need. For more information, visit naspa.org/events/2019CLDE.





One in Three

The Student Mental Health Crisis Worsens

In late 2018, results from the World Health Organization’s World Mental Health International College Student Initiative were released. The study covered almost 14,000 students from 19 colleges in eight countries (Australia, Belgium, Germany, Mexico, Northern Ireland, South Africa, Spain, and the United States). A primary finding was that more than 35 percent of respondents reported symptoms consistent with at least one mental health disorder. That’s more than one in three students. Not surprising, major depressive disorder was the most common, followed by generalized anxiety disorder and substance abuse. This research, as well as other studies in the United States and abroad, confirms what every student affairs professional already knows—we are in the midst of a mental health crisis among adolescents, and the crisis is getting worse.

The increasing prevalence of mental health issues among American college students is supported by a wide range of research. The 2018 Healthy Minds Study, for example, found that 23 percent of all students are taking psychiatric medication, up from 18 percent in 2014 and 2016. The same study found that 39 percent of all students are experiencing a significant mental health issue. The American College Health Association National College Health Assessment (ACHA-NCHA), the longest-running study of college student health, also supports the increase in the prevalence of mental health issues.

larger forces at play. Researchers such as Jean Twenge and Sherry Turkle point to the relationship between the widespread use of technology and smart phones and increases in feelings of loneliness and challenges in interpersonal relationships. Without a range of supports, counseling services, and well-being initiatives, students will not flourish; in fact, they will suffer academically. A successful mental health strategy for colleges and universities is, at its heart, a student success strategy.

The academic impacts of mental health issues are far reaching. In the 2018 ACHA-NCHA II, students were asked to identify factors that affected their academic performance (e.g., receiving a lower grade on an exam, receiving a lower grade in a course, receiving an incomplete or dropping a course). The top four factors—stress, anxiety, depression, and sleep difficulties—all have roots in mental health issues. University of Michigan Associate Professor Daniel Eisenberg and fellow researchers have found that some 30 percent of all students who suffer from depression would drop out of college without treatment, while only six percent would drop out if they received counseling support.

This year, NASPA and NIRSA: Leaders in Collegiate Recreation have initiated a joint call to action: *Health and Well-Being in Higher Education: A Commitment to Student Success*. Six other student affairs associations have joined this effort. The shared document affirms a commitment to student health and well-being, stating: “We believe it is time to transcend reactive, siloed, programmatic approaches to health and establish foundational, proactive, and upstream-based well-being initiatives for the campus community. While students must receive appropriate and reactive care when needed, there are large-scale benefits to proactive, upstream approaches that will allow increasing numbers of students to flourish and thrive.”

This joint effort is intended to accelerate campus-based programs that address resilience and well-being through collaboration across departments. Wake Forest University’s Thrive program and its establishment of an Office of Well-Being along with the Healthy Campus Initiative at the and University of California, Los Angeles, are examples of programs that illustrate the proactive and multidimensional aspects of student well-being and acknowledge the need for cross-campus collaboration.

This special issue of *Leadership Exchange* highlights some of the best research and effective practice in dealing with this complex topic. These articles underscore the challenges facing colleges and universities, but also provide hope for more effective programs to address one of the most important issues of this generation. **LE**

KEVIN KRUGER
NASPA President

When students are asked whether they had experienced any of the following feelings in the last 12 months, the results are staggering:

Felt overwhelmed by all you had to do	87%
Felt very sad	69%
Felt overwhelming anxiety	63%
Felt very lonely	63%
Felt so depressed that it was difficult to function	42%
Seriously considered suicide	12%

Source: ACHA-NCHA II, Spring 2018

All the percentages listed above represent year-over-year increases over the last decade. The reasons for these increases are the topic of many an op-ed piece decrying the lack of resilience of this generation, the trend of over-parenting, the creation of safe spaces, and the inability of young people to manage the everyday ups and downs of life—a generation of psychological snowflakes. However, the answer is more complex. It is clear that some of these increases are due to better diagnoses and treatment options for students before they matriculate in college and reduced stigma about seeking mental health support among adolescents. But there are clearly

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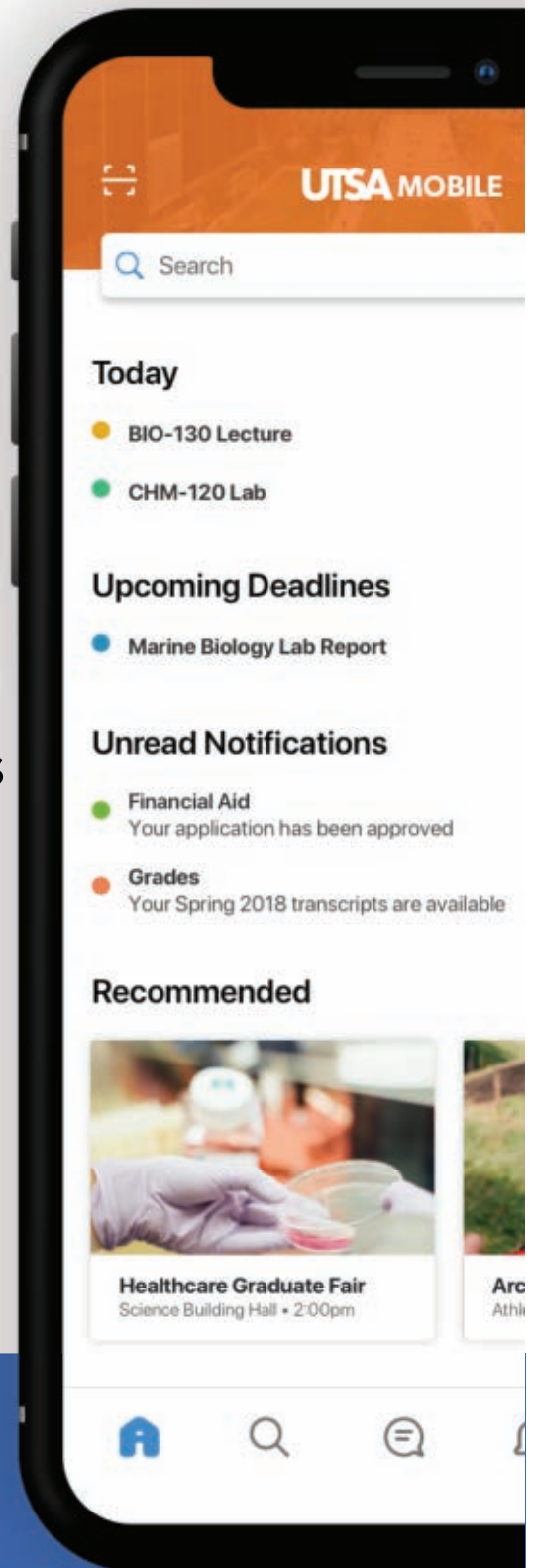
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NASPA'S STATURE, VISIBILITY EXPAND



This year, through March 2019, NASPA celebrates its 100th anniversary. This timeline highlights the most recent milestones in NASPA's rich history along with significant events that shaped the evolution of higher education and student affairs. The years 1993 to the present have been a time of tremendous growth for NASPA, with the purchase of office space in Washington, D.C., the expansion of partnerships, and increases in programs and services.

◆ 1993

The Minority Undergraduate Fellows Program expands to all seven regions.

◆ 1997

NASPA adds a Public Policy Division.

◆ 1999

Doris Ching becomes the first female NASPA president of color.



◆ The first class of NASPA Foundation Pillars of the Profession is honored.

◆ 2003

Leadership Exchange, NASPA's quarterly management magazine, is launched.



◆ The first NASPA Small Colleges and Universities Institute is held.

1993

The Brady Handgun Violence Prevention Act, mandating federal background checks on firearm purchases in the United States, is signed into law.

1995

Million Man March draws hundreds of thousands of black men to Washington, D.C.



1998

Stanford PhD candidates Larry Page and Sergey Brin found Google.

2000

George W. Bush wins the closest presidential election in years.



2004

Mark Zuckerberg, a 19-year-old Harvard University undergraduate, founds Facebook.

1994

Nelson Mandela is elected president of South Africa in the country's first interracial national election.



1999

"The Simpsons" becomes the longest running prime-time cartoon TV series.



2001

On September 11, terrorists crash two planes into the twin towers of New York City's World Trade Center and one plane into the Pentagon. A fourth plane crashes outside of Pittsburgh.



◆ **1995** **Gwen Dungy** is named executive director of NASPA.



◆ NASPA initiates an International Education Network.

◆ **2001** The Center for Scholarship, Research, and Professional Development for Women is approved.

◆ 2004

The landmark publication *Learning Reconsidered: A Campus-wide Focus on the Student Experience* is published.

◆ 1994

The NASPA diamond first appears as part of an official logo.



◆ **1996** The NASPA Annual Conference features the first-ever Symposium on Student Affairs for international participants.

◆ **1998** The NASPA National Academy for Leadership and Executive Effectiveness debuts. In 2003, the NASPA Board would unanimously approve renaming the academy in honor of past president James E. Scott.

◆ **2002** The Minority Undergraduate Fellows Program receives a \$250,000 congressional award to increase participation and expand growth.

1993-2018

◆ **2005** NASPA launches two major national conferences: the NASPA Multicultural Institute, sponsored by the Knowledge Communities; and the NASPA Mental Health Conference.

◆ The Scott Academy hosts the first International Institute in Spain.

◆ **2011** The NASPA Board of Directors unanimously approves replacing the executive director position with a professional president, and the board president position with an elected board chair. **Kevin Kruger** is named NASPA's first professional president.



◆ **Patricia Telles-Irvin** becomes the first Hispanic chair of the NASPA Board of Directors.

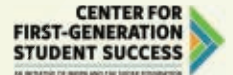


◆ **2015** NASPA's Commission on Equity and Inclusion creates a Social Justice Statement.

◆ The Lumina Foundation awards NASPA and the American Association of Collegiate Registrars and Admissions Officers \$1.7 million to develop models for a more comprehensive student record.

◆ **2017** The number of Knowledge Communities grows to 33.

◆ A partnership between NASPA and the Suder Foundation, including a \$3 million gift from Eric and Deb Suder, funds the Center for First-Generation Student Success.



◆ **2006** The NASPA Excellence Awards are created to recognize outstanding contributions of members.

◆ **2012** NASPA launches the Lead Initiative on Civic Learning and Democratic Engagement.

2006

A panel chaired by U.S. Secretary of Education Margaret Spellings issues a controversial report criticizing colleges for not preparing students for the 21st-century workplace.



2010

Apple introduces the iPad.

2011

U.S. troops and Central Intelligence Agency operatives shoot and kill Osama Bin Laden, whom intelligence officials believed masterminded the 9/11 attacks.



2015

The Supreme Court makes a landmark decision, voting to allow same-sex couples to marry nationwide.

2017

The #MeToo movement gives voice to sexual assault and harassment survivors.

2007

A mass shooting at Virginia Tech leaves 33 dead, including the gunman.

2009

Barack Obama is inaugurated as the first African American U.S. president.



2012

Asians, blacks, Hispanics, and mixed races account for more than 50 percent of all births.



2018

Hundreds of thousands of students join the March for Our Lives protests in Washington, D.C., and many other cities.

◆ **2007** *Journal of College and Character* is added to NASPA's portfolio of publications.



◆ **2009** The Professional Competency Task Force is launched to discuss professional standards and competencies in student affairs.

◆ *NASPA Journal* transitions to *Journal of Student Affairs Research and Practice*.



◆ **2016** NASPA acquires the sexual assault prevention and response organization Culture of Respect.

◆ A new Equity, Inclusion, and Social Justice Division is approved.

◆ **2008** *NASPA Journal About Women in Higher Education* is launched.



◆ The Placement Exchange, a year-round job placement service, debuts in conjunction with the NASPA Annual Conference.

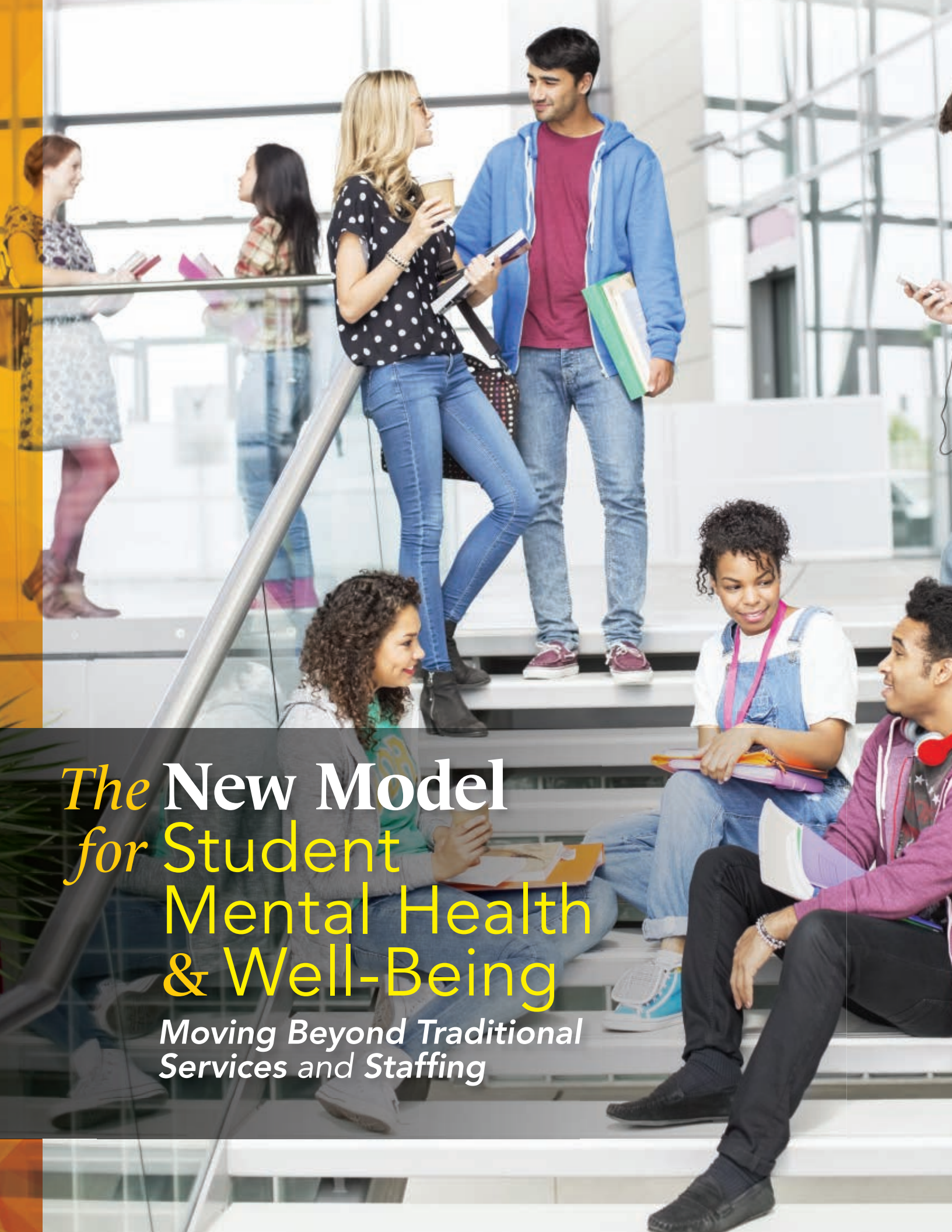
◆ **2010** NASPA hosts an open house to celebrate the opening of its new Washington, D.C., office on the 10th floor at 111 K Street.



◆ **2013** The peer education organization BACCHUS becomes part of NASPA.

◆ NASPA's Research and Policy Institute publishes its first *Five Things* brief.

◆ **2018** NASPA celebrates its 100th anniversary.



The **New Model**
for **Student**
Mental Health
& Well-Being

*Moving Beyond Traditional
Services and Staffing*



BY AARON KRASNOW

The history of colleges and universities engaging directly in the mental health care of students spans more than a century. From the start, the services were designed to ensure student success and were inextricably tied to the institutions in which they emerged. They were also closely tied to the prevailing interventions and models, including student body needs, available resources, and sociocultural trends and norms of the time. Interventions have evolved, the student body has become more diverse, resources have expanded, and society has changed, yet mental health services have, for many decades in most institutions, remained bound to the same service model: Professionals on staff provide direct care.

Within the last decade, the traditional model has been strained by the unprecedented increase in demand for collegiate mental health services. While aspects of the increase are well documented—including the most common presenting concerns (anxiety and depression), affected populations of students (most), and institutions impacted (all)—the reasons behind this increase are not well understood. The most common assumptions for this shift include: decreased stigma, more access to mental health treatments prior to college, greater availability of services, rising stress and trauma in various communities, and the changing role of college students and parents as active consumers of services. Whatever the driving force behind the rising demand, the result is the same. More students are seeking mental health care across all types of higher education institutions.

It is easy to see how the traditional professional provider-dominant service model is now tested with greater numbers of students seeking help. This model has led to students not readily accessing or even receiving the care they might need and an increasingly negative perception (true or not) of the readiness or capacity of colleges and universities to care for students with mental health concerns. Recent growth in mental health care budgets often have been limited to incremental boosts in staffing or operating budgets. Even those institutions that funded

additional counseling staff report that the ongoing demand continues to outpace the availability of providers. In other words, colleges and universities have not been, and likely will not be, able to staff their way out of this problem.

If colleges and universities are going to take responsibility for the mental health care of students but are not in positions to drastically expand resources to maintain levels of care, a new model is needed. To be successful, the new model must be consistent with previous models: The goal is student success, and practices must use resources efficiently and be effective, socio-culturally relevant, and responsive to the needs of diverse students. In addition, a new model must be relentlessly accessible to all and leverage assets both within and outside institutions. Only then can institutions hope to meet mental health service demand.

Accessible to All

Seeking help for mental health concerns is one of the most difficult actions a student can take. They must recognize their distress, identify that the distress is worth addressing, be open to the help of another person (let alone a professional), know where help is located and how to access it, and reach out for help. Given this incredible sequence of steps, it is incumbent upon every higher education institution to make sure that students seeking help for the first time can talk

© GETTY IMAGES



The University of Michigan's Wolverine Support Network includes some 30 groups campuswide that reached more than 1,000 students during the last academic year.

The Value of Peer Health Initiatives

Students Decrease Stigma, Increase Awareness

BY MANDY COLBERT, LUKE HENKE, AND MARIAN TRATTNER

Peer health education programs provide many benefits. Peer health educators (PHEs) help students access reliable and trustworthy health information directly from campus resources such as health services and counseling centers. They often serve as entry points to these centers. PHEs help with prevention, education, and outreach efforts. They expand the work of full-time staff, increase the reach of programs, and provide accessible information to fellow students on common health concerns—all while reducing the stigma associated with accessing mental health services. PHEs are role models to other students, demonstrating individual self-care and well-being in the context of the college setting. These efforts also aid in retention and provide students with lifelong skills related to health and well-being.

WOLVERINE SUPPORT NETWORK

The University of Michigan's Wolverine Support Network (WSN) (umichwsn.org) is a peer-support group sponsored by counseling and psychological services (CAPS). WSN has built a network of more than 30 support groups, serving some 1,000 students during the 2017–2018 academic year. Students who are passionate about mental wellness created the group, which seeks to provide support, build community, and destigmatize mental health concerns through weekly groups and biweekly social events called Kickback Fridays. Group

leaders attend trainings organized and run by CAPS staff. A fall retreat and ongoing weekly leader meetings cover such topics as suicide prevention, supporting sexual assault survivors, cultural humility, and group facilitation skills, among others. The mandatory meetings also provide leaders with the opportunity to debrief, ask questions, and receive advice and support from each other and CAPS staff. WSN also partners with campus departments and community members to invite speakers with a variety of skills, experiences, and identities to help leaders identify and understand the range of campus resources. Support groups, the heart of WSN's peer initiatives, run at multiple times across campuses to provide members with access to comfortable and private places to support one another.

PEER EDUCATION PROGRAMS AT THE UNIVERSITY OF TEXAS AT AUSTIN

The Counseling and Mental Health Center Peer Education Program (cmhc.utexas.edu/peereducation.html) and the University Health Services Healthyhorns Peer Educators (healthyhorns.utexas.edu/peereducation.html) are two examples of health- and wellness-centered peer education programs at The University of Texas (UT) at Austin. The programs actively engage students in building skills to be effective health promotion leaders on campus, empowering fellow students to make well-informed decisions about their



The University of Texas at Austin peer educators participate in a variety of outreach activities to positively affect student mental health.

well-being, and positively influencing a healthy campus culture. Peer educators engage in multiple educational outreach efforts such as presenting workshops to fellow students and developing and staffing initiatives that positively affect students' health. Peer educators also gain an understanding of public health theory and health promotion practices through corresponding academic courses spanning three semesters. Both programs are highly utilized at UT Austin, providing a collective 5,600 hours of peer-led education and outreach to more than 4,000 students during three semesters of program implementation. Several components have led to program success, including pairing with academic learning, ongoing commitment and training of peer educators, staggered cohorts, and supervision and support from full-time health promotion coordinators.

For student affairs leaders looking to implement a new peer education program, consider your funding and staff capacity as well as appropriate partnerships. More information and resources on peer education programs can be found on the BACCHUS Initiatives of NASPA website (naspa.org/constituent-groups/groups/bacchus-initiatives).

Mandy Colbert is a health promotion coordinator on the prevention team of the Counseling and Mental Health Center, University Health Services at The University of Texas at Austin.

Luke Henke is a coordinator of peer initiatives for counseling and psychological services at the University of Michigan.

Marian Trattner is a bystander intervention specialist on the prevention team of the Counseling and Mental Health Center, University Health Services at The University of Texas at Austin.

to a caring and responsive person immediately. To capitalize on what could be the only time that a student seeks help, campuses must provide opportunities for students to talk about any issue without concerns about managing their own care. Systems that create waiting lists, tell students that same-day service is for emergencies only, have differential access depending on the time of the academic year, or restrict walk-in hours to a portion of the day communicate that students might not be able to get help when they need it. This works against institutional priorities for student well-being and campus safety.

The new model of student mental health care treats accessibility to care as an entitlement, forcing institutions to think of innovative ways to do business, even if resources are lacking, to both support a fully accessible service and a comprehensive treatment model. Since no university or college can provide a fully comprehensive treatment model, institutions already limit some ongoing care. Choices about resource allocation are made in every aspect of the institution, many of which directly impact the well-being of students. Health centers often staff primary care providers but not cardiologists. Not every fitness center offers free personal training. While it is acceptable that not every counseling center provides every possible service, it is simply not acceptable that all students do not have equal accessibility to services.

Arizona State University (ASU) has accomplished the accessibility goal by creating a system that allows any student to walk in to any campus clinic for any reason and speak to a counselor. ASU has committed to: no wait lists for first appointments; walk-ins even between scheduled sessions for established clients; the availability of a counselor for consultation to faculty, staff, students, or families; and never forcing a student to decide whether their concern is important enough to talk to a counselor. ASU began with ensuring accessibility and built a treatment model from there. Students learn when they access mental health care at ASU, counseling center staff will immediately engage in planning future services with them. Maybe on-campus services match their needs. Maybe community providers would be best suited for them. Maybe technology can help. Maybe they do not need counseling. Through immediate accessibility and a willingness to plan for the future and leverage all assets within and outside the institution, the ASU counseling center honors the heroic act of students seeking help.

Leveraging Assets

While not every college or university devotes commensurate financial resources to counseling services, all have assets within and outside the institution that can be leveraged to meet demand. Clinical training programs are important assets for college and university counseling. Most counseling centers have trainees completing a practicum as well as interns, post-doctoral students, or fellows; there is nothing new about that. However, many centers underleverage this asset due to bias against trainee care, liability fears, or lack of relationships with academic units. A new model demands maximizing assets, which means training programs should be as large as logistically and ethically possible. Well-supervised

Changing the Evaluation Culture

University of Calgary Implements A Campus Mental Health Strategy

BY ANDREW SZETO AND DEBBIE BRUCKNER

The University of Calgary mental health strategy was launched in December 2015 with 28 recommendations across six strategic focus areas: raising awareness and promoting well-being; personal resilience and self-management; early identification and response; direct services and supports; institutional policies, processes, and procedures; and supportive campus environment. (See adjacent graphic.) Since its launch, the strategy has been interwoven into the academic plan and how work is accomplished on campus. More importantly, it has started to shift the campus mental health landscape toward the goal of creating a more caring and supportive campus community.

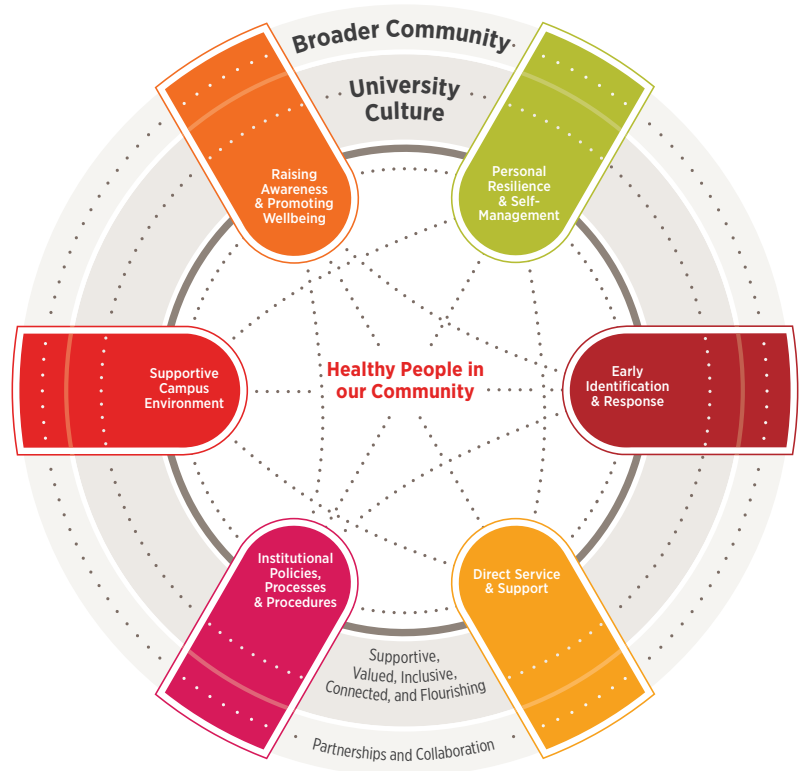
The mental health strategy has been very well-received and broadly supported across campus, but has this work led to real changes and is it having an impact in the campus community? The strategy's focus on evaluation and development of metrics can help answer those questions. This focus began with the mental health task force that created the strategy. Members understood the importance of evaluating the strategy and sharing it with the community, as well as being accountable for moving the strategy forward. Therefore, they built two specific recommendations: Develop an implementation committee that reports annually, and develop an evaluation to assess the impact of the mental health strategy. To this end, a report is presented annually on progress to the general faculties council, the board of governors, and the campus community. The mental health strategy implementation advisory committee has created subcommittees that concentrate on meeting the recommendations, including evaluation.

The evaluation subcommittee has embarked on a plan to evaluate the impact of the strategy at four levels with a secondary goal to change the campus culture around evaluation. The four levels include the program level (program effectiveness), the university level (change in broad student, faculty, and staff indicators), the recommendation level (completion of the recommendations), and the process level (the efficiency and success of how the strategy was developed and is being

implemented). Initially, the evaluation subcommittee focused on program-level evaluation, motivating campus stakeholders to engage in more evaluation of their own mental health programming. Led by three student research assistants, the subcommittee conducted a research project, interviewing mental health and well-being programming stakeholders (e.g., implementers, developers, managers) and asked them about their knowledge, understanding, use, and needs in program evaluation. From these interviews, the group developed a program evaluation toolkit to guide the campus community in the evaluation of mental health and well-being programming.

To further shift community thinking around evaluation in mental health, practitioners model the use and application of evaluation practice. For example, the Wellness Centre, where students receive services, resources, programming,

THE UNIVERSITY OF CALGARY CAMPUS MENTAL HEALTH STRATEGY FRAMEWORK



Source: Campus Mental Health Strategy: Creating a Community of Care (The University of Calgary, 2015)

and support for mental health and well-being, has been engaged in evaluation for many years. A professor, who teaches and specializes in program evaluation, oversees a group of graduate student research assistants to guide evaluation of the center's suite of programs and services. Evidence-based measures are used to assess the effectiveness of individual counseling, therapeutic and psycho-educational groups, as well as health promotion initiatives. The distribution of this data demonstrates progress and makes mental health relevant for the entire campus. The data are used to engage senior leadership and prepare funding proposals. A similar structure has been used for the campus mental health strategy evaluation subcommittee, enlisting a local expert to lead this group and the evaluation of the strategy. Similarly, evaluation is embedded in a majority of events, including the annual progress event, workshops, and programming. For example, an annual grants competition funded by the initiative allows community members to apply for grants up to \$10,000 to address campus mental health. As a component of the process, applicants must address how they plan to evaluate projects and to present these findings in a final report.

Finally, reporting and transparency are important aspects of any initiative. Regular communication has been critical, and part of the strategy's success is a strong identifiable brand that community members can immediately connect to the mental health strategy. The university is also making strides to provide accurate updates for every recommendation on the mental health strategy website (ucalgary.ca/mentalhealth). This public and transparent reporting has multiple implications. Being transparent about progress allows the university community to hold the committee accountable and identify and address gaps. At the same time, detailing progress and sharing successes help to engage and inspire the community and create additional buy-in for the strategy.

The University of Calgary has come a long way since the launch of its mental health strategy. One reason for its success is the emphasis on evaluation. From the outset, embedding evaluation processes into strategy recommendations has been invaluable to highlighting the necessity and the importance that evaluation plays in such a project and the university. Similarly, faculty, staff, and student expertise has built capacity and created a sense of ownership and engagement within the campus community. Moving forward, evaluation will continue to play an important role within the university's mental health strategy.

Andrew Szeto is director of mental health strategy at the University of Calgary.

Debbie Bruckner is senior director of student wellness at the University of Calgary.

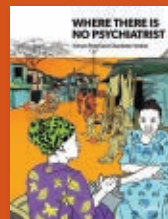
trainees are not liabilities and create depth and diversity in ways that permanent professionals do not. A new model includes as many trainees as possible. The ASU counseling center expanded its training program 400 percent in five years by making supervision of between one and three trainees an expectation of each clinical professional. The center offers ongoing, in-service supervision models and practice, and recruits professionals with experience and interest in supervision. While many centers prioritize licensed professional clinical service first and clinical training as time allows, ASU reversed this practice, knowing that high-quality, well-supervised trainees are the best way to scale services. Client satisfaction remains high; clients can request to only work with a licensed professional (although most do not), and professionals report more enjoyment in their jobs. As demand has increased, the counseling center's capacity to provide services has kept pace.

Even for colleges and universities without training programs, assets exist in the environment. Training non-mental-health professionals is critical in this regard. Awareness and referral training programs are important first steps in preparing the campus community to recognize signs of mental health needs and make a direct impact on the lives of students. Such programs include the QPR Institute, which provides training to help professionals reduce suicidal behaviors; Mental Health First Aid, which teaches skills to help identify and respond to signs of mental illness; and Campus Connect, which provides suicide prevention training. A new model encourages non-mental-health professionals to provide "care" by consistently considering: What aspects of mental health care are absolutely the exclusive domain of

THINKING OUTSIDE THE BOX

Two books stretched the thinking of counseling center staff at ASU. The books shed light on ways to ensure care beyond on-campus mental health care professionals, who many counseling centers have come to believe they must employ.

Where There is No Psychiatrist: A Mental Health Care Manual by Vikram Patel (RCPsych Publications, 2003)



Where There is No Doctor: A Village Health Care Handbook by David Werner, Carol Thuman, and Jane Maxwell (Hesperian Foundation, 1992)





The student-run Playmakers group encourages stress relief through spontaneous play and takes its message to students across the ASU campus.

professionals? Experience has shown many aspects are not the exclusive domain of professionals, contrary to conventional practice in college and university health. Faculty, staff, peers, and families should be trained in basic mental health support and reminded that most individuals who are stressed or distressed may not want, or even need, professional care. Helpers and healers across cultures and contexts are needed to participate in the daily care of students.

Ultimately, a new model leverages resources outside of counseling centers by helping students better understand and become more comfortable with certain mental health symptoms, by empowering a range of individuals to make an impact with students, and by prioritizing interventions for students who are experiencing *interference*. Being anxious, in and of itself, does not necessarily mean a student is going to drop out or even struggle in class. However, being distracted by the anxiety or being unable to perform basic student responsibilities is a retention risk. This represents a shift in thinking by mental health care professionals on campus toward accepting the diversity of human experience to include mental health concerns. Students experience sadness, fear, anger, jealousy, joy, love, fatigue, and frustration. A new model destigmatizes normal emotions and feelings and emphasizes to students that help is available all around them when something is getting in the way of personal or academic experiences. While trite in print, this philosophy is powerful in action. Gone are the days when emotionality is viewed as medically or psychologically abnormal.

Finally, only one segment of an institution can truly work at the scale required to meet skyrocketing needs: students. Increasingly, institutions are helping students become trained in peer-to-peer impact. In doing so, students find inclusive, hyper-relevant ways to meet the needs of their peers. Student organizations, such as Active Minds—one of the nation's premier nonprofit organizations supporting mental health awareness and education for students—reach students in ways that no professional service could ever hope to achieve. Dozens of these clubs and peer programs exist across many institutions, and they need room to grow. Institutions with traditional models of care often seek to control these groups, either through management of their activities or restrictions on their scope. Whether out of fear of liability, concern about

overtaxing peers, or bias toward professionals, many institutions end up stifling peer-led efforts. All of these concerns can be overcome. Students already talk to each other about mental health issues; training only expands care and decreases risk. Students can be taught how to maintain boundaries and practice self-care. Professionals are not always the answer.

At ASU, peer models were advanced by training as many students as possible to recognize, affirm, impact, and refer a friend in need. Within its first 18 months, the Devils4Devils program trained more than 1,200 students at one of three levels to make an impact on mental health: general awareness, leadership for emotionally healthy communities, and a Care Squad. The PlayMakers student group promotes a variety of health and wellness topics by raising awareness about well-being through spontaneous play across campus. Together these two programs have reached thousands of students, helping direct some to professional care but reminding the majority of students that their mental health matters and help is nearby.

New Model, Innovative Solution

This new model is in place in numerous higher education institutions that have prioritized access and leveraged every available asset to provide the highest quality of campus mental health services. Institutions that seek to move in this direction can find support in places outside of the traditional western medical and psychological domain. The roots of the new model are found in public health, social work, and student development theories, among other areas. Institutions can be informed by accessible service models, such as Stepped Care 2.0, pioneered by Peter Cornish to provide rapid, same-day, flexible access to care (see graphic on page 23) and comprehensive campus models focused on leveraging assets promoted by national nonprofit organizations such as the Jed Foundation. Today's students, when asked what they want in mental health care services at their institutions, invariably describe the components of the new model. This model is what they deserve. **LE**

Aaron Krasnow is associate vice president of health and counseling services at Arizona State University and an Arizona licensed psychologist.

Bronx Community College Students Get PSyCh'D

BY EMALINDA L. MCSPADDEN

In a community college setting, it is often necessary to think not only about how to support students holistically, but to do so in the most efficient way possible, which means serving the needs of different student groups through various modalities. At Bronx Community College, City University of New York, the Office of Personal Counseling and the Department of Social Sciences collaborated to develop the Peer Support and Career Development Program for students pursuing careers in the mental health professions. This paid training and practicum program, also known as the Get PSyCh'D program, accepted its first training cohort in spring 2015. The program provides participating students with valuable training related to mental health and empowers student dissemination of service information throughout the campus community. Beyond training and practicum experiences, students learn to connect with additional high-quality programs and opportunities to enhance their professional and academic progress, even after they have left the community college setting.

The Get PSyCh'D program provides a rare hands-on internship opportunity and integrates students in a working clinical setting. Students in the program receive training in mental

health awareness, contextualization of coursework into real world situations, understanding of mental health services available both on and beyond campus, and specific guidance for next academic steps toward mental health career goals. Upon receiving the necessary training, peer educators participate in active outreach in the campus community, including leading and coordinating workshops on mental health topics, establishing bridges between students in need of support and campus-based mental health services, and regularly engaging with students, faculty, and staff to better understand mental health needs on campus.

The program is designed to help community college students who want to become mental health professionals by providing a valuable, paid training and practicum opportunity, while at the same time serving an outreach function to educate the student population about campus-based mental health services. The decision to create such a program was based on research findings on the positive impact of peer educator programs, the need for increased support for minority students to promote academic success, and the mental health concerns of the students on the Brooklyn Community College campus. In addition, focus groups were conducted at the

college to better understand student perceptions of and barriers to seeking mental health support on campus. Findings included a lack of knowledge about available campus services and what each service type entailed, and perceptions that college staff were not compassionate toward or aligned with student needs. Peer educators provide much-needed information about mental health issues and services. In addition, the shared student experience makes peer educators more approachable and relatable than faculty or staff.

Emalinda L. McSpadden is a professor of psychology in the Department of Social Sciences at Bronx Community College, who serves as the faculty coordinator for LGBTQI+ programming and resources at the college. She also is co-director of the Get PSyCh'D program.



Students in the Get PSyCh'D program gain valuable, paid training and practicum opportunities while educating fellow students about campus-based mental health services.

From Struggling to Successful Student

Collaboration and Multiple Decision Points Make the Difference

BY ELVA MUNRO

Students are entering higher education with concerns that can be quite severe and complex, including ongoing depression, anxiety, chronic physical issues, concerns about family or friends, and relationship difficulties. Compounding these challenges are students' worries over the growing cost of education and the expectation to work at least part time, if not more, during their college years.

Personal or social insecurities, particularly about fitting in and finding friends, also can create problems that interfere with academic success. If students begin to experience sleep problems or lack adequate sleep, it can topple what is already a fragile balance. All these factors, added to worries about succeeding in college, can quickly overwhelm coping abilities and cumulatively build higher and higher levels of student stress.

At Western Washington University, the biennial administration of the American College Health Association National College Health Assessment provides valuable data on students' perceived barriers to personal academic success. It is no surprise that stress tops their list of significant impediments to academic success, closely followed by anxiety, depression, sleep problems, and colds/flu. Rounding out the top 10 barriers are concerns about friends or family, demands of work, relationship difficulties, coping with the death of a friend or family member, and time spent on the internet or computer games.

To ensure that critical issues are addressed, particularly issues that for many students are significant barriers in their higher education careers, it is imperative to share assessment data. It is only through working collaboratively with the university's counseling center, student health center, and many other campus partners, that services can be put in place to help students successfully cope and achieve academic and personal success. These collaborations create and reinforce a "safety net" for students, providing them with essential services and information.

However, knowing students' needs and stresses and creating a safety net to support them is not enough. One of the best keys for enhancing student support and addressing holistic student well-being is the ability to streamline referrals between services, particularly with counseling center and

student health center partners. To direct students to these and other campus services, mental health providers on campus must recognize the need for referral. Too many times, needs are missed because of the narrow specialization of various support services. Many times, professionals just fail to ask about things that are outside of their service area.

The university's Prevention and Wellness Services program is adopting a more holistic look at student well-being. Direct service programs include advocacy assistance for survivors of sexual violence, consultation assessment and support for

"It is only through working collaboratively with the university's counseling center, student health center, and many other campus partners, that services can be put in place to help students successfully cope and achieve academic and personal success."

students with alcohol or other drug concerns, and sexual health information sessions for individuals and couples. These contact points are not just entry points for a single service but are opportunities to look at the overall well-being of the individual and include brief screening and referral for other significant concerns. This contact point screening process helps ensure students know about campus resources and provides reassurance that they do not have to deal with these issues on their own. It also creates an opportunity to support the student in the process of contacting other essential support resources, increasing the potential for follow-through and fostering holistic student care.

Elva Munro is director of Prevention and Wellness Services at Western Washington University.

Higher Ed Associations Support Joint Statement *on Health and Well-Being*

BY MALLORY JORDAN

NASPA, NIRSA: Leaders in Collegiate Recreation, and the boards of directors of eight additional higher education associations recently endorsed a joint statement on health and well-being. *Health and Well-being in Higher Education: A Commitment to Student Success* highlights strategic commitments from NASPA and NIRSA to innovate, support, and foster a holistic, integrated, and strategic approach to well-being from the association level to the institutional level. College and university students expect and deserve campus environments to support their development as healthy and whole people, and through their work on health and well-being, higher education associations can help members fill this need.

The statement is a direct outcome of the 2017 NIRSA/NASPA Thought Leadership Forum on Well-being as well as the ongoing work of members on college and university campuses. The crafting and signing of the statement is a result of the type of collaboration recognized by both NASPA and NIRSA as essential to breaking down barriers within higher education and advancing work in the mental health arena.

As a result of this and other strategic initiatives, NASPA has taken steps to better align and streamline its current programs, such as the BACCHUS Initiatives of NASPA, Culture of Respect, and the NASPA Strategies Conferences, and provide a central home for those programs within NASPA Health, Safety, and Well-being Initiatives. The Health, Safety, and Well-being Initiatives staff will continue to work with experts in the field to provide NASPA, NIRSA, and other association members with resources, professional development opportunities, and strategies to implement change on campuses.

In December 2018, NASPA, NIRSA, and the American College Health Association (ACHA) brought together leaders in the field to Washington, D.C., for Part Three of the Call to Action for Well-being Research Summit. Health and well-being scholar-practitioners worked to create a data framework from which to develop evidence-based activities to improve the health and well-being of entire campus communities. Results of the meeting will be shared at a number of annual events in 2019.



Learn More About the Call to Action

NASPA Strategies Conferences

Washington, D.C.
January 16–19



NIRSA Annual Conference

Boston, MA
February 16–19



NASPA Annual Conference

Los Angeles, CA
March 9–13



ACHA Annual Meeting

Denver, CO
May 29–June 1



Collaboration is critical to integrated approaches to health and well-being, and NASPA, NIRSA, and ACHA leaders will continue to gain support for the statement from other higher education organizations. To learn more about the health and well-being joint statement, please visit bit.ly/WellbeinginHigherEd.

Mallory Jordan is assistant director of Health, Safety, and Well-being Initiatives at NASPA.



Emerging Trends in College

A Paradigm Shift for Promoting Partnerships, Peer

BY SHARON MITCHELL

The mental health of college students is one of the top concerns of vice presidents for student affairs (VPSAs). In 2017, the Center for Collegiate Mental Health identified several trends that reinforce that such concerns are warranted. Over a five-year period, counseling center utilization nationwide increased by an average of 30 percent to 40 percent while student enrollment increased by only five percent. This means that the percentage of new students who made use of campus counseling centers exceeds percentage increases in enrollment. In addition to growing demand, other trends suggest that more students are reporting a lifetime prevalence of risk of harm to self. While anxiety and depression remain the most common presenting concerns for students, the number of students reporting these concerns has also been increasing in recent years.



Student Mental Health Support

Not surprisingly, counseling centers are struggling to keep pace with demand, resulting in a shift in service delivery priorities. If more college and university students are reporting a potential risk to themselves, it is important that assessments be conducted as soon as possible to ensure students' safety and to make recommendations about the appropriate level of care. "Rapid access services," which are typically available within one to five days and offer crisis, walk-in, on-call, or triage/screening services, are being used with greater frequency. If staffing levels at college and university counseling centers continue to remain flat, fewer routine appointments for services such as individual therapy can be offered. A few things then begin to happen: longer wait times for routine counseling appointments, forcing centers to establish appointment or session limits to accommodate more students; a decrease in frequency (from weekly to biweekly) of routine counseling appointments; and more referrals to off-campus providers if convenient and affordable options are available. Hiring additional counseling staff helps, but expanded staffing will not completely address the need if the demand continues to trend upward.

Understanding the Context

Members of the latest generation of college students, sometimes referred to as iGen, GenZ, or post-millennials, are now arriving on college and university campuses. Born between 1995 and 2010, the oldest members are 23 years old. To understand them as college students, VPSAs first must understand their lives before they arrived on campus.

A lack of independence and social skills. National surveys of teens found that, compared to previous generations, members of this generational cohort spend less time without their parents hanging out with friends; are less likely to get a driver's license, to date, or to have sex; and spend six to eight hours each day online, on social media, or texting. There are positives and negatives associated with these changes. It is encouraging that students are close to their parents and are engaging in less risky behavior. However, it also means that when these students come to campus, they will have less experience with independent decision making and face-to-face social interactions. Both of these situations may be difficult to avoid on most campuses where students attend classes with other students most of each day, work together regularly in groups, and share physical space in on-campus or off-campus housing. Thus, student affairs professionals are likely to work with students who lack opportunities to successfully experience and learn from setbacks or work through interpersonal conflicts. Successfully experiencing setbacks is not about the absence of emotional pain. Instead, it is the ability to live through, learn, and adapt to such pain. iGen students have grown up in a culture of convenience and immediate gratification. They may not have learned distress tolerance skills or how to self-soothe. When they experience strong negative emotions, they may view them as abnormal and overwhelming. As a result, these relatively "normal" feelings may be interpreted to mean that something is wrong with them.

Rest Up

SLEEP IS FACTOR IN STUDENT SUCCESS

BY BIRDIE CUNNINGHAM AND ROXANNE PRICHARD

How can we best support students in the era of the mental health crisis? A confluence of factors (e.g., navigating social relationships in the digital era, being a survivor in the massacre generation, managing crippling student loan debt) have driven up levels of mental distress in recent years. Research from The Center for College Sleep, based at the University of St. Thomas, Minnesota, shows that good sleep is also an important, but often invisible, predictor of mental health in students. Importantly, sleep is one of the things individuals do have the power to change.

Students are reporting record levels of sleep disturbances, but are receiving little help for them. In fact, three times as many students (more than 60 percent) report wanting to learn to cope with sleep difficulties from their universities and colleges, according to the spring 2017 American College Health Association National College Health Assessment II (ACHA-NCHA II). Poor sleep has important consequences for student health. Analyses of the ACHA-NCHA II data demonstrate that college and university students with sleep problems report more than twice the rate of overwhelming anxiety, being so depressed it's difficult to function, and recent suicidal ideation than students with better sleep. The second leading cause of death in the traditional college age population is suicide, and 90 percent of suicide attempts are preceded by periods of poor sleep.

Sleep disturbances are also clinically relevant for both the evaluation and treatment of mental health concerns. Sleep quality and mental health are bidirectional and interdependent. Poor sleep exacerbates the symptoms of mental illness; negative mood, stress, and mental illness negatively impact sleep. Among college and university students, the most commonly reported barrier to sleep is stress, and poor sleep changes the body physiologically, making it less resilient to stress.

Student affairs administrators and mental health service providers

cannot prevent the adverse events students experience in childhood. They cannot change serotonin transporter genes, which predispose some students to anxiety and depression. But they can provide tangible support to students who struggle with sleep. Sleep is a modifiable risk factor: good sleep can change a person's perspective literally overnight.

Prospective population studies show that sleep disturbances predict anxiety and depression development in adolescents. Similarly, treating insomnia improves depression and anxiety symptoms. In both student populations with depression and anxiety and in nonclinical populations of healthy college students, better sleep is associated with improved mental health.

How can your institution better support students' sleep? Start by screening for disturbances in the quality, quantity, and consistency of a student's sleep in health intake questionnaires, in pre-participation exams for athletes, and during academic advising appointments for struggling students. Also, health providers on campus could benefit from continuing education opportunities about sleep. According to the 2017 Center for Collegiate Mental Health annual report, fewer than three percent of clinicians treating students who indicated sleep concerns on intake elected to prioritize sleep as a primary concern. Given the important role of sleep in learning and well-being, sleep education programs for both students and college health professionals are underutilized in supporting both student health and academic success. The Center for College Sleep can support student affairs professionals in considering ways to assess and improve student sleep.

Birdie Cunningham is associate director of health and wellness and director of programming for the Center for College Sleep at the University of St. Thomas, Minnesota.

Roxanne Prichard is scientific director for the Center for College Sleep at the University of St. Thomas, Minnesota.

sleep is foundational
to good **mental health** in college students.

THE 2ND leading cause of death in young adults is SUICIDE, and 80–90% of suicide attempts ARE PRECEDED BY POOR SLEEP.

3X as many students report wanting to learn about sleep as report receiving information about sleep from their universities.*

* Data from Spring 2017 ACHA-NCHA II

How many of the last 7 days did you feel very sleepy during the day?

Days	% of students
0 DAYS	~2%
1 DAYS	~4%
2 DAYS	~6%
3 DAYS	~8%
4 DAYS	~12%
5 DAYS	~18%
6 DAYS	~22%
7 DAYS	~25%

* Data from Spring 2017 ACHA-NCHA II

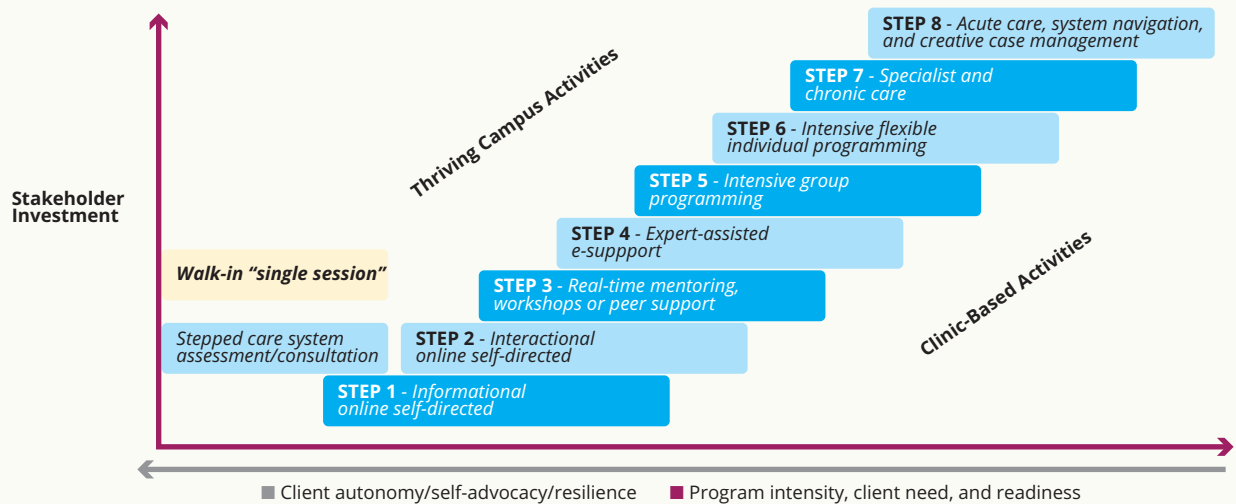
All mental illness includes some disturbance in sleep, and sleep disturbances exacerbate & can even precipitate mental illness.

Sleep is a **modifiable risk factor** for psychological distress.

Sleep can **change a student's life for the better, literally overnight.**

CENTER FOR COLLEGE SLEEP
For more information about the Center for College Sleep, visit stthomas.edu/collegesleep or email us at collegesleep@stthomas.edu

Stepped Care 2.0



© 2018 Peter Cornish, *Stepped Care 2.0*

Identity intersectionality and the sociocultural landscape. There is no homogenous college student identity. Generational status is but one aspect of identity that may be related to how students experience and cope with emotional distress. Many generations are represented on college and university campuses; a basic understanding of generations beyond emerging adulthood (ages 18 to 30) is needed. Furthermore, the powerful differential impact of the larger societal context on students should not be overlooked. According to the U.S. Department of Education, hate crimes on campuses increased by 25 percent from 2015 to 2016. Public policy decisions regarding immigration, health care, gender identity, and educational funding have the potential to negatively impact some marginalized or underserved students more than others. These chronic stressors add to the typical stresses of being a college or university student and clearly are not conducive to mental health. Given their marginalized status and cultural beliefs, the very students who need assistance may be the most reluctant to seek help in the form of traditional counseling relationships.

The River Parable: Look Upstream

A college counselor is driving down a road near her campus. Running parallel to the road is a river with a strong current. She sees a student in danger of drowning. She stops her car. She pulls the student to shore when another similarly struggling student appears around the bend in the river. Then another and another. She keeps pulling students out for two hours. Other faculty and staff join in the rescue efforts. Finally, the college counselor starts walking upstream. "Where are you going?" her colleagues ask. "Don't you see that more students need to be rescued?" Her reply, "I am going upstream to find out *why* these students who don't know how to swim keep ending up in the river."

Traditional counseling is a downstream approach that treats rather than prevents the development of ongoing

emotional distress that can result in impairments in students' academic, work, and interpersonal functioning. Upstream approaches instead focus on understanding the factors that may contribute to student distress and addressing them through environmental and systems changes. This approach should equip students with the necessary tools to better manage their collective and unique stressors.

A New Paradigm

A campuswide paradigm shift is sorely needed if campuses are to truly address the mental health of college students. Student affairs professionals can partner with their campus counseling centers in a number of ways to change the campus culture as it relates to mental health promotion. Student affairs staff should avail themselves of training opportunities that will help them become more comfortable recognizing the signs of someone in distress, developing the language to express concerns, and acquiring skills to refer students to campus resources. They should support the creation of peer-to-peer mental health outreach programs; research shows that students are more likely to open up and listen to advice from peers rather than professionals on campus. Student affairs offices should revise policies, procedures, and staff and para-professional training to be more inclusive and better informed around mental health issues. Such strategies and activities have greatly reduced stigma, created more caring communities, and encouraged students to be more willing to seek help.

When discussing resources, it is important to change the way that student affairs professionals talk about what counseling centers do. The traditional assumption is that everyone who presents to or is referred to the counseling center is in need of "talk" counseling or therapy. As the demand for service has increased and the needs of students have changed, many counseling centers are now using elements of stepped care, a system of delivering mental health care. (See graphic above.) This model has been effective in primary care settings for

many years. In this model, the intensity of the level of care is “stepped up” or “stepped down” depending on need and the student’s readiness for change. Not every student in emotional distress needs or wants counseling. Some students need education or skills-building that could be accomplished via in-person or online, one-time workshops. Some students are more receptive to technology-based tools such as mental health apps or self-directed online mental health interventions. Some students may prefer to receive information in more traditional ways. For distance learners, non-traditional students, or commuter students, alternate approaches may be a matter of time savings or convenience. Technology tools might be appropriate first steps for students who are not at risk but are ambivalent about meeting with a counselor. Wellness coaching or a single-session consultation that focuses on developing a plan of action for a specific problem may be all that some students need or are ready to tackle. Counseling centers are literally and figuratively meeting students where

they are. Embedding a counselor in an academic department or student support office (e.g., international students’ office, residential hall, cultural center, athletics) gives the counselor greater flexibility to provide informal, drop-in sessions; more formal counseling for students; and consultations for faculty and staff in locations that students more naturally frequent.

People are all products of their environments, and today’s college and university students are no different. They have their own challenges, adaptive styles, and learning preferences based on their lived experiences and campus context. It is the responsibility of the entire institution to create a learning environment where students can develop their self-efficacy in meeting these challenges. **LE**

Sharon Mitchell is the senior director of student wellness at the University at Buffalo and the president of the Association for University and College Counseling Center Directors.

Rethinking Suicide Prevention

BY RUPERTO PEREZ

Colleges and universities recognize the serious nature of student suicide on their campuses and continue to pursue various ways to reduce the incidents of suicide. Early attempts to reduce student deaths by suicide focused on a “zero tolerance” perspective. While this approach garnered early support, recent criticism points to potential violation of the Americans With Disabilities Act of 1990 and potential legal liability. It is time to rethink how college and universities conceptualize suicide prevention efforts.

Until now, campus programs have focused on identifying students at risk for suicide and ways to help. Other program efforts range from providing education on the risk factors and protective factors of suicide to offering peer education prevention programs. While a majority of the suicide reduction initiatives have been borne by college and university counseling centers and other campus mental health professionals, a coordinated community effort at suicide reduction tied to a significant change in the college and university approach to suicide reduction has been lacking.

Based on an international initiative in community healthcare systems, Zero Suicide (International Initiative for Mental Health Leadership, 2015) represents a significant paradigm shift from the traditional approach of suicide prevention to a bold goal of “suicide elimination.” Zero Suicide is not zero tolerance of suicide. Zero Suicide aspires to create an extensive and comprehensive system of care, evaluation, and assessment to identify individuals at risk for suicide and to provide effective services that strive to significantly reduce deaths by suicide. While the Zero Suicide initiative has been implemented within community healthcare systems, the initiative has yet to be completely recognized

and implemented on the majority of college and university campuses in the United States.

A few notable exceptions exist. Georgia Institute of Technology (Georgia Tech) in Atlanta has implemented an adapted Zero Suicide initiative, “Tech Ends Suicide Together.” Under this program, Georgia Tech tailored the core components as well as the evaluation and assessment components of the original Zero Suicide initiative for their applicability to a college and university campus setting. Visit endsuicide.gatech.edu for more information on “Tech Ends Suicide Together.”

The University System of Georgia (USG) colleges and universities have also been engaged in exploring and adopting this same Georgia Tech approach on campuses in the USG system. In partnership with the Georgia Department of Behavioral Health and Developmental Disabilities, USG colleges and universities have established a coalition to explore and implement a Zero Suicide initiative, “Towards Zero Suicide.” The University of Alabama is also following suit as part of its comprehensive approach to student health and well-being. Augusta University in Georgia also has initiated a Zero Suicide initiative on its campus.

Preventing suicide among college and university students requires an intentional, collaborative, creative effort on the part of all campus community members, families, and outside community partners. In this way, a comprehensive network of care can be established that significantly impacts the health, well-being, and academic and personal success of all students.

Ruperto Perez is associate vice president of student health and wellbeing at The University of Alabama.

Rising Numbers of Students Report Mental Health Concerns

BY MARY T. HOBAN

Since spring 2000, the American College Health Association National College Health Assessment (ACHA-NCHA) has been surveying college and university students on a variety of topics affecting their health, well-being, and academic performance. In the almost 20 years that students have been asked whether they had ever been diagnosed with depression, the figure has more than doubled from 10.3 percent in 2000 to 23.8 percent in 2018. Today, nearly one in four college students report having a prior diagnosis of depression.

Recently released data from the Spring 2018 ACHA-NCHA show that the number of students currently dealing (within the last 12 months) with mental health issues continues to climb. When presented with a list of 15 different mental health diagnoses, 30.2 percent of students report being diagnosed or treated by a professional within the last 12 months for

one or more of these conditions. That same figure was 19.1 percent in Spring 2009. In just 10 years, the number of students reporting a current mental health issue grew by 58 percent.

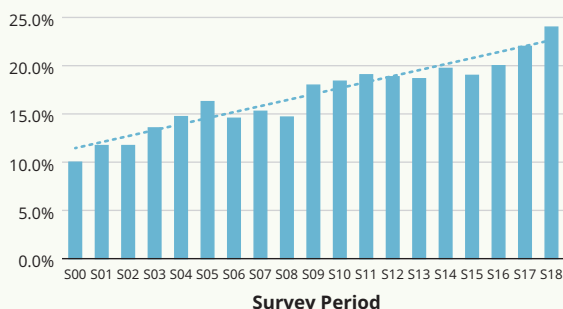
By far, the most common conditions reported in the last 12 months are anxiety (10.5 percent in 2009 and 22.1 percent in 2018) and depression (10.1 percent in 2009 and 18.1 percent in 2018.) While more than twice as many students report these conditions in 2018 than did in 2009, the differences between male and female students have remained consistent over the last decade: Twice as many female students as male students report the conditions. Because depression and anxiety often co-occur, it is worth noting that the number of students reporting both anxiety and depression grew from 6.3 percent in 2009 to 14.6 percent in 2018.

It will come as no surprise that in the last decade the number of students reporting that mental-health-related issues have negatively impacted their academic performance over the last 12 months has also risen. In 2009, 18.5 percent of students reported that anxiety had negatively affected their academic performance, compared to 26.5 percent in 2018. A similar pattern is true for depression. In 2009, 11.6 percent of students indicated that depression had negatively impacted their academic performance in the last 12 months. In 2018, the same figure was 18.7 percent.

For more information about the ACHA-NCHA, please visit www.acha.org/ncha.

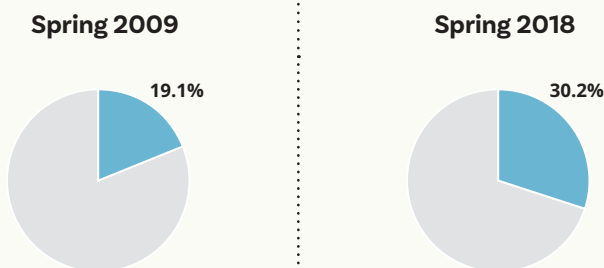
Mary T. Hoban is the chief research officer at the American College Health Association.

Percentage of Students Ever Diagnosed with Depression, Spring 2018



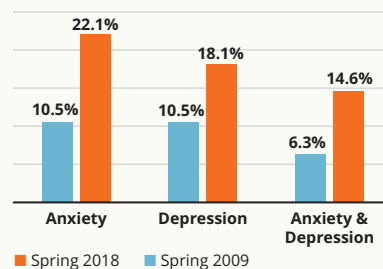
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Students reporting being diagnosed for one or more mental health problems in last 12 months



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Percentage of students reporting being diagnosed or treated in the last 12 months



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REACHING THE MOST VULNERABLE

*TARGETED MENTAL HEALTH INITIATIVES
ENGAGE STUDENT POPULATIONS AT RISK*



Colleges and universities are often students' first best hope for managing their health in adulthood. This is true for students across the spectrum of need—from those who will carry a mental health diagnosis throughout their lives to students who are gaining the skills to make choices that lead to better health and well-being in the future.

It is imperative that higher education institutions are particularly cognizant of the special concerns associated with assuring quality mental health care, as well as addressing the complex social determinants of mental health, for vulnerable student populations on campus. Greater diversity in today's student populations creates a greater impetus to understand and address the needs of these populations. There are significantly more nontraditional-age students, more students of color, more students declaring disabilities, more veterans, more international students, and more students from economically diverse backgrounds, to name a few changes on campuses. As described by Nick Freudenberg and colleagues at City University of New York, by addressing the needs of vulnerable populations on campuses, higher education can help these students overcome significant barriers to academic success, "while contributing more fully to reducing the educational, health, income, and life satisfaction inequalities that characterize [the United States]."

Many of the students who are most vulnerable to experiencing poor mental health have increased interactions with the campus mental health services system, have negative experiences with it, or have difficulty accessing the system and are most likely to fall through the cracks. Student populations vulnerable to health disparities need to be accounted for in the design of effective systems for mental health care delivery and health promotion on college campuses. Recognizing and understanding the reasons that vulnerability exists in certain groups is critical, not only because of the need to influence the development of targeted quality improvement efforts, but also because addressing the complex challenges that vulnerable groups encounter requires coordinated efforts across different systems and services within and beyond colleges and universities.

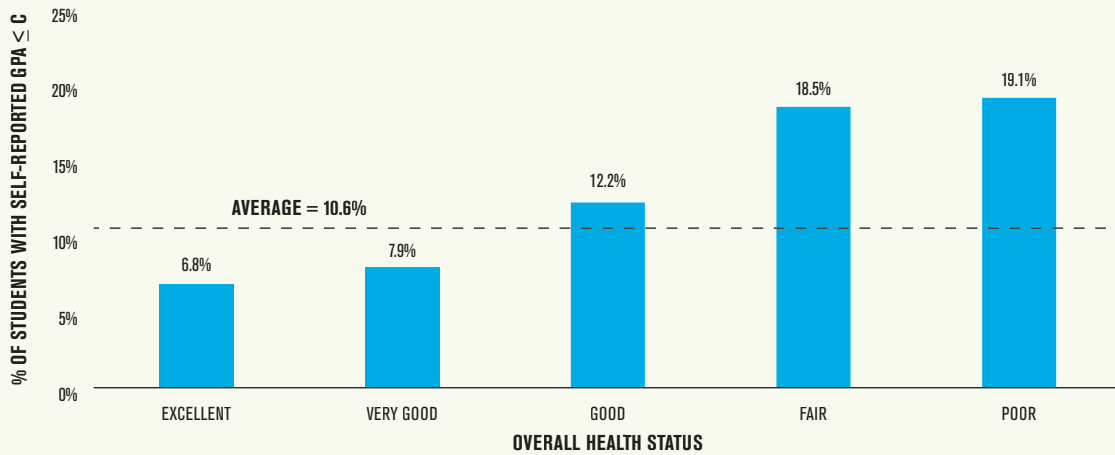
What the Data Tell Us

Data from the spring 2015 American College Health Association National College Health Assessment (ACHA-NCHA), which includes 93,034 respondents from 109

institutions, highlight important differences in mental health outcomes across different student identities and life experiences. Understanding this variation is mission critical for college and university campuses and creates an imperative to more intentionally address the needs of vulnerable populations.

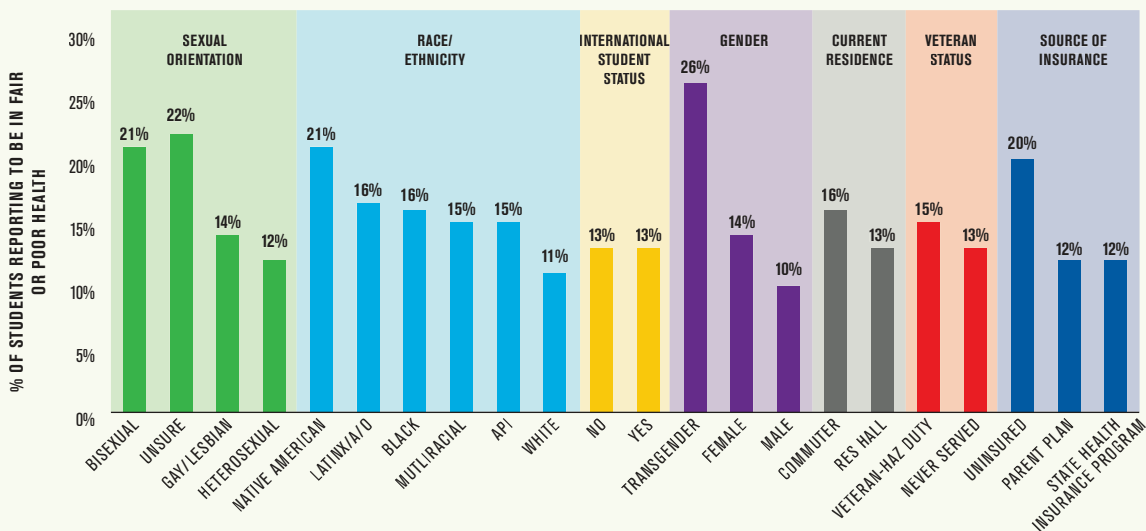
- There is a strong association between students' health status and academic performance. Students who report having poor health have five times higher odds of reporting a D or F grade than their counterparts in excellent health. Unfortunately, health status is not distributed equally across all students on college and university campuses. (See top figure on page 26.)
- Students who are unsure of their sexual orientation, bisexual students, students of color, transgender students, and students who are uninsured experience higher rates of fair or poor health. This variation in health status puts certain communities of students at higher risk of experiencing a poor academic outcome due to health. (See bottom figure on page 26.)
- The occurrence of feeling so depressed it was difficult to function in the past year is prevalent across many student identity groups. However, sexual and gender minorities, multiracial students, and students who are uninsured suffer disproportionately high rates of feeling so depressed it was difficult to function. (See top figure on page 27.)
- Suicide is a leading cause of death among college and university students. Transgender students have nearly 10 times higher odds of attempting suicide within the past 12 months than cisgender students. Students who identify as a sexual minority, students of color, international students, veteran students who served in hazardous duty, and uninsured students also suffer disproportionately high rates of attempting suicide compared with heterosexual students, white students, U.S.-born students, students who have never served in the military, and students who are insured, respectively. (See bottom figure on page 27.)

PREVALENCE OF SELF-REPORTED GPAs BY OVERALL HEALTH STATUS



Source: ACHA-NCHA, SPRING 2015

DIFFERENCE IN PREVALENCE OF FAIR OR POOR HEALTH BY STUDENT DEMOGRAPHICS



Source: ACHA-NCHA, SPRING 2015

Among students attempting suicide, there is high variation in rates of ever engaging in mental health treatment. Sexual and gender minority students have high rates of mental health use, while students who identify as Asian or Pacific Islander, black/African American, international, male, commuters, and uninsured have significantly lower rates of ever using mental health services.

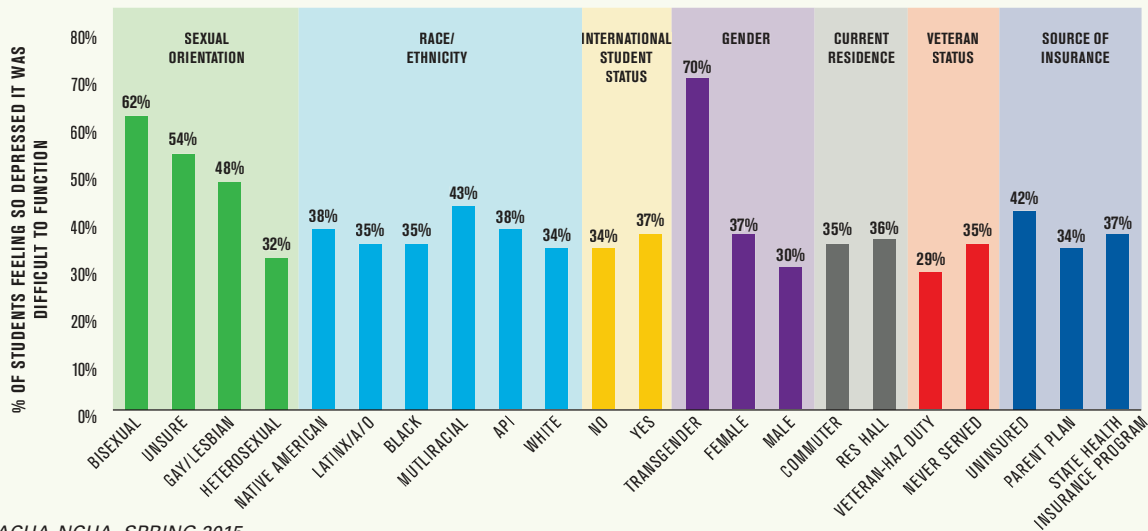
It is important to note that while some patterns of disparities are consistent across different mental health outcomes, certain identity groups—such as Asian students, international students, and veterans—appear to have better or equivalent mental health status to other identity groups based on lower severity measures (e.g., difficulty functioning due to depression). They then experience higher rates of more severe presentations of poor mental health (e.g., suicidal ideation). This phenomenon has been reported by others, including one

study led by Lisa K. Kearney that showed Asian students who sought treatment on campus had the highest rates of distress at intake, followed by Latinx/a/o, black, and then white students, which may be explained by a delay in seeking help for mental health distress.

Learnings from the Healthy Minds Study

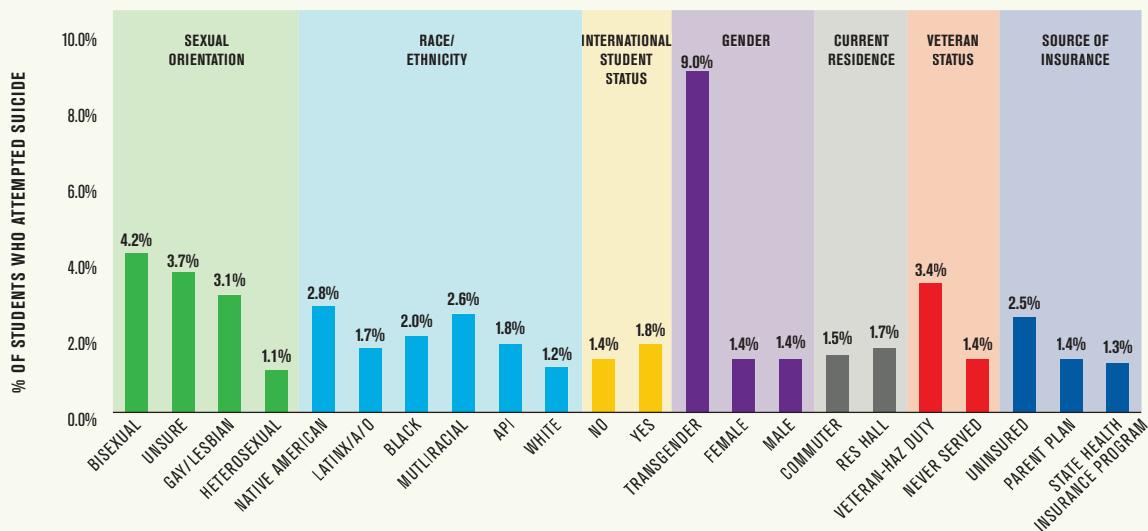
To complement the vulnerable populations identified in the ACHA-NCHA data, principal investigator Sarah Ketchen Lipson and others have helped build understanding about why differences exist in rates of mental health problems and mental health service use, specifically among students of color. Using data from the 2012–2015 Healthy Minds studies, researchers looked at a diverse sample of 43,375 undergraduate and graduate students, including more than 13,000 students of color at 60 institutions. They found

DIFFERENCES IN PREVALENCE OF FEELING SO DEPRESSED IT WAS DIFFICULT TO FUNCTION IN THE PAST 12 MONTHS BY STUDENT DEMOGRAPHICS



Source: ACHA-NCHA, SPRING 2015

DIFFERENCE IN PREVALENCE OF ATTEMPTING SUICIDE IN THE PAST 12 MONTHS BY STUDENT DEMOGRAPHICS



Source: ACHA-NCHA, SPRING 2015

modest variation in symptom prevalence and significant variation in service utilization across black/African American, Latinx/a/o, Asian, Arab/Arab American, and white students. Discrimination and financial difficulties were found to be significant risk factors for experiencing mental health symptoms even when controlling for other characteristics. For example, 35 percent of students who experienced discrimination screened positive for depression relative to 23 percent of students who did not experience discrimination.

Perceived need appears to be the strongest predictor of help-seeking. Lipson found that students of color have lower levels of knowledge, higher levels of personal stigma, and lower perceived need—all of which help to explain racial and ethnic disparities in treatment utilization. Additionally, a majority of students of color with positive mental health screens turn to nonclinical sources, such as friends, family, and other informal sources, for support.

These treatment predictors are not distributed equally across race and ethnicities. For example, Arab/Arab American students report the lowest levels of knowledge of mental health services whereas Asian students have the highest levels of personal stigma. These racial and ethnic differences highlight the importance of understanding the unique factors that influence mental health services engagement and the need to develop culturally tailored interventions for different populations of students.

Cross-Cutting Practices Address Vulnerable Populations

Student affairs leaders can better identify vulnerable populations and support their mental health needs through several cross-cutting tactical practices. The tactics on page 28 are adapted from *Achieving Health Equity: A Guide for Health Care Organizations* (Institute for Healthcare Improvement, 2016).

1 Collect and analyze data to understand unmet needs and disparities. Colleges and universities that are successful in closing gaps in mental health outcomes use data to drive and assess their efforts. Institutions first need to understand unmet need and disparities, which requires the accurate collection of various student characteristics (e.g., identities, life experiences) across administrative systems (e.g., electronic health records, engagement platforms, registrar). Many colleges and universities do not routinely collect and analyze these data elements, either lacking effective processes for collecting the information from students or unable to incorporate the information across all computer interfaces. Engaging campus professionals and faculty to gather qualitative data and talking directly with students in structured conversations can build understanding about students' lives in and out of the classroom. This low-tech approach to data collection can help to inform and prioritize the data elements that need to be more systematically collected, analyzed, and tracked.

2 Codesign and coproduce changes with students with lived experiences. Campuses that successfully improve mental health outcomes among vulnerable identity groups rely on the involvement of individuals in those groups with lived experience. This codesign approach shifts the traditional intervention design process in which professionals independently devise solutions to problems to one in which those with lived experience help develop and test different opportunities to determine their desirability and feasibility in practice. Students with lived experience must coplan, co-execute, and co-assess new approaches with campus professionals to collectively learn to meet the needs of their communities.

3 Tailor efforts to meet the needs of vulnerable populations. Improvement initiatives can sometimes unintentionally worsen health disparities for some subpopulations. When mental health status improves for one group—often the group already doing better—at a faster rate than other groups—often those doing worse—the mental health status for the whole population improves, but the gap between subpopulations widens. Higher education administrators, including vice presidents for student affairs, can address this concern in a number of ways.

- Begin improvement work by considering the needs and issues faced by populations experiencing the worst outcomes.
- When devising improvement strategies, take into consideration the resources available to vulnerable populations such as where they live, financial situation, access to transportation, insurance, and family responsibilities.
- Establish trust between clinicians, university administrators, faculty, and students, particularly when codesigning new processes and support services in partnership with students.
- Provide accessible services that include mental health care as well as other social and academic support, focused on vulnerable individuals.

Improving Mental Health Outcomes

Students at all higher education institutions must have equal access to mental health services. Colleges and universities nationwide are taking steps to reach those students who may be less likely to pursue services on their own.

- Through the **Active Minds for Every Mind Equity Initiative**, students throughout California are trained to reach Latinx/a/o-identifying peers. Embracing the principles of community-based participatory research, student leaders collaborate with key stakeholders to implement culturally responsive programming such as interactive discussions for Latinx/a/o men at **California State University San Marcos** and a speaker's panel and art loteria card activity to explore stigma in the Chicana/Latinx/a/o community at the **University of California, Los Angeles**. Some 47 percent of student participants report it was their first time participating in a mental health program.
- **City University of New York (CUNY)** serves 273,000 matriculated students across 25 campuses, including 42 percent of students who live in households earning less than \$20,000 per year and 39 percent who speak a native language other than English. Driven by data drawn from focus groups and population-based surveys of the CUNY community, CUNY is mobilizing existing assets to implement and evaluate interventions grounded in a multilevel and integrated approach that addresses four interrelated health domains that affect students' academic success: mental health; sexual and reproductive health, including healthy relationships; health insurance and health care access; and food security and diet. Through the Single Stop, which provides free comprehensive social, legal, and financial services to students at CUNY's seven community colleges, counselors use a computerized tool to screen students for their eligibility for more than 40 public benefits (e.g., health insurance programs, nutrition programs, housing assistance, subsidies for childcare, energy assistance) as well as tax credits. The counselors then use this information to guide students through the benefits application process. Between 2009 and 2015, CUNY Single Stop sites served almost 75,000 students, who gained access to benefits, legal services, financial counseling, and tax refunds valued at \$178 million. A preliminary assessment conducted at one community college suggests that students who receive Single Stop services have a higher retention rate than counterparts who do not access such services.
- **Cornell University** is striving to bring mental health care upstream. The Behavioral Health Consultant (BHC) program embeds mental health professionals in the medical setting. Students who present to primary care may not initially identify their needs as related to mental health; BHCs are able to intervene early to prevent problems from becoming more urgent. Early data demonstrate a higher utilization among underrepresented minorities and vulnerable populations on Cornell's campus with increased penetration rates into primary care visits for international, multi/biracial, and black students compared to other populations by race/ethnicity.

STUDENTS OF COLOR: WHAT VPSAS NEED TO KNOW ABOUT THEIR MENTAL HEALTH

BY ANNELLE B. PRIMM

Understanding the complex interplay of factors affecting the mental health of college and university students of color requires unpacking and examining several issues: U.S. demographics, social and emotional development during the adolescence to adulthood transition, psychiatric epidemiology, the social determinants of mental health, and public health and prevention.

In the United States, more than 40 percent of students in higher education are students of color who identify as American Indian, Alaska Native, or Native Hawaiian; Asian American or Pacific Islander; black or African American; or Latinx/a/o. In contrast, 25 percent of faculty belong to these same groups. This represents a mismatch in opportunities for students of color to have role models and educational mentors from similar backgrounds and cultural experiences.

The transition from adolescence to early adulthood is a time of great change and stress, and a time in which the brain is still developing. Many new experiences can be stressful, such as the academic demands of college, leaving home and family for the first time, and facing greater autonomy and independence.

Mental illnesses, such as depression and schizophrenia, typically have their initial onset during this period. The majority of college and university students of all racial or cultural backgrounds do not have mental illness, but the number of college students with a diagnosed mental illness has increased in recent years. While students of color have rates of mental illnesses similar to those of their white counterparts, they are half as likely to receive mental health services. Obstacles to care for students of color include the culturally linked stigma and shame of having a mental illness or seeking help for it, the lack of mental health professionals of color, and cultural mistrust of practitioners who lack understanding of cultural issues in mental health care.

College and university campuses are microcosms of the current racially and culturally polarized environment in the United States. In the higher education setting, students of color with and without a mental illness often encounter racism, xenophobia, unconscious bias, negative stereotyping, microaggressions, racial profiling, and marginalization from peers and professors. An online 2017 Harris Poll of more than 1,000 college and university students, conducted by the Steve Fund and Jed Foundation, found that compared to their white peers, a higher percentage of students of color report feeling isolated on campus and a significantly lower percentage describe their campus as inclusive.

These discriminatory experiences are examples of the social determinants of health, which studies have shown can be harmful to physical and emotional well-being. These ongoing negative experiences can contribute to psychological distress and symptoms of depression and anxiety, and can potentially impact academic performance. It is not hard to imagine that students of color living with mental illness compounded by racial discrimination, suffering in silence, are at risk of academic problems and dropping out of school altogether.

PREVENT THE DOWNWARD SPIRAL

What can student affairs administrators do to help prevent this confluence of negative factors and potential downward spiral for students of color? Policies and practices promoted by higher education administrators that create environments that value and celebrate diversity and do not tolerate discriminatory action of any kind are critical to fostering thriving students of color. The Equity in Mental Health Framework (EMHF) developed in 2017 by the Steve Fund (stevefund.org), a nonprofit focused on the mental health of college and university students of color, in partnership with the Jed Foundation, offers recommendations. The set of 10 recommendations and associated implementation strategies provides a road map for colleges and universities to create environments in which the mental health and well-being of students are valued throughout the entire campus.

Among the other recommendations are that students of color be included in assessing the status of their lived experiences on campus and advising on needed changes. Quick and thoughtful responses to national and international events and crises that have implications for race, ethnicity, or immigration status help create a sense of safety and calm for students of color for whom these occurrences may have considerable impact. Administration, faculty, and staff should recognize that one size does not fit all and that initiatives should be tailored to address diverse student needs. The Steve Fund has developed a panoply of programs, services, and technology partnerships to support the mental health and well-being of college students of color.

Finally, the EMHF encourages institutions to work together to gather and share data on successful initiatives. Such programs can create higher education environments where students of color, who are vitally important to the future growth and advancement of the nation, can flourish.

Dr. Annelle Primm, a psychiatrist and senior medical adviser of The Steve Fund, was formerly deputy director of the American Psychiatric Association and director of its Division of Diversity and Health Equity.

VALIDATING THE COMMUNITY ANGER OF SURVIVORS OF SEXUAL VIOLENCE

BY ELISABETH LATINO

As the one-year anniversary of the #MeToo movement passes, many student survivors of sexual violence are witnessing their experiences of speaking out replayed on the national stage. High-profile individuals are sharing stories of surviving sexual violence, and their expressions of vulnerability are often met with a mixture of shaming, disbelief, and silence. Justice and accountability are witnessed infrequently.

In my clinical work with survivors of sexual violence, the first thing that many clients ask is: "How do I move on from this?" It's a valid question. How do survivors heal in a climate where disclosures of sexual assault are unavoidable and seldom result in a sense of closure? While #MeToo is creating a sense of community support for survivor anger, there are challenges in translating this to campuses. For survivors on campuses where a culture of mandated reporting reigns, the spaces available for survivors to speak out about their anger can feel limited.

As a psychologist at a university counseling center, I am often tasked with validating and supporting survivors of sexual violence, while holding space for anger. Many survivors felt that their trust in campus administrations was shattered by the reporting process. Survivors may re-experience a sense of being "stuck" and "helpless" and outcomes of conduct hearings can feel insufficient. Campus support services can feel inadequate in helping students navigate the emotional impact of this process. These experiences, often referred to as "systemic betrayal," can significantly hinder the healing process and lead to negative mental health outcomes. Awareness of the impact of these processes is crucial for providing trauma-informed student services.

STUDENTS MUST FEEL HEARD

When students do not feel heard, the outcome is predictable. Protests, sit-ins, social media campaigns, and student newspaper articles express a sense of betrayal in the university. As a clinician, I increasingly see the importance of this community anger in recovery from trauma. The development of post-traumatic stress is impacted by numerous factors, including a survivor's response in the moment to a threatening event and their community's response to the survivor. Although a survivor may be thwarted in their expression of anger in a threatening

situation, anger may be actualized at a later time. In many survivors' stories of sexual assault, they froze. There was no safety for the expression of anger in response to violation of bodily autonomy. Often, the anger comes later. To outsiders trying to help, this anger can seem unwarranted, seem undeserved, and be difficult to hear.

How do student affairs professionals respond when they are the targets of this anger? Do student affairs leaders consider it an attack to defend themselves from, or consider it an opportunity for growth? Allowing space for survivors' anger might



differ based on the campus. It may look like providing community support spaces, an open channel of feedback about survivor support services, or "town hall" meetings. University of Cincinnati leaders listened to student demands to expand services for survivors of sexual violence. With the expansion of its ARISE program, Counseling and Psychological Services can now provide free mental health services to any student survivor of gender-based or sexual violence.

Elisabeth Latino is a staff psychologist for Counseling and Psychological Services and is coordinator of the ARISE program at the University of Cincinnati.

Shane Gibbons, a staff psychologist at the University of Cincinnati, contributed to this article.

NYU SUPPORTS STUDENTS OF COLOR

BY ZOE RAGOZEOS

New York University (NYU) has put in place a set of comprehensive mental health services to address both the actual and perceived barriers that students of color experience when deciding whether or not, and how, to access care.

Population-level data obtained in spring 2017 through the American College Health Association National College Health Assessment revealed equivalent rates of treatment engagement between NYU students experiencing psychological distress who identify as black or African American and those who identify as white or Caucasian. These data suggest NYU systems and tailored outreach strategies are contributing to the equitable use of mental health services.

Diversity. NYU provides multicultural counseling in which students' lives, experiences, and psychological concerns are understood in their underlying cultural, social, political, and economic contexts. Staff diversity is always a significant consideration. In spring 2018, 48 percent of staff reported a clinical specialty in working with students of color, and additional resources have been allocated to increase the number of counselors with a specialty in this area.

Counseling in the schools. Because some students of color will never walk through the doors of the Student Health Center, counseling is provided in satellite offices in several NYU schools including Tisch School of the Arts, College of Arts and Science, Steinhardt School of Culture, Education, and

Human Development, and the law, dental, nursing and business schools. Students of color may feel more comfortable and less stigma approaching counselors in the same building where they take classes and seek academic counseling. Counselors in both the Center for Multicultural Education and Programs and at the Islamic Center further ensure that students of color have as many doors open as possible when deciding how to access mental health support at NYU.

Languages. Psychotherapy for students of color can be particularly effective if counselors integrate their cultural values into treatment and can be even more effective if it takes place in the native language of the student. Beginning in fall 2018, students at NYU can chat with a counselor 24/7 in six languages: English, French, Spanish, Simplified Chinese, Korean, and Arabic.

Decreasing stigma and spreading the word. Perhaps the most compelling program developed at NYU to mitigate stigma and address the mental health needs of students is a mandatory orientation program, "The Reality Show: NYU," which is performed for all incoming undergraduate students the day after they arrive at NYU. The show speaks to potential experiences of students of color on campus, including micro-aggressions, the need for respectful dialogue, and the fatigue of attempting to be both activists and students simultaneously. The program allows students of color to learn about the availability of mental health services at NYU via an entertaining, non-threatening medium that they truly believe represents them.

- **Jefferson Community College** is addressing mental health needs through campuswide approaches that focus on basic needs such as a food pantry, transportation and child-care services, housing assistance, and subsidized disability testing. As a result, Jefferson Community College has tracked increases in retention and persistence rates among low-income and first-generation students.
- **The National College Depression Partnership** is reimagining and redesigning systems of care to achieve better outcomes for students with depression. Core components, informed by the collaborative care model, include screening, care management, and enhanced treatment engagement managed across medical, psychological, and psychiatric services. Since 2006, 42 colleges and universities have screened more than 300,000 students for depression in primary care settings and helped more students with depression achieve remission and improved functioning. Preliminary data from more than 1,000 students tracked in a clinical disease registry showed no differences in process or clinical outcome measures by race/ethnicity. These findings, consistent with those in other settings, demonstrate the power of collaborative care models in reducing disparities in mental health outcomes among college and university students.
- **The University at Albany** provides timely and responsive access to behavioral health services to first-generation

students, students of color, and other groups who historically may not have had equitable access to higher education and health care. The multipronged approach includes offering clinical mental health services in seven languages; hiring and retaining diverse clinicians; hosting informal and confidential conversations with counseling and psychological services staff at various sites on campus through Let's Talk programs; the Middle Earth Peer Assistance Program, a student-staffed and professionally supervised hotline; and peer wellness coaching services. Middle Earth members, of which 51 percent of the 213 undergraduate volunteers are from underserved and marginalized groups, also serve on universitywide councils and committees addressing health and well-being. In the last academic year, there were 1,314 contacts to the Middle Earth hotline and 1,693 students used counseling and psychological services. Of those students, 45.6 percent of those identified as persons of color, 5.2 percent identified as international, and 5.8 percent reported a disability. **LE**

Allison Smith is assistant director, population health, at New York University.

Zoe Ragouzeos is the assistant vice president for student mental health at New York University.

MALE UNDERGRADUATES LACK MENTAL HEALTH LITERACY

BY RITA DEBATE AND AMY GATTO

Untreated mental disorders have the potential to impact social relationships, productivity, and academic success. Students with higher mental health literacy have more positive attitudes about seeking help and are more likely to receive professional services. Current research notes low mental health literacy among college-age males, which can limit their ability to recognize, manage, and seek treatment for mental health issues and can increase the risk for developing poor coping strategies and adopting self-destructive behaviors.

To better understand and provide appropriate interventions to increase mental health literacy among male college students, a cross-sectional study of 1,242 males attending a large southeastern U.S. urban university was implemented using quantitative methods. The survey included pre-existing validated scales to assess the following constructs: mental health knowledge, beliefs, attitudes, campus resources, mental health stigma, perceived norms, and behavioral intention. Data analyses included descriptive statistics, correlations, and independent sample t-tests. To supplement the quantitative findings, 32 key informant interviews were conducted with male undergraduate students to assess their mental health literacy through the use of vignettes.

Results reveal poor mental health attitudes and beliefs, high mental health stigma, and low help-seeking intentions. Statistically significant differences were observed between undergraduate and graduate students. Undergraduates exhibited less mental health knowledge, poorer attitudes, and greater self-stigma. They were less likely to receive help for mental health issues and academic issues for themselves or for others. Significant differences were observed between undergraduate students with STEM (science, technology, engineering, and mathematics) majors and other majors. STEM majors exhibited less mental health knowledge, more negative attitudes to seek help, and lower intention to seek help for mental health issues for themselves or others. Moreover, a positive significant correlation was noted between mental health literacy and help-seeking intentions and mental health literacy and mental health stigma. In individual interviews, male undergraduate students identified three overarching themes related to mental health literacy: knowledge of signs and symptoms, discrepancies between intra- and interpersonal help strategies, and barriers to help-seeking behaviors. In general, they were able to identify signs and symptoms of depression and recommend professional help, but they struggled to correctly identify stress and anxiety and typically recommended alternative coping strategies. Further, male undergraduate students were likely to recommend different levels of help-seeking behaviors, depending on their relationship with the vignette character (stranger, friend, close friend, self). Participants noted social stigma, self-stigma, and masculinity as significant barriers to seeking professional help.

Male college students, particularly undergraduates and those with STEM majors, may be at risk for developing poor coping mechanisms and self-destructive behaviors due to low mental health literacy. Through tailored interventions aimed at reducing stigma associated with mental health and improving help-seeking behaviors, student affairs leaders can help enhance male students' well-being as campus community members.

Rita DeBate is the associate vice president of health and wellness and professor in the College of Public Health at the University of South Florida.

Amy Gatto is a research and evaluation specialist for health and wellness at the University of South Florida.



FOOD INSECURITY TAKES ITS TOLL

BY TIM MILLER

Higher education has long been the key to leveling the playing field and providing opportunities for students. Colleges and universities continue to make huge strides in accessibility for students who want to attend college, creating new paths to admission and successful enrollment in academic communities. However, admission is only the first step in this journey. For many students, the steps that follow are fraught with a variety of challenges. One of the greatest challenges is ensuring “nutritionally adequate and safe food,” as defined by the U.S. Department of Agriculture Definitions of Food Security, for students to eat every day. This can be a compounding factor for students transitioning to a new environment, making new friends, handling college-level academics, and being away from home.

In its 2018 report *Campus Food Pantries: Insights from a National Survey*, the Hope Center for College, Community, and Justice found that “as many as half of American undergraduates experience food insecurity while pursuing college degrees.” This is a reality that higher education administrators may not recognize on their campuses, but many students are forgoing basic needs and making incredibly difficult choices with scarce resources. The old joke that “I survived college on Ramen noodles” is now a reality. The issues faced by students today are real and very different from past generations.

One of the most common interventions on college campuses has been the development of food pantries. The Hope Center and the College and University Food Bank Alliance (CUFBA) have seen an incredible increase in the number of college and university pantries in the last six years. As of September 2018, there were 686 pantries registered with CUFBA. Other interventions include food recovery and swipe donation programs. No matter how each community chooses to address this issue, students’ culture, resources, values, and needs must be considered.

Student affairs administrators recognize that once students are admitted to campus, colleges and universities have a responsibility to support and guide them both in and out of the classroom. Higher education can be an overwhelming experience for students in the best of circumstances, but stress levels are exacerbated when students have to make choices between buying books, personal hygiene items, food, and even housing. This can negatively impact the well-being



More than 650 food pantries, like this one at The George Washington University, provide food for students who might otherwise struggle to afford a nutritious meal.

of these students and make it impossible for them to succeed in college or take full advantage of the promise of higher education. Student affairs professionals have the ability to identify student needs and intervene and support students, and thus have a responsibility to do so. To do less would be to fail in the profession’s commitment to students and their future lives.

Tim Miller is vice president for student affairs at James Madison University.

Cultivating Lives *of Meaning and Purpose*

Undergraduate Experience Shapes Identity, Well-Being

BY HELEN STUBBS

A recent Gallup examination of college and university student well-being underscores the transformative and deeply relational nature of the undergraduate experience, highlighting the importance of mentorship, extracurricular activities, campus climate, and applied learning opportunities in boosting student success and well-being.

The study is grounded in decades of Gallup research examining well-being in more than 160 countries—a representative sample of more than 98 percent of the world’s population. Gallup’s well-being index was developed in collaboration with Angus Deaton and Daniel Kahneman, both Nobel laureates recognized for their contributions to behavioral economics, and Ed Diener, one of the world’s foremost researchers on well-being and happiness.

Using factor analysis, Gallup identified five interrelated dimensions of well-being—purpose, social, financial, community, and physical. One of the most compelling discoveries from the global research was the out-sized

importance of purpose well-being to overall well-being. Gallup determined that when someone is thriving or suffering in their purpose, it has a disproportionate impact on one’s overall well-being.

The Power of Purpose

This finding may resonate with personal experience for many students and student affairs leaders. Who is so fortunate to have never had an awful job situation that made them feel miserable about their lives more generally? Thankfully, most of us can claim times—perhaps a short period or, for those more fortunate, for years or even decades—when work was so



fulfilling and meaningful that it imbued a sense of purpose and an overall sense of well-being more generally.

Comprehending the importance of purpose well-being is particularly relevant as it relates to the undergraduate experience and student development. Consider the critical personal development that occurs for traditional-age college students as they transition from late adolescence to emerging adulthood. The college experience is unparalleled in its potential to help learners form their sense of identity, their purpose, and the path they will forge in their future lives.

In light of these considerations, the question then rightly expands beyond how can institutions support students'

well-being during their immediate undergraduate experience to how can the undergraduate experience shape students' well-being for many years to come.

This question was initially proposed in some of Gallup's earliest higher education research—known to many as the Gallup-Purdue Index (now the Strada-Gallup Alumni Survey)—in which undergraduate experiences were identified that aligned with graduates' long-term well-being and engagement in work. The experiences outlined in the study, informally dubbed the “Big 6,” relate to social support in the form of mentorship; caring professors and those who make students excited about learning; deep and engaged learning

experiences like applied internships and jobs; long-term projects; and deep involvement in extracurricular activity. Gallup found that graduates who strongly agree they had any of these experiences in college had elevated levels of well-being, controlling for potential confounders like personality type.

Gallup's Study of Student Well-Being

More recently, Gallup launched a nationally representative study of more than 32,000 currently enrolled college students from 43 randomly selected colleges and universities. This web-based survey measured students' well-being, their engagement in higher education and related experiences, and perceptions of undergraduate life in a number of areas.

Using logistic regression to isolate variables' independent effect on the likelihood of a student thriving, Gallup identified several factors that had a meaningfully positive impact on student well-being. In some ways, these results confirmed study findings of college graduates, reinforcing the positive influence of social support, mentorship, caring and trusted adults, and deep engagement in learning opportunities outside of the classroom. Armed with questions unique to the student survey, Gallup also pinpointed markers of students' finding purpose within their undergraduate experience alongside indicators of the relationships between campus climate and student well-being.

Remarkably, no matter how analysts ran the logistic regression—whether it be a wide-open, expansive examination of all possible factors or a more narrowly defined model; not only with this nationally representative sample of students but also with a convenience sample of many thousands of students at Gallup's partner institutions—*always* the number one driver of college student well-being is a student's strong agreement with the statement, "At <my school>, I have the opportunity to do what I do best every day." This consistent finding is a powerful motivator for institutions—and the student affairs profession—to consider when discussing how to support students thriving in their college years.

This analysis also identified negative drivers of student well-being—factors that are independently and negatively associated with students thriving. The analysis revealed that student loan debt outpaces all other factors in negatively predicting levels of student well-being. Specifically, students without loans are more than twice as likely (17 percent) to thrive in their well-being compared to students bearing more than \$12,000 of debt (8 percent). While college students most commonly thrive in their social and community well-being (44 percent and 39 percent thriving, respectively), they are least likely to thrive in physical and financial well-being (19 percent and 20 percent, respectively), reinforcing the need for institutions to alleviate student stress in this aspect of their lives.

The negative influence of debt on student well-being are consistent with graduate study findings. Perhaps the starkest association that Gallup identified with graduate well-being related to student debt burden. As loan debt increases, graduate well-being suffers, particularly in the physical and financial realms. Consider the average loan debt incurred by recent graduates, estimated in excess of \$39,000

by studentloanhero.com. In Gallup's study, graduates who incurred between \$20,000 and \$40,000 in undergraduate loans are more than three times less likely to thrive in their well-being compared to their peers without loans. Importantly, this relationship was found to persist for several decades after a student graduated from college.

Exercise Your Strengths

While the drivers of well-being are necessarily multivariate given its holistic nature, the principal factor driving college student well-being is the opportunity for them to do what they do best every day. This statement has particular relevance among Gallup's global battery of questions, as it appears not only in the five-item student engagement index but also the 12-item workplace engagement index, dubbed the Q12, included in each index due to its value in predicting positive outcomes and behavior. The power of this statement also underscores much of Gallup's research and Don Clifton's early interest in understanding optimal human performance and success. Clifton learned early in his research that people perform their best when given the opportunity to exercise and develop their unique talents and strengths, the identification of which is now the CliftonStrengths assessment.

Upon learning that exercising their strengths is so integral to students' well-being, Gallup explored this concept further. Logistic regression was conducted to identify factors or experiences that best predict students' strong agreement that they have the opportunity to do what they do best each day. The two strongest predictors were students' strong agreement to the following statements: "The knowledge and skills I am learning in my coursework will be relevant in the workplace." "Faculty and staff are committed to helping students find a rewarding career." These drivers were followed by caring and engaging professors, a mentor who encourages a student's goals and dreams, and deep engagement in extracurricular activity.

These findings stress the connections between career-aligned education and students' ability to develop their assets, which is the most powerful driver of their overall well-being. The relevance of undergraduate education to students' career interests and its impact on their overall well-being demonstrate that students thrive when they can envision a path from their current studies to their future lives as professionals and when they are given opportunities to explore and develop their strengths and talents. When students are afforded these opportunities, they find a sense of purpose at a critical juncture in their lives—undergirded by the support and mentorship of caring professors and staff.

This all makes sense, considering the principal reasons people pursue a postsecondary education. Earlier in 2018, Gallup and Strada Education Network, in *Why Higher Ed? Top Reasons U.S. Consumers Chose Their Educational Pathways*, asked more than 86,000 adults ages 18 to 65 who had enrolled in higher education to offer in their own words why they chose this path. Their primary motivation for pursuing a degree—cited by 58 percent of respondents—related to job and career outcomes, far surpassing the next major motivator—the benefit of learning and knowledge—cited by 23 percent of respondents. Since 2008, *The American Freshman: Fifty-Year*

Significant Drivers of “Opportunity to Do What I Do Best Every Day”

(in order of strength of association)

- 1 The knowledge and skills I am learning in my coursework will be relevant in the workplace.
- 2 Faculty and staff are committed to helping students find a rewarding career.
- 3 My professors care about me as a person.
- 4 I have at least one professor who makes me excited about learning.
- 5 I have a mentor who encourages me to pursue my goals and dreams.
- 6 I am extremely active in extracurricular activities and organizations.

Note: Logistic regression was employed to model the independent effect of factors on the likelihood that a student strongly agrees with the statement, “At <my school>, I have the opportunity to do what I do best every day,” controlling for all other factors, including gender, minority status, undergraduate debt amount, institution type, etc.

Source: The Strada-Gallup Student Survey database

Trends, 1966–2015 (Cooperative Institutional Research Program, Higher Education Research Institute at UCLA) has supported Gallup's finding, consistently showing the number one reason incoming students at four-year institutions cite for pursuing their college education is “to get a better job.”

Yet, despite a decade of incoming students expressing this fundamental expectation of their higher education experience, the Gallup study reveals the failure of many institutions to meet their needs. Just one-third of students strongly agree they will graduate with the skills and knowledge to be successful in the job market (34 percent) and only half (53 percent) believe their major will lead to a good job. Students are even less positive about their postgraduate preparation, with just 26 percent strongly agreeing their education is preparing them well for life outside of college.

Moving the Needle

While some of these findings may appear bleak, the good news is that improvement in students' feeling prepared for meaningful and purposeful work is fairly straightforward. Improvement may be largely a matter of engaging students in conversations about where they are headed in their lives, helping them identify areas of particular strength, and sharing how skills and knowledge developed in their coursework or extracurricular activity relate to professional spheres well-suited for them. Students who say that at least one professor, faculty, or staff member-initiated a conversation with them

about their career options expressed considerably more confidence in their preparation for the future. Similarly, students who said they often speak with faculty and staff members about potential career options are more confident their studies will lead to positive professional outcomes. Students who have had at least one person from their institution initiate a conversation about career options are 13 percentage points more likely to be classified as thriving in their purpose well-being as counterparts who did not have such a conversation.

Even more good news is the positive influence of mentors, caring professors, and staff often coincides with students' perceptions that their alma mater supports them in finding rewarding careers. Qualitative research interviews with college students and graduates indicate considerable overlap in these concepts. When respondents are asked to describe specific behaviors of a mentor in college, they often point to mentors expressing interest in students' aspirations and interests, identifying their strengths as demonstrated in coursework, and discussing career or academic areas that are aligned with students' strengths and interests. In fact, *The 2018 Strada-Gallup Alumni Survey: Mentoring College Students to Success*, indicates that about 90 percent of mentor guidance is focused on academic and career advice, far exceeding advice on personal issues (54 percent) or physical or mental health (53 percent).

A final and important aspect of the good news is that supporting student well-being in this manner is consistent with the views of higher education leaders who express the need for institutions to better prepare students for meaningful futures while decreasing their financial burden. Last year, Gallup surveyed college and university board members' top concerns regarding higher education's future on behalf of the Association of Governing Boards. As indicated in the *AGB 2017 Trustee Index* report, participants most frequently cited making higher education more affordable and less financially burdensome to students and their families, followed by better responding to the changing needs of students and employers. When asked about higher education's most important role in the 21st century, the plurality of respondents (39 percent) cited “to produce graduates who lead meaningful lives,” followed by “to prepare graduates to be engaged citizens” and “to prepare graduates for the workforce” (29 percent and 22 percent support, respectively).

In short, any effort to promote an undergraduate experience that prepares students for meaningful and purposeful work while developing their strengths, cultivating their professional interests and prospects, and minimizing their financial stress during college and postgraduation will go a long way. Such efforts will not only promote students' well-being during their college years, they will set graduates on a promising course for the future. Moreover, when student affairs leaders commit to these goals, they will align with the desires and aspirations of college and university leaders who are squarely focused on securing the future of their own institution and the future of higher education more broadly. ■

Helen Stubbs is a senior consultant in the higher education practice at Gallup.



Client Confidentiality Rules

Avoid the Pitfalls of Integrated Care, Shared Records, and Electronic Health Records

BY PAUL D. POLYCHRONIS, NEAL LIPSITZ, CHRISTOPHER FLYNN, AND RUPERTO PEREZ

In recent years, the concept of integrated care has resulted in some campuses combining counseling and psychological services with health services. These structural arrangements may give rise to problems if the legal and ethical mandates of psychological professions are disregarded, resulting in mishandling of confidential client information that can lead to license board complaints and litigation. Here is a brief list of pitfalls to avoid.

→ **Share specific information not entire records.**

Regardless of the nature of collaboration or integration between medical and psychological professionals, information may be shared under certain conditions but complete access to entire client records should not be permitted. Total

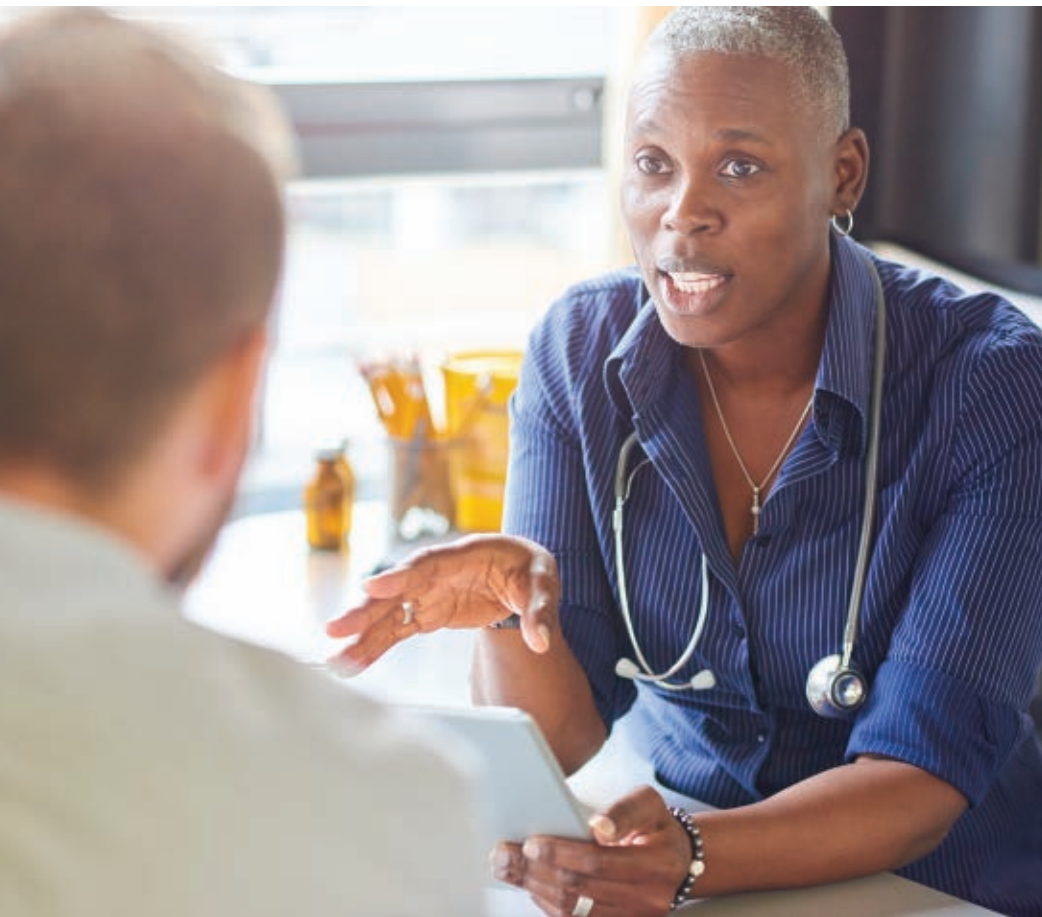
access to records across psychological and medical operations is a constant temptation given how easily information may be accessed within modern electronic health records systems. To be clear, the sharing of specific psychological information among providers has always been sound practice, but this is done only with the informed consent, permission, and autonomous decision of the client. Before information is shared, the client must sign an authorization, formerly called a release of information, and specify what information shall be shared and with whom.

When a psychological services center and a health center share an electronic records system, there is an ever-present danger of staff members accessing confidential psychological information about students without permission or justification.

As electronic records systems have evolved, there have been lawsuits in which plaintiffs successfully sued physicians within the same medical practice for accessing information that was not relevant for them to know. In the case of inappropriate access to psychological information, the harm and consequences are amplified because psychological information has stronger legal protections for confidentiality than medical records.

→ **Beware of the blanket informed consent document.**

In the psychological professions, informed consent is an ongoing process, not a one-time event. Nonetheless, some integrated care settings seek to establish informed consent with the student signing a first-visit, informed consent document that is provided with other preliminary paperwork. Such a front-end, one-time release is often referred to as a “blanket release.” However, this practice does not actually obtain fully informed consent. Clients cannot know at the outset what information they will later share with a





“It is preferable to **aspire to the ethical ceiling**, which in this case means managing client confidentiality, informed consent, and autonomy with the utmost regard.”

psychological provider and whether they would want any medical providers to have access to that information. This is precisely why informed consent is an ongoing process. Decisions must be made in real time regarding whether to share sensitive information, with whom to share it, and how to secure the uncoerced consent of the student in partnership with their psychological provider.

→ **Complete records sharing violates the minimum necessary rule.** The minimum necessary rule is contained in the American Psychological Association’s Code of Ethics, codified into state law in all states of which the authors are aware, and is also promulgated in the Health Insurance Portability and Accountability Act (HIPAA). The minimum necessary rule means that only the minimum amount of information is shared that is needed to meet the specific objectives at hand. Medical providers’ access to clients’ entire psychological records through a shared records system violates the minimum necessary rule.

HIPAA’s applicability to higher education is hotly debated, but colleges and universities should still acknowledge the intent of this federal legislation. HIPAA grants an additional degree of protection and confidentiality to psychological records. Consequently, HIPAA recognizes and affirms the sensitivity of psychological information.

→ **Beware of state laws.** Many state laws permit sharing of psychological information with other treatment providers without an authorization from the client. These laws have been used to argue for complete sharing of records in electronic records systems. However, this is a common misinterpretation of these laws. First, such state laws *allow* the sharing of information, they do not *require* it. Since laws pertaining to confidentiality, informed consent, and client choice are in effect, information would be shared without client authorization only under extraordinary circumstances. These laws simply allow a means to rapidly share information in emergency situations.

→ **Aspire to the ethical ceiling.** Confidentiality expert Mary Alice Fisher advises to view the law as merely an ethical floor, a line which one must not sink below. However, not breaking the law is a low-level standard of care. Fisher states it is preferable to aspire to the ethical ceiling, which in this case means managing client confidentiality, informed consent, and autonomy with the utmost regard. With this axiom in mind, in settings where psychological professionals work with medical personnel, these “three Ps” should be adhered to within the practice culture: protect client confidentiality, provide fully informed consent, and preserve client autonomy. **LE**

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Filling the Gap

State and Local Policies Can Address Federal Mental Health Care Shortfalls

BY DAVID ARNOLD AND TERI LYN HINDS

Responding to students' mental health needs and supporting student wellness on campus are core functions of student affairs, and the depth of services provided has grown substantially in recent years. Whether the demand or expectations of greater depth is due to an increase in mental health concerns or to the destigmatization of help-seeking behaviors, the associated costs for these increased services have been largely ignored. On a federal level, policy conversations about mental health in general are fairly scarce, and discussions about the costs of providing these services on campus are even scarcer. While mental health is often cited as a cause or symptom of broader societal ills, few policies that shape higher education on a federal level are specific to addressing costs, increasing services, improving systems of care, or creating authority around mental health.

The mental health needs of students, while placing a heavy burden on college and university campuses, must be addressed to help students complete their credentials. Students, their families, and lawmakers expect that campuses will fill the gaps in the public health infrastructure in the name of supporting student success. Unfortunately, colleges and universities face other just-as-pressing expectations to cut costs. These conflicting expectations are unrealistic and undermine the future health and stability of national competitiveness.

Colleges and universities are poorly equipped to provide all medical and mental health services for their students. Specialty providers have limited utility in a college or university setting but are well placed in community settings where they treat college students and other community members. The ability to access community resources is a significant factor in the provision of comprehensive student health. Yet without health insurance that provides coverage for these services, the costs associated with community services creates a barrier for student access.

Removing Barriers to Care

Perhaps the most recognized federal policy that contributes to the delivery of mental health services is the Patient Protection and Affordable Care Act (ACA). Not only does the ACA require coverage for mental health, it requires that the essential health benefit categories, including mental health and substance use disorder services, be covered at a comparable level as medical and surgical benefits. Since 2014, the

ACA has helped to fill gaps in coverage. However, moves to weaken or repeal the coverage of essential health benefits in the ACA could strip the parity requirements or remove coverage entirely.

State and local policies can pick up where federal policies fall short, ultimately influencing the provision of mental health services more significantly. States may, for example, disseminate block grant funding from the Substance Abuse and Mental Health Services Administration for training community practitioners, which includes campus mental health professionals. States can increase funding for public institutions to support student mental health. Similarly, state-provided health programs for low-income individuals can be evaluated and, if necessary, revised to incorporate coverage for mental health services for students on campus. Additionally, cities may create capacity for publicly supported mental health services, require training for screening, or create media campaigns to reduce stigma. College and university administrators, including vice presidents for student affairs (VPSAs), should be at the table for decisions that are made at the local level so both student needs and campus services are considered as part of community solutions.

Unfortunately, risk prevention and behavioral health services may be considered part of the administrative bloat that is targeted by policymakers looking to reduce the costs of attending a college or university. Student affairs administrators must be able to adequately describe the importance of well-resourced counseling services, creative solutions to building student resilience and mental health, and changes to the campus environment to create more comprehensive well-being. As Congress and state legislatures across the country reconvene, it is imperative for higher education advocates to work to ensure campuses can support student success by addressing student mental health and repairing the national health safety net. VPSAs can provide key information about demand for mental health services to campus leadership and government affairs teams to help inform and improve state and federal policy. ■

David Arnold is assistant vice president for health, safety, and well-being initiatives at NASPA.

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Human-Centered Design

The Key to Successful Upstream Well-Being Interventions

BY NATHAAN DEMERS, JOE CONRAD, AND PAGE BEAUFORT

Men ages 25 to 65 account for approximately three quarters of completed suicides in the United States. In 2012, a team of behavioral health, technology, and marketing communications experts at Grit Digital Health (GritDigitalHealth.com) partnered with the Colorado Office of Suicide Prevention on a deep quantitative and qualitative research dive to understand the risk factors behind these tragic statistics. Insights were clear: Among men, the topic of mental health is highly stigmatized, making them the least likely to reach out for support and the most likely to die by suicide due to the selection of highly lethal means such as firearms. Reaching men at a moment of crisis is far too late. Thus, a new challenge emerged—how to get men talking about mental health long before a crisis.

The solution needed to transcend barriers to access, have a level of anonymity, and employ a fresh approach to dodge cliché depression and suicide messaging. These key insights led to the creation of Mantherapy.org, a digital platform featuring a fictional “man therapist” in residence, Dr. Rich Mahogany. A mustachioed “man’s man,” his disarming humor serves a higher purpose to make men laugh, let down their guard, and connect with supports. With taglines like “you can’t fix your mental health with duct tape,” Mantherapy.org went viral after its launch in 2012. Dr. Mahogany has become the hardest working therapist in the world, having “seen” almost one million patients to date. Lessons learned: Understand the health challenge you are trying to solve from the perspective of the end user (in this instance, men), and test at every step of the design process to ensure success.

Fast forward to 2014 when Colorado State University (CSU), like every campus in the country, was wrestling with complex issues: unsustainable increases in counseling center utilization, challenges with retention, and suicide as the second leading cause of death on campus. The Grit Digital Health team partnered with CSU to explore translating its learnings from Man Therapy to a diverse college population.

An intensive research phase was undertaken to ensure the solution would provide utility for each unique student. While students “got” what Dr. Rich was all about, the campaign was clearly made for their dads, not them. A new student-centric, personalized approach to mental health and success was needed to truly engage college populations.

Through additional research, the joint team learned that the term *behavioral health* did not resonate with college populations. Instead, challenges manifest under the guise

of more socially acceptable topics such as academic stress, sleep, and loneliness. College mental health problems also do not happen in a vacuum. Stress about academics or career trajectories can lead to sleep issues, self-medication with substances, social withdrawal, and further increased academic stress, creating a negative cycle. The solution needed to be comprehensive in nature.

Digital Portal Connects Students

For college students, the entryway was a well-rounded, successful college experience. After 18 months of research and development, the “YOU at College” digital portal was piloted at CSU for an eight-week period. Student feedback informed enhancements to the product’s infrastructure and multimedia content, once again placing the student experience at the forefront of the design process. As a result, the YOU portal helps students address the ever-shifting challenges of the college experience by connecting them to the right online and on-campus resources at the right time through an upstream approach that focuses on prevention rather than treatment. Thriving in college can be as simple as meeting the right mentor or getting involved in a campus organization that provides a sense of direction, putting an at-risk student on the path to success. Since the campuswide launch in spring 2016, more than 50,000 unique visitors at CSU have logged in with an average time on site of more than three minutes (an eternity in the digital space).

“This is a phenomenal example of the strength of a public-private partnership where all parties share a passion for helping our current generation of students with a pressing social issue to improve mental health, coping, and resiliency skills,” notes Blanche Hughes, vice president for student affairs at CSU.

Today’s college students have evolving needs and equally unique barriers when it comes to building resilience. Through research, multidisciplinary collaboration and a human-centered design process involving students at every step, this digital tool matches the heartbeat of the student experience. Now offered at an additional 20-plus campuses, the approach continues to help students achieve their ultimate college experience. **LE**

Nathaan Demers is a licensed clinical psychologist with experience working in college counseling and the nonprofit sector implementing large-scale behavioral health interventions. He is the vice president and director of clinical programming at Grit Digital Health.

Joe Conrad is the founder and CEO of Grit Digital Health.

Paige Beaufort is the director of programming at Grit Digital Health.



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Distance Counseling Evolving Delivery Options for Mental Health Services

BY STEPHANIE A. GORDON AND PATRICIA TELLES-IRVIN

Technology has changed the way higher education does business. From classroom instruction to financial aid applications, the collegiate experience is steeped in technology. It is not surprising that the next wave of tech tools are providing new options for mental health services for students. This generation of students expects many transactions to occur through their phone or laptops. While providing direct in-person services will continue to be the preferred therapeutic model, under certain circumstances more institutions are turning to distance counseling, telepsychology, or telemental health (TMH) services to supplement their mental health in-person counseling offerings and educate students. TMH services are not new, though this technology has been debated by traditionalists who feel strongly that in-person counseling serves students best.

Distance counseling has been around since the late 1960s. However, today's TMH is much more sophisticated and can be delivered via phone, video, text messaging, e-mail, or other tech formats. TMH can be provided synchronously through video technology or chats or asynchronously through voice-mails or e-mails.

As some colleges and universities see double-digit percentage increases in students seeking counseling services, the ability to provide quality TMH services may offer value. From reducing travel time and costs to increased access for students in remote locations (studying abroad, off-site internships, etc.), there are potentially several benefits to contracting with TMH services. Institutions may be able to increase capacity to serve students through TMH and related products that provide self-help, psychoeducation, and other tools to help reduce anxiety and stress. In addition, in keeping with equity, inclusion, and social justice mandates, students with disabilities, those from underrepresented and/or marginalized populations, and those with low-income or transportation challenges can use TMH through their smartphones or home computers.

Higher education leaders have to cautiously weigh TMH benefits and risks. While there are many positives, concerns persist about the confidentiality and potential for data privacy issues with TMH. Additionally, TMH is not the preferred treatment approach for certain complex diagnoses or crises. Other important considerations include confirming that clinicians and companies offering TMH services are aware of the licensure requirements in the state(s) in which they practice, and they secure liability/malpractice insurance that covers TMH. Currently, the American Psychological Association has provided some guidelines for the practice of telepsychology that are rooted in theory and evidenced-based practices. The two most critical issues they raised among others are "the psychologist's own knowledge of and competence in the provision of telepsychology and the need to ensure that the client/patient has a full understanding of the potentially increased risks to loss of security and confidentiality when using technologies" (apa.org/practice/guidelines/telepsychology.aspx). Likewise, the code of ethics for the American Mental Health Counselors Association states counselors should only provide TMH services when they are trained to do so. It is likely that as technology advances, changes will be made to ethical codes and laws governing TMH. Similar to traditional counseling services, TMH services are subject to the Health Insurance Portability and Accountability Act, the Family Educational Rights and Privacy Act, and the Health Information Technology for Economic Clinical Health Act, part of the



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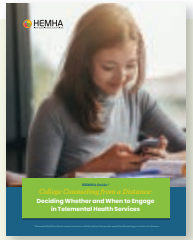
American Recovery and Reinvestment Act of 2009 that focuses on regulating the healthcare informatics industry, including electronic health records. It is important for higher education leaders to consult with legal counsel to ensure compliance with all laws and regulations in their cities, states, and countries.

Like any other technology, the limitations of TMH must be acknowledged. Reliable networks, internet speeds, and updated devices make a difference in the efficacy of TMH. Students and clinicians are subject to the issues that come with using technology to accomplish any task. Redundancy must be developed in order to ensure a continuum of care. Additionally, since 80 percent of communication is nonverbal, video conferencing has proven to be the best option for TMH. However, depending on the size of the screen, gaze angle, and video quality there could be difficulty understanding context. Similarly, there are challenges with services that simply use text or e-mail because voice and tone are removed from the experience.

A proliferation of companies now offer TMH services. It is important to be thorough in the review of these companies and platforms. Some use a blend of synchronous and asynchronous online tools, psychoeducation support, and video counseling, and others simply focus on video counseling. An assessment of institutional needs for TMH can help determine the type of third-party vendor that would be most appropriate. A few important steps include determining students' unmet

IS TELEMENTAL HEALTH RIGHT FOR YOUR CAMPUS?

For campuses considering implementing distance counseling or TMH, a comprehensive guide, published by the Higher Education Mental Health Alliance (HEMHA), outlines all the options the article describes. *College Counseling from a Distance: Deciding Whether and When to Engage in Telemental Health Services* (HEMHA, 2018) outlines the potential benefits, limitations, and legal and ethical concerns regarding TMH services for college students. It is designed to assist student affairs and mental health professionals in making informed decisions about if, when, and to whom TMH services should be provided. For more information, visit hemha.org/wp-content/uploads/2018/04/HEMHA-Distance-Counseling_FINAL.pdf.



needs, fulfilling requirements of the accreditation body for students' access to mental health services, and understanding who would be eligible for TMH services. **LE**

Stephanie A. Gordon is vice president for professional development at NASPA.

Patricia Telles-Irvin is vice president for student affairs at Northwestern University.

"I often note that you are never a prophet in your own land, and having someone else review, observe and recommend can often move personnel and budgetary mountains that you couldn't move on your own. I am very proud and grateful that NASPA has developed this program and to be a part of it."

Karen L. Pennington,
Vice President for Student
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Minding Students' Mental Health

Promoting Behavioral Health and Reducing Risk Among College Students

By M. Dolores Cimini and Estela M. Rivero (Routledge, 2018)



This book synthesizes the large body of research on college students' behavioral health and offers guidance on applying evidence-based prevention and early intervention strategies using a comprehensive public health framework. Leading researchers and practitioners address a broad spectrum of important behavioral health issues, interventions, and challenges throughout the book. Moving beyond a theoretical discussion to strategies for implementation, this book addresses the special issues and potential barriers faced by practitioners as they translate research to practice, such as resource limitations, organizational resistance, challenges to program sustainability, and the unique needs of special populations.

Wellness Issues for Higher Education: A Guide for Student Affairs and Higher Education Professionals

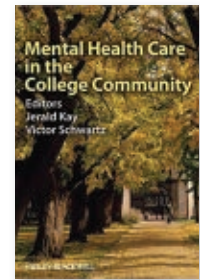
By David S. Anderson (Routledge, 2015)



This resource addresses a range of student wellness issues confronting professionals in college and university settings. Organized around five dimensions of wellness—emotional, social, intellectual, physical, and spiritual—the book comprehensively covers key topics that contribute to students' success in college. Each chapter includes proactive wellness advice and prepares the reader to better understand the facts, issues, and strategies appropriate for addressing the issues.

Mental Health Care in the College Community

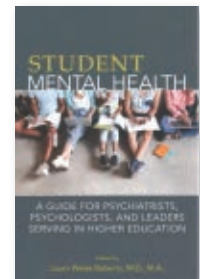
By Jerald Kay and Victor Schwartz (Wiley, 2010)



Nearly every aspect of college mental health is covered in this comprehensive resource. It includes a strong emphasis on the training and education of graduate and professional students for future work in this field. Chapters are devoted to the significant ethical and legal issues related to treatment and associated administrative and policy challenges. Scholarly chapters on the promise of community mental health and public health approaches offer a different perspective along with a chapter on international issues in college mental health, which will be helpful to students studying abroad.

Student Mental Health: A Guide for Psychiatrists, Psychologists, and Leaders Serving in Higher Education

By Laura Weiss Roberts (American Psychological Publishing, 2018)



Created to help psychiatrists, psychologists, campus administrators, and student leaders as they work to build a campus culture that supports the health, resilience, and maturation of students, this book provides an overview of student mental health and campus culture. Chapters address life transitions and the student experience, as well as the challenges of caring for students with mental health issues.

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Mental Health Resources

National Council for Behavioral Health

thenationalcouncil.org

The council is “the unifying voice of America’s health care organizations that deliver mental health and addictions treatment and services.” Together with 2,900 member organizations serving more than 10 million adults, children, and families living with mental illnesses and addictions, the council is committed to access for all Americans to comprehensive, high-quality care that affords every opportunity for recovery.

Coalition of Higher Education Associations for Substance Abuse Prevention (CoHEASAP)

coheasap.myacpa.org

CoHEASAP is a coalition of higher education associations and organizations that seeks to eradicate the abuse of alcohol, tobacco, legal and illegal drugs, and other substances among college students. It strives to inspire students to review their lifestyles and make informed decisions regarding these substances. CoHEASAP supports teaching college students the life skills that will help them be successful in college and beyond.

College Drinking: Changing the Culture

collegedrinkingprevention.gov

This is the National Institute on Alcohol Abuse and Alcoholism’s (NIAAA’s) website for colleges and universities, campus communities, and stakeholders to help change the culture of drinking on campuses. The site features the College Alcohol Intervention Matrix (AIM), a new resource from NIAAA to help schools address harmful and under-age student drinking. Developed with leading college alcohol researchers and staff, it is an easy-to-use and comprehensive tool to identify effective alcohol interventions. CollegeAIM can help schools choose interventions wisely—boosting their chances for success and helping them improve the health and safety of students. The site also includes fact sheets, reports, and presentations.

Substance Abuse and Mental Health Services Administration (SAMHSA)

samhsa.gov

SAMHSA is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA’s goal is to reduce the impact of substance abuse and mental illness on America’s communities. The site describes selective programs, projects, and publications that address the latest mental health issues facing the nation. The site offers three helplines and allows readers to search for facilities. The site currently has a strong focus on the opioid crisis and related concerns.

Higher Education Mental Health Alliance (HEMHA)

hemha.org

The alliance provides leadership through a partnership of organizations to advance college mental health through advocacy actions, policy development and review, practice dissemination, and the promotion of research across the mental health continuum. HEMHA is committed to advancing mental health throughout the realm of higher education and improving student recruitment, retention, and learning outcomes. The alliance provides the leadership to identify and share mental health resources, promote community engagement in the mental health continuum of care, and support and disseminate evidence-based practice.



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Campus Mental Health Takes a **Community Effort**

BY JAVAUNE ADAMS-GASTON

Higher education institutions nationwide are all seeing the trend: The mental health needs of college students are growing dramatically. At The Ohio State University, the counseling center reports a 170 percent increase in the number of unique clients served and a 150 percent increase in total appointments over the past 15 years, with the biggest jumps occurring in the last five years.

Students are also entering college with a greater history of mental health treatment. The Center for Collegiate Mental Health reported in 2016 that half of student clients at campus counseling centers have already had some form of counseling before entering higher education. One-third have taken psychiatric medication, and one-quarter have self-injured.

In many ways, this trend is encouraging news. It means that many institutions have succeeded in making college accessible for students who otherwise might not have seen higher education as a viable option. There are significant positive outcomes as well. A 2017 study by the Association for University and College Counseling Center Directors found that 67 percent of students indicated that a visit to the counseling center had positively affected their academic performance. Appropriate help for psychological problems can positively impact students' well-being, academic success, and retention. Many studies have demonstrated a connection between mental health and academic success, and some researchers have suggested that investing in mental health services for college and university students is associated with increased retention.

Higher education institutions are working to meet escalating demand. At Ohio State, the number of clinicians on staff has increased by about 50 percent in the last three academic years; other institutions are also growing their counseling staffs. Many student affairs leaders and center directors have developed or strengthened partnerships with university and community providers to help ease the strain.

While colleges and universities are becoming more nimble in their approach and offerings around mental health, it is clear that services on campus cannot replace a student's primary mental health care provider; campus services are intended to supplement or enhance the care students may already be receiving. Just as a campus student health center is not the appropriate venue for treating an ongoing health crisis such as a cancer diagnosis, student expectations notwithstanding, campus counseling centers cannot be all things to all students.

A Multimodal Approach

Ohio State uses a multimodal approach, offering a variety of options for students from group counseling to drop-in workshops to yoga for mental health. Support is added into the mix from other areas of campus, such as wellness coaching from peer mentors in the wellness center and services offered by the campus medical center. Campus professionals also work hard to help students understand provider options in the broader community.

Today's colleges and universities need to offer a broad range of services that meet the continuum of mental health needs—from students who can be trained to deal with their anxiety at a workshop to students who need immediate emergency care. Staff must prioritize urgent needs while making resources accessible for students with less urgent concerns.

This is not easy, and there are challenges such as resource allocation and resource identification. Achieving the right mix of services and service levels is a complex task. Even on a large campus that offers extensive support options, it is not always easy to effectively communicate with students about such a wide menu of treatments. Some institutions, based on geographic or other reasons, may not have access to ample provider partners beyond the campus.

These challenges aside, the future holds promise. While demand for services shows no sign of abating, there are an increasing number of options for colleges and universities to provide mental health services. Some insurance providers are instituting telecounseling options. The concept of online treatment is intriguing and its effectiveness is currently being studied. User-friendly online or mobile tools can be developed to assist students in understanding and navigating available resources. A number of institutions have a long history of peer-to-peer, non-emergency "warm lines" for students that operate throughout the night, and other institutions are exploring this type of service.

Whatever the situation on any particular campus, the mental health needs of students must be addressed as a community. It cannot be the responsibility of one campus leader or one department to respond. The answers must come from a caring community of students, faculty, staff, and providers across the institution and beyond. Our students need, and deserve, nothing less. ■

Javaune Adams-Gaston is vice president for student life at The Ohio State University.



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