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*A Praxis Briefing*

# Mental Health on the Campus: Defining Challenges and Opportunities

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Student Affairs professionals will attest that the college years are packed with wonderful life-shaping experiences. Brochures capture images of students in dialogue with wise college mentors discussing life's big questions. Here they find purpose on their way to autonomy. The implied culmination is that students will enter their profession mature, well-trained, and surrounded by lifelong relationships that will serve them well into adulthood. However, today something seems to be quite different on our

campuses. The normal, developmental stress that accompanies this life transition has escalated into significant mental health crises for increasing numbers of students.

University leaders are urgently attempting to manage what the New York Times national correspondent for higher education summarized as a "national epidemic of students dealing with depression, anxiety and suicidal thoughts" (Hartcollis, 2018). A quick review of the literature provides more disturbing details. In the 2004 text College of the Overwhelmed, Kadison, Chief of Harvard's mental health services, described the "extraordinary increase in serious mental illness on college campuses" detailing alarming rates of increased concerns regarding depression and suicide on college campuses. Over a decade later, the situation has clearly not improved. UCLA's Higher Educational Research Institute found that recent entering college students self-report higher rates of mental health concerns, more depression, and weaker social skills (HERI, 2015).

Studies of University Counseling Centers confirm they are clearly experiencing more demand for services. Over a five-year period ending in 2015, the number of students seeking counseling appointments grew by an average of 30 percent, five times the average rate of enrollment growth. Anxiety and depression are the top reasons students seek care, and increasingly, students come reporting a history of "threat-to-self" characteristics (Center for Collegiate Mental Health, 2017). Studies of the broader student body also show cause for concern. In one large online survey, researchers found that a quarter of the student respondents indicated they were diagnosed with a mental health (MH) condition within the previous year and twenty percent considered taking their lives. Almost one in ten reported attempting suicide and close to one in five had committed self-harm of some form during their lifetime (Younghans, 2018). The American College Health Association's National College Health Assessment II survey reveals similar, escalating results. Forty percent of undergraduate students report that sometime during the previous year they felt "so depressed it was difficult to function;" 62% felt "overwhelming anxiety;" 53% felt hopeless; and 64% reported feeling "very lonely." This distress is clearly impacting academics as well. Students note that anxiety (26% of students) and depression (17% of students) interfered with their academic performance (NCHA, 2017). Further, it has been demonstrated that two thirds of students who drop out do so for mental health reasons (Field, 2018).

This heightened reality of student stress has affected the college campus in many ways. On highly residential campuses, descript of most small Christian colleges, this increased level of depression and anxiety, along with increased suicidal ideation, impacts not only the student dealing with depression but also the roommates, floor-mates, teammates and classmates. This increased student MH "epidemic" permeates faculty and staff meetings, public safety concerns, retention efforts, resource conversations and even rises into the university boardroom. On residential campuses that celebrate the interconnectedness of the "community," the impact permeates virtually everything.

This praxis briefing (PB) is designed for decision makers who are developing and implementing institutional policies, procedures, and programs in the midst of rapidly escalating cultural influences. The intent of this document is not to provide the definitive word regarding mental health challenges on college and university campuses, but instead to offer relevant information that will influence the development of best practices. This document is grounded in research and is influenced by relevant practitioner insight and input. The process of gathering information for this PB began with a literature search that informed a phone survey of 6, long-standing student development policy makers stretching from the east to west coast. This led to a three-day task force summit in the fall semester, 2018. The meeting consisted of seven chief student affairs leaders from across the US representing a cross section of Christian colleges and universities. The summit participants dialogued with over 30 Christian college counseling directors during their annual 5C Forum meeting gaining necessary insight that influenced the direction of this document. This particular PB, written by those at the summit, will provide an informed list of viable reasons for the current MH challenge and offer a coordinated list of potential institutional responses related to counseling center directives, campus wide programming, and specific ways the institution can support front line staff.



## Understanding the Mental Health Challenge: How did we get here?

As we consider potential campus solutions, it would be prudent to explore causes of these escalating mental health trends. Clearly, there is not one single variable that is causing the concerns; the answer is complex and multi-faceted. The etiology of mental health concerns in individual cases will certainly vary. However, there are some significant factors that

are apparently influencing the trends.

Before addressing specific cultural and institutional challenges, it should be noted that some of the reasons for the increase in counseling center use are actually signs of progress. For example, there have been significant advances in the development of psychotropic medications. In the past, young people with severe, biologically-based mental illnesses would have been unable to attend college. Now, with proper medication and support, they are able to do so (Collins & Mowbray, 2008). Additionally, mental health stigma has decreased as society has become more educated (Lipson, Lattie, & Eisenberg, 2019). Thus, more students feel comfortable seeking counseling services, many having experienced the benefits of counseling in high school and feeling it is natural to continue as they enter college. Furthermore, our colleges and universities have responded to the demand by providing more services and providing training to faculty, staff, and students to encourage identification of struggling students and referral to supportive services.

Some key problematic causes and interacting themes are illustrated in the diagram below (see Figure 1). These themes include the following: Increased Sense of Threat, Over-pressuring and Over-protecting Parenting, Excessive Technology, Underdeveloped Coping Skills, and Decreased Social Skills and Social Support.



### Increased sense of threat

The world feels dangerous to this cohort. Some students have experienced major traumas prior to college. This includes those who have histories of child abuse or other significant adverse childhood experiences (Sacks & Murray, 2019) and the increasing numbers of combat veterans who are attending college (Currier, McDermott, & McCormick, 2017). These students are understandably impacted by their traumatic histories and may be "triggered" at times when on campus. But even those who have not experienced these individual major traumas are fearful. Today's students grew up in a landscape saturated by stressors. They have lived through periods of economic uncertainty, including the great recession (some have parents who lost their jobs), and have trained for school shootings throughout elementary and high school, so they are understandably fearful. The American Psychological Association's latest Annual Stress in America Reports noted that Gen Z has been found to be more stressed than other generations about issues in the national news, including mass shootings, global warming, the rise in suicide rates, and widespread reports of sexual harassment and assault (APA, 2018). Their

focus on the danger in this world understandably leads to an increased risk for anxiety and other mental health concerns.

### Excessive use of technology

One might argue that every generation has had its "threats," but this generation of students is the first to grow up with the news and images of economic woes, diseases, war, natural disasters, violence, and other dangers "in their face." They are constantly exposed to bad news flashing regularly not only on TVs, but on laptops and smartphones. Clearly this has increased their sense of danger in the world. Twenge, in her 2018 book, iGen, notes a number of other ways that this generation's excessive use of technology impacts their mental health. Social "threats" have also escalated as cyber-bullying, social comparison, and an emerging "fear of missing out" (FOMO) have permeated their world.

This hyper-connectedness has an additional challenge as it enables the student to compare themselves constantly with others. One simple, but frequent aspect of this reality is that today's students experience intense competition as they view "the ideal life" of peers on social media. From selfie retakes to frequently monitoring "likes," our students fastidiously study the online images of others and their own virtual popularity ratings. The result of this posture of consistent comparison seems to be adding to student anxiety and dissatisfaction. In an unpublished research project which collected data on 583 students at a small faith-based mid-southern university, the research team found that the increase in anxiety levels "may best be explained by high levels of difficulty focusing, low levels of self-efficacy, and frequent comparison to others" (Sweatman, 2018). Excessive technology use has also led to less face-to-face social time and more sleep deprivation, both of which negatively impact mental health (Twenge, 2018).



### Lack of social support and social skills

Social support has been well-documented to increase individual resilience. However, among this generation of college students, friendships have thinned as students are often too busy or preoccupied to engage at a deep relational level. As noted above, while there is often the myth of a strong personal connection through social media, the reality is that this tool can often facilitate a profound sense of loneliness and isolation. Further, an over-reliance on technology from a young age may have prevented the opportunity to develop social skills, including basic relationship skills such as conversational turn-taking, assertiveness, and empathy.

For some, a culture of narcissism and entitlement has led to either arrogance and self-absorption or disillusionment and disappointment. An unhealthy focus on oneself fails to realize the joy of giving to others and creates an unrealistic expectation of constant comfort and support. As such, life experiences become a "crisis" when someone else is not focused on what "I think" is important and relevant. Interestingly, institutional messaging is often part of the problem. For example, the messages of "you can be anything you want" and "you can change the world" are meant to be a positive word of encouragement, but they are critically inaccurate. The statement can create unrealistic and unnecessary expectation and pressure. Statements like this can also reinforce the narcissism and entitlement of our age.

### Over-pressuring and over-protecting parenting

Parenting styles may also have a role in increasing mental health concerns on campus. Many parents are understandably anxious as they too have been impacted by the increased sense of threats and the ever-available information about dangers in their children's lives. They read news stories on topics such as school bullying, drug use, and the competitive college admission process. Some parents worried so much about their children's safety and future, they become overinvolved, "helicopter" and "bulldozer" parents. Although well-intended, this over-involvement can contribute to mental health challenge in their students (Schiffrin, et al., 2014). Parents may have either over-pressured (e.g., expected all A's in numerous AP classes) and/or over-protected (worked to influence coaches or teachers to be prevent their child's disappointment) as the children were growing up which can leave students coming to college with a great internalized sense of pressure and inexperience dealing with disappointment.



### Underdeveloped coping Skills

Life has its evitable challenges. Coping is essential to mental health and today students increasingly lack coping skills for traditional stressors such as grades, relationship issues, moving from home, living with others, and finances. They emerged from high school under constant parental involvement and oversight described above (or, in some cases, a startling lack of involvement). Unfortunately, this often delays the maturation process and requires more institutional services and support to navigate the most basic of challenges. Further, students often have an incredible fear of failure that suppresses their ability to live, learn, and thrive through challenging circumstances. As a result, the inevitable

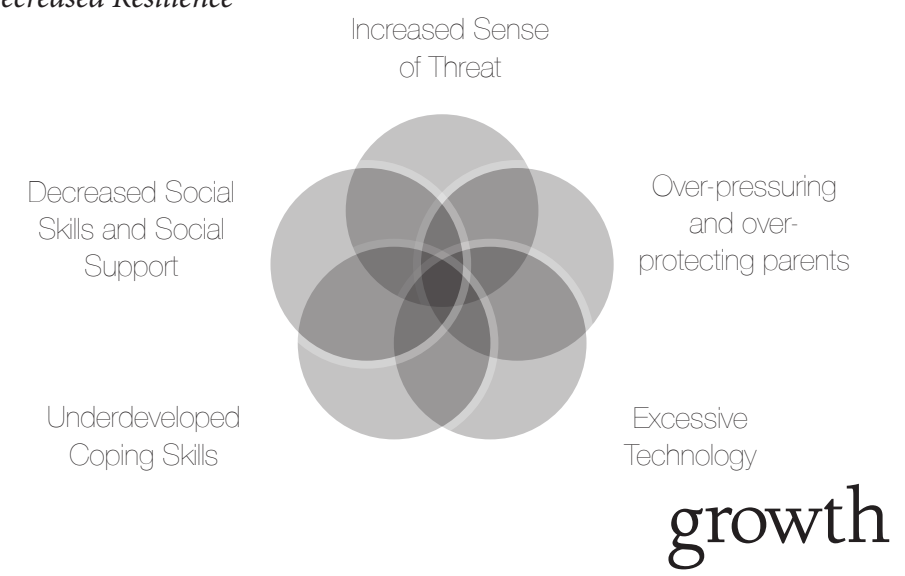
failure of navigating normal life brings incredible pain, giving rise to the danger of "pathologizing" what is perfectly normal. Ultimately, without appropriate interventions and coaching, a lack of coping skills leads to a "fixed" rather than a "growth" mindset (Dweck, 2006) diluting the opportunities of a vibrant educational experience.

Ideally, students should have had experience using various coping strategies including dimensions that are physical (such as exercise), social (such as speaking with a friend), and spiritual (such as prayer). Students who have not been given opportunities to deal with disappointment have not had the opportunity to practice any coping strategies.

Finally, even at Christian colleges and universities, there is a lack of faith integration in coping strategies. Although we would hope our students would rely on their faith and relationship with God in troubled times, many are unable to do so. There is a lack of Biblical literacy that inhibits some students from being able to recognize the One who reveals Himself as Creator, Redeemer, and Friend. Hope is a central and compelling vision for the Christian faith that emerges even in the midst of suffering. Tragically, our modern age has virtually no understanding of, or appreciation for, a theology of suffering. The loss of such a metanarrative leads to an existential crisis for many of our students. We must restore a theological vision for hope that recognizes God is in control and actively engaged in our lives, even in the midst of suffering. Some of our students have fallen prey to what Christian Smith identifies as "moralistic, therapeutic deism" (Smith 2005), a framework that hollows an accurate understanding of God and His work and places the individual's success and happiness as the chief end of our lives.



*Figure 1: Contributors to Increased Mental Health Challenges and Decreased Resilience*



## Addressing the Mental Health Challenge: A way forward?

### Counseling Centers

As University leaders seek to address the rapidly escalating mental health needs of college students, examining the resources and practices of university counseling centers (UCCs) is clearly an important component. College and university counseling centers were previously thought of as resources to help homesick freshmen adjust to a new community and for seniors to manage career angst. Although most centers still do some of this developmental work as needs have increased, university counseling centers have become much busier places and increasingly similar to community mental health centers. University clinicians regularly treat students with significant mood disorders such as anxiety (often including panic attacks) and depression (sometimes including suicidality); substance abuse and eating disorders; and other major mental illnesses. There are frequent crises, some of them life-threatening. This reality impacts work done during office hours as already busy schedules are adjusted to accommodate immediate needs. Additionally, after-hours schedules have also changed as many centers have expectations for clinicians to be involved in an on-call rotation to address evening, late-night, and weekend crises. As one UCC concluded after an empirical investigation of counseling center usage trends, there is an increase in frequency (more students coming for counseling), severity (more significant clinical presentations), and complexity (having problems that are often multi-faceted) (Benton et al, 2003). Although completed over a decade ago, this research finding remains even more true for the counseling centers of today.



An examination of UCCs role and response to the escalating demands could include a consideration of staffing levels, caseloads, treatment model and triage practices. Additionally, the role of these mental health professionals in equipping the broader campus community should be evaluated.

Staffing levels. Although it has been said that universities cannot "staff their way out" of the mental health crisis (Krasnow, 2019), it is still reasonable to consider appropriate staffing levels at the counseling center. Given the trends, a university counseling center may be seeing double to triple the number of students for counseling than they did just a decade ago. Clearly, the same staff size cannot be expected to meet the needs. At the same time, university resources are not unlimited. Thus, the question emerges: What are reasonable staffing levels?

A very minimum place to start is guidelines of the International Association of Counseling Services (IACS), the accreditation body for university and counseling centers (UCCs), which recommends a minimum of one counselor to every 1,000 to 1,500 students enrolled. It should be noted that these guidelines have not been adjusted in recent years as demand has increased significantly. Thus, those with a counselor:student ratio less than IACS minimum demand will certainly not be able to meet the demand, but it is quite likely that a much higher ratio may be needed. Schools should look at data from the Association of University and College Counseling Center Directors Survey and consider questions such as the following:

- What is the size of your school? Small universities typically have higher usage rates and thus need higher staffing ratios. The 2016-2017 year AUCCCD survey data shows that for very small colleges (under 1,500) staffing ratios were an average of 1:682. For small schools (1,501 – 2,500) the average ratio of staff to student was 1:757.
- What percentage of the students are residential? Residential students are more likely to seek help at a university counseling center. Additionally, the university administration may be especially interested in having those who potentially disrupt the residential environment (due to self-injury, panic attacks, previous suicide attempts, etc.) monitored by university clinicians.
- Are there other easily accessible services in town? If a university is surrounded by a walking distance neighborhood that includes a number of well-respected counselors who are affordable and take the university student health insurance, these providers may significantly lessen the demand on the university's center. Some Christian universities are fortunate to have a number of alumni who practice in the area. This is especially helpful as the center can refer, knowing they share the faith perspective and understand the college experience. If, on the other hand, the campus is rural and students must drive a great distance to seek alternative care, the university's center will be more heavily used.

By answering questions such as these, any particular university can see how their reasonable ratio expectations should be adjusted. There are no firm guidelines, but clearly, a small, residential, rural campus will need a significantly higher ratio than a large, commuter, urban campus.

Graduate student clinicians can certainly assist in meeting the demands; however, it should be noted that laws, ethics, and IACS guidelines require that trainees are closely supervised. Professional clinicians should not be asked to supervise too many trainees as the professional is ultimately responsible for the care of their trainees' cases. The number and type of cases assigned to trainees should depend on their level of training. For example, a first-year masters degree student clinician would need more supervision and should not be assigned the same challenging caseload that a post-doc, who has completed four years of coursework, numerous practica, and a pre-doctoral internship could handle. Guidelines published by the IACS further indicate that trainees should treat no more than 40% of the UCC's clients and are not counted in the staff: student ratios. Thus, for a variety of reasons, universities should not be overly reliant on trainees to "stretch the budget."

In some UCCs, a legitimate way to stretch their budget is the use of part-time temporary counselors. Rather than hire additional full-time regular staff counselors, which would be expensive and may not be needed during much of the year, directors can bring in additional clinicians temporarily during peak periods. Local clinicians in private practice are sometimes available for such a post over years.



Case load/Counseling hours per week. An important related question is how many hours of counseling a clinician can be expected to provide in one week. On first glance, it may seem that a full-time counselor should be able to provide 40 hours of counseling per week; however, that is unrealistic for a number of reasons. Counseling centers typically have and need to have regular staff meetings. Counselors also may be expected to attend Student Affairs meetings and be needed on Care Teams, Behavioral Intervention Teams, or Threat Assessment Teams. Many counselors are also involved in some type of prevention or outreach efforts to student groups and training of faculty and staff regarding their response to students. Even thinking specifically about the care of counseling clients, the typical 50-minute session with a counseling client is only a portion of the time spent on the care of that student. Mental health laws and professional ethics require treatment plans and case notes to be written on all clients. Moreover, with more severe and complex cases there may be needed phone calls or meetings with other providers (e.g., their counselor from home, their prescribing psychiatrist, the social worker from the psychiatric hospital that just discharged them). In emergencies or with appropriate releases, there may be discussions with parents, residence life staff, disability services, coaches, or faculty. All of this

takes time. According to IACS guidelines, direct service hours should not exceed 65% of a counselor's workload. Thus, a full-time counselor should not spend more than 26 hours in counseling. There are other ways of "stretching" the time of counselors. During peak periods, some UCCs ask counselors to consider shorter sessions or stretching out the frequency of sessions (e.g., to every other week—perhaps with reading, journaling, online, or appropriate assignments in between). There are limits to the use of those strategies as the stress and emotional toll can be too much for the clinician if overdone.

Treatment Model. Universities should consider the treatment model being used at their Counseling Center. Although long-term counseling may be of interest to some students, and certainly may be an asset to their personal growth, most counseling centers are not equipped to provide that type of care for the majority of their student clients. Instead, brief treatment approaches are more the norm. Centers can consider various strategies to encourage staff members to stay "on track" with using those brief approaches. One such example would be reviewing cases in staff meetings that have gone over a certain number of individual sessions (e.g., 10), with the treating counselor discussing with other clinicians the rationale for an exception if they feel the need to continue treatment. There are certainly situations that require special consideration, especially if off-campus referral options are not readily available. The Threat Assessment Team, for example, may want "university eyes" on a student who has come to their attention throughout a semester. Students with major mental illnesses (e.g., Schizophrenia) or are on the Autism Spectrum may also require longer treatment as an accommodation.



Exactly how the brief therapy model is communicated varies by centers. Some have a "firm limit" (e.g., Students are allowed 10 sessions per year) and that is readily stated on their website and in the consent for treatment signed by the student. Others communicate a "soft limit" (e.g., It is expected that most students will experience significant relief in around six sessions). Interestingly, session limits have been shown to not impact the average length of treatment of a UCC (Locke, 2017). Group therapy should be encouraged and not "counted against" any session limits as they are an effective and efficient way to deliver care. Some centers are offering groups or workshops (e.g., about stress and coping) as an alternative to or prerequisite for beginning individual counseling.

Triage practices. Many UCCs find it challenging to keep up with the demand but have found it helpful to develop some triage practices. Schedule, walk-in (Shaffer, Love, Chapman, Horn, Haak, & Shen 2017)

and phone (Rockland-Miller& Eels, 2006) triage systems have been developed and described. Centers have developed variations but the basic idea is that by gathering key information, a clinician can rather quickly determine which students need emergency care, which students need to be seen relatively soon, and who would be safe to wait for care.

Relatedly, as increasing numbers of students come into UCCs asking to be seen immediately, forms have been developed to help front desk Administrative Assistants and students identify if the situation is urgent or could wait. The forms educate the student about the difference between an emergency and a concern that could wait for a regularly scheduled appointment. If students believe their situation is urgent, they are asked to identify the nature of their concern by checking options (e.g., thoughts of suicide or self-harm, thoughts of harming another, recent sexual assault, just received devastating news) or clarifying that they need to be seen immediately for some other reason. Otherwise, they acknowledge that they can wait for a regularly scheduled appointment and those arrangements can be made.

*Equipping the community.* As mental health needs continue to escalate, one of the most important roles for mental health professionals is to equip and support the broader campus community in identifying and responding to students with concerns. This can include multiple components.



*General mental health training.* Counselors should be included in the training of Resident Assistants and other student leaders. Providing workshops for faculty and staff is also critical. The campus community must be the "eyes and ears" and know how to identify students who are struggling with mental health, abusing substances, or in a violent relationship (Mitchell, 2019). Knowing when and how to refer to the counseling center is essential. Understanding the importance of providing ongoing support and mentoring with appropriate boundaries also makes a difference. Counselors can also remind them of healthy coping skills in their own lives and the importance of being a role model in this regard.

*Suicide Prevention.* The high rate of suicide among college students, approximately 1,100 students die by suicide and 13% of undergraduates seriously consider suicide each year (NCHA, 2018), makes prevention efforts literally a matter of life and death. Faculty, staff, and student leaders should specifically be trained in suicide prevention. Programs such Question Persuade Refer (QPR) or Campus Connect may be taught by counselors or a similar program could be created by counseling staff.

*Bystander Intervention*. Training the wider campus community, including the general student body, to take individual responsibility in their roles as observers is another component. Similar to the "If you see something, say something" encouragement by airport security, everyone should be encouraged to take the initiative if they see a person who may be suicidal, psychotic, addicted, etc. Available programs such as Step Up can be easily adapted to a particular campus environment. Using a theological framework such as the Good Samaritan can even allow counselors to teach these concepts as a part of a chapel program.

*Multi-disciplinary teams.* Counselors have critical roles on university administrative multidisciplinary teams that meet to gather information and determine a way forward with students of concern. Counselors may disclose invaluable counseling center client information with appropriate releases, but even without that, clinicians have critical expertise to share. Partnering with other professionals (e.g., Residence Life, Public Safety), counselors help Student Care Teams, Behavioral Intervention Teams, or Threat Assessment Teams in providing students with the care they need and helping the campus community remain safe.

## Campus Programming



Let us now turn our attention to the student programming that we hope will change the current course. These programs increase opportunities for students to reduce stress and anxiety. This section will cover thematic program ideas that specifically address the current proposed MH themes.

*Transforming the mind.* There is much in counseling literature about restructuring how we think regarding a particular issue. Cognitive restructuring builds appropriate thinking and can release individuals from mired thoughts. Specifically, as people of faith, building an appropriate theology around difficult times provides an opportunity to reframe the current situation. This reframing is not dismissive of the problem, but instead provides an appropriate assessment of the problem and an attempt at finding a suitable solution including accepting that some things might not change. Major themes that have emerged as potential emphases are hope, others-centered, gratefulness, finding purpose, and the development of a theology of suffering. The goal in these programs is to provide students a transformed framework of re-orientated thinking regarding their current situation and to provide tangible applications that will eventually shift the student's outlook on the issue. This new perspective will allow them to either find alternative solutions or learn how to manage the current condition in a healthy manner.

*Building resilience.* Much has been speculated about the lack of resilience, or minimally stated the lack of a student's understanding of his or her resilience. Remedial work in this area is a priority. The challenge is how to implement "resilience building" opportunities without creating more problems. A place to start is developing opportunities for learning appropriate coping skillsets. Counseling center staff collaborating with the residential life programming can be of help. Programs that address traditional stressors like grades and relationship challenges have obvious opportunities to make a significant impact. Furthermore, leaning into teaching a theology of suffering along with helping students see failure as an opportunity and not solely as derailing their dreams will be of help in moving students from a fixed to a growth mindset.

There is much work to be done assisting students in developing healthy relationships. Today's technology may be suppressing opportunities for real relational development. These newly formed relationships will provide support and buoyancy to those traversing difficult experiences. There is also needed dialogue on finding a balance in parental involvement. We must be mindful that parents can and do play a significant role in their student's resiliency but their continued significant involvement may be a barrier to the student's full development.



Physical exercise also plays a positive role in building resiliency. Intramurals, sport team involvement, wilderness experiences, and club participation provide many opportunities for individuals and groups to work on resiliency. The natural hurdles that emerge in these spaces provide graduated challenges that give teachable moments related to an array of resiliency related topics like understanding success and failure along with learning how to push past personal boundaries. Setting up opportunities for students to experience safe, yet challenging, experiences, coupled with mentors and coaches taking advantage of the teachable moments, can do much for teaching resiliency during the college years.

*Breaking addictions.* Technological devices, like any tool, are utilized for good or ill. The current generation has, for all practical purposes, always had smart phone technology. The personal and corporate management of these devices might be one of the more pressing responsibilities for all of us. Developing boundaries and disciplines in managing their "appropriate use" should be a priority of our campus cultural leaders. A simple illustration of using a spiritual discipline for this task is the application of a "fast." Much like fasting for one meal or a day gives time and focus, turning off our devices for a particular period may deliver similar op-

portunities. In addition, fasting or disciplined management of our use of technology can work to break addictive behaviors, returning control back to the individual. To be sure, the details of what a disciplined management or a technology fast will look like for any particular community is still emerging but taking control of this technology is critical.

A reimagined application of a fast in the 21st century provides a glimpse into how we might rethink and apply the spiritual disciplines as practical tools for this generation. These practices can be of great assistance in helping individuals within the communities of faith in dealing with anxiety and depression. These ancient, yet relevant, practices provide necessary space for the hard work of establishing healthy habits and spiritual connections. Some of the more notable disciplines include meditation, confession, worship, fellowship, Sabbath keeping, celebration, Lecto Divina, prayer, service, generosity, fasting and chastity.

Destigmatizing counseling. As was covered in an earlier portion of this document, the utilization and maximization of the counseling center is a critical path towards helping this generation of students. There remains institutional work to be done in helping students find the right assistance in managing their mental health. With strategic thinking, the right assistance will include a vast array of institutional offices. Specifically, higher education can do a better job destigmatizing the work of the counseling centers. What would it take to shift the counseling center into a program where students see it similarly as working within the campus ministry area or even their use of the health center? What would it look like to have programming and support provided by the counseling center in collaboration with a wellness model or spiritual formation? Reducing barriers to the appropriate support will go a long way in assisting students toward healthy development during these critical years. With good planning and collaboration, these changes may not actually increase the workloads of the counseling center staff.



Tactical ways to initiate positive change. The previous list of program ideas is organized thematically to encourage specific programs related to the authors' proposed reasons for the MH crisis. These next ideas will focus on leveraging current institutional resources in order to holistically influence students. Virtually all student development departments provide ongoing programming to its students. If institutional leaders facilitate cross departmental collaboration, the whole campus can be leveraged to impact this national concern. Below is a non-exhaustive list of programming teams available to most institutional leaders.

Student Development has the ability to take a significant lead in campus wide programming. Most departments include or have direct access to Chapel, Residence life, Intramurals, Campus Activities, Outdoor/experiential Programs, Orientation, First Year Experience, Retention, Campus Ministries, and Health Services. What would it look like to organize collaboration around this topic?

Off campus partnerships with local churches, regional ministries and wellness programing provide additional opportunities for assistance. Frequently, these services are underutilized. In addition to providing increased or expanded services, these partnerships can often embolden a student to find the needed help due to feeling less conspicuous than utilizing on-campus services.

Career Development has a unique role to play. Programing from the career area can focus on personality assessments (i.e. MBTI, StrengthsQuest, Enneagram. etc.) that encourage a personal understanding of the uniqueness of each individual and can assist with significant conversations around the students calling and purpose. In addition, the Center can provide alternative employment pathways once certain doors close.

Academic partnerships can provide additional help. Departments related to health education professions, psychology/sociology classes, wellness courses, freshman and capstone courses along with graduate program courses all may have a role to play. They can provide appropriate programming that meets their curricular goals as they assist in educating undergraduate students in ways that enrich their mental health.



An institutional policy review may be in order to look at ways institutional systems may unintentionally be adding to student anxieties. For example, an institution may wish to review GPA levels for retaining academic scholarships, the deeper dive into the reasons for and frequency of applying registration holds, or the nature of sanctions applied for various conduct infractions. These and other institutional policies may benefit from review to ascertain if they are being applied in ways that produce unintended consequences.

## Conclusion: Looking ahead.

### Highlighted Resources

A few documents were especially helpful in gaining a perspective on the problem and potential solutions. Two documents in particular were helpful and are listed below. The first is a publication from The Chronical of Higher Education, Idea Lab Colleges Solving Problems: Student Mental Health printed the summer of 2018. This document is a

compilation of articles published in the CHE over the past few years and focused on student mental health. Most helpful was the initial article titled Stretched to Capacity: What campus counseling centers are dong to meet rising demands, written by Kelly Field.

Gaining a broad-based understanding of what is happening on our campuses is critical in gaining an appropriate perspective of the problem for practitioners. It is also critical to provide research data points for institutional leaders to assist in gaining needed resources. Perhaps the most helpful resource for these purposes was the Center for Collegiate Mental Health. 2017 Annual Report published by Penn State University.

## Final Thoughts

The authors fully understand that these emerging MH issues are complex, time-consuming and emotionally intense for everyone involved. The situation is currently shrouded but clarity will come. The reasons we find ourselves here are many, but we propose the most prominent are: Increased Sense of Threat, Over-pressuring and Over-protecting Parenting, Excessive Technology, Underdeveloped Coping Skills, Decreased Social Skills and Social Support. Front line staff working on this issue must be reorganized, resourced, and supported to meet the new demands. What this looks like must be specific to each institution, as resources are as diverse as the institutions themselves. New campus-wide programming is essential to begin to stem the tide. Those programs should include ways to help students reframe their situation, break addictions, build resilience, along with removing unnecessary institutional policies that create anxiety.



In closing, one only has to discuss this MH concern with leaders in our nation's K-12 educational system to get a glimpse that this issue will most likely be with us for a while. Finding a workable "way forward" will give us the courage and resolve to make a difference. Student development professionals have always been "called" into difficult situations for a grand purpose - to assist those in need and to guide the development of the student in our charge. The depth and breadth of this MH challenge seems new but our calling is not. As people of faith, we understand that our savior modeled stepping into the fray and suffering for the sake of others. It is our sincere hope that this praxis briefing will be a helpful guide for decision makers in moving forward for the sake of our students and their flourishing.

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