

**It Takes a Campus:
Evolving How We Address Mental Health on College Campuses**

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Abstract

This paper aims to promote awareness regarding the state of mental health on college campuses. Attention is brought to trends seen over recent years regarding students' concerns, and ideas for making campus-wide changes that promote awareness, and use of existing mental health services. Recommendations for improvement include enlisting the student body to take up peer support and mentoring roles. Further, it provides ideas for promoting a mental health-friendly culture on campus by means of creating designated student spaces that promote wellbeing involving educators and campus staff address mental health issues faced by students.

Keywords: College, Mental Health, Change, Peer Support, Advocate

It Takes a Campus: Evolving How We Address Mental Health on College Campuses

“It takes a Village to Raise a Child.”

- African Proverb

In 2023, a poll conducted by Timely MD found that nine out of ten college students believe we are collectively experiencing a “mental health crisis.” This finding is corroborated by reports released by the World Health Organization ([WHO],2018). In 2018, WHO collected data from nineteen colleges across eight different countries and discovered that one in three college students reported experiencing a mental health disorder (Auerbach et al., 2018). Students asked by Broglia et al. (2017) indicated a need for more accessible mental health services on college campuses. Peer mentoring, effort on behalf of campuses to create student spaces that promote health and wellness, centralization of on-campus mental health services, regular mental health screenings, and informal mental health “check-ins” administered by educators show promise in improving the state of mental health on college campuses (Broglia et al., 2017; Mortier et al., 2017). Concrete sentence – on what – how proved it – offer solutions.

The State of Mental Health on College Campuses

Emerging adulthood (ages 18-29 years) is a period of development marked by sexual and gender exploration, autonomy, individuation, and self-discovery (Arnett, 2000). It is also a period of life marked by indecision, instability, and uncertainty. Unlike older adults, college aged individuals are less likely to have stable, supportive, long-term relationships, or careers (Auerbach et al., 2018). Unlike older adults, college aged individuals are less likely to have stable, supportive, long-term relationships, or careers (Auerbach et al., 2018). A survey conducted by the American College Health Association (2023) found that 67% college aged females, and 63% of all college students

reported experiencing loneliness (Abdukadirov et al., 2023). One out of five students denied feeling they have “real friends” (Abdukadirov et al., 2023).

The uncertainty, loneliness, and stress experienced by college-aged students is co-morbid with an array of mental health disorders (de Girolamo et al., 2007). At higher rates than observed in the general population college students develop substance use disorders, mood disorders, anxiety, depression, and suicidal ideation (Center for Collegiate Mental Health [CCMH], 2022).

College mental health clinics are overwhelmed. Over the past several years, the utilization of mental health services by college students has increased (CCMH, 2022). On average, students wait seventeen to eighteen days between services (CCMH, 2022). Extended wait times correlate with a decrease in retention, quality of care, and poorer outcomes overall (CCMH, 2022). This was especially true amongst students with psychotic disorders, schizophrenia, lethality and other severe mental health concerns (CCMH, 2022). Research indicates that counseling services alone are ineffective in tending to the unique needs of this population.

It Takes a Campus

More and more students are reaching out for help (CCMH, 2022). Data collected by the CCMH indicate that a large group of students enrolled in university are not receiving the mental health care they need (CCMH, 2022). Twenty percent of students who receive mental health services account for fifty six percent of all services administered (CCMH, 2022). Over half of college students (51%) denied knowing what mental services are available to them (Eisenberg et al., 2020).

Traditional hours of operation at college mental health settings were identified by students as a barrier to receiving care (Priestly et al., 2021). Students described a

misalignment between the hours they are able to access mental health services, and the times at which they experience crisis (Priestly et al., 2021). Students who work, are tasked with caregiving, adult learners, and students pursuing postgraduate degrees identified the hours on-campus mental health clinics operate as a barrier to seeking help (Priestley et al., 2021).

The demand for on-campus mental health services has increased drastically over the past three years. Increasingly, school personnel and peers (CCMH, 2022) are taking active roles in encouraging conversation, practice of mental hygiene, and in the identification of, and management of student crises (American Psychological Association [APA], 2022). Demand for virtual mental health services and apps to supplement traditional therapy are on the rise (Broglia, 2017). Research backs the notion that improving upon and expanding mental health services on college campuses requires a hands-on, “all in” approach (Broglia, 2017). A call to evolve how students’ mental health is tended to requires recruitment of the student body, infrastructural changes, and consistent effort on behalf of educators.

It Takes a Student Body

Students today report feeling fearful that their peers do not “like” them at record breaking rates (CCMH, 2022). Social Anxiety Disorder (SAD) is the now most commonly given diagnosis to students receiving mental health services (CCMH, 2022). Researchers attribute these trends in student mental health to extended periods of isolation, experienced during the onset of the Covid-19 pandemic, and the popularity of social media (CCMH, 2022).

A bi-directional relationship exists between feelings of connectedness and mental health (Santini et al., 2020). Individuals who experience better mental health are more

likely to pursue activities that align with their interests, forge friendships, take up mentoring roles and other activities that provide the sense that they are helping others in a meaningful way (Santini et al., 2020). Conversely, individuals that report experiencing poor mental health are less engaged socially (Santini et al., 2020).

A disproportionate number of students who report mental concerns do not receive mental health services. This discrepancy is coined the “treatment gap” (Conley et al., 2020, page 1). Research supports claims that stigma could be to blame (Conley et al., 2020). To counteract the disparity observed across campuses nationwide, Conley et al. (2020) points to the peer run support group, ‘*Honest, Open, Proud,*’ (HOP-C), as an example of the positive impact connection, psychoeducation, and safety have on students’ well-being. Students who participate in HOP-C report experiencing less self-stigma (Conley et al., 2020). Further, HOP-C participants experience less fear in regard to external judgment and felt better able to cope with the feelings associated with judgment on the basis of their struggles with mental health (Conley et al., 2020).

HOP-C offers students who identify as experiencing a mental health disorder training that equips them with tools needed to facilitate various peer-based interventions. Interventions by HOP-C include vignettes, role-play, self-reflective exercises, self-disclosure, and storytelling (Conley et al., 2020). Conversation initiated by peer leaders at group meetings help facilitate the integration of experiencing a mental health disorder into their personal narrative through a lens of resilience. By means of sharing their experiences with their peers, students who partake in HOP-C learn how to utilize self-disclosure in an appropriate and empowering manner (Conley et al., 2020). The belief that feelings understood and connected facilitate healing is a foundation of HOP-C and the creation of other peer based mental health interventions.

SUNY Albany's Middle Earth Peer Assistance Program is comprised of a network of students trained in providing peer to peer mental health support (Middle Earth Assistance Program, 2023). Student volunteers operate a student crisis line, provide life coaching, and promote mental health and wellness on campus (Middle Earth Peer Assistance Program, 2023). When the college's mental health clinic closes, students are able to receive mental health support using Middle Earth's crisis line (Middle Earth Peer Assistance Program, 2023). Peer volunteers complete a series of trainings offered through the university's School of Education, or Social Welfare. In turn, they receive course credit and tools that can save lives (Middle Earth Peer Assistance Program, 2023).

Priestly et al. (2021) found that college students prefer peer-led crisis and group interventions over tradition. Students identified the accessibility of services (Mair, 2016) and the perception that peers are better able to understand their unique experiences as attractive (Priestly et al., 2021). In addition to receiving valuable training, transferable skills, and course credit (Middle Earth Peer Assistance Program, 2023), student volunteers are given the opportunity to help others. In doing so, students could begin to breathe meaning into their own experiences with mental health, and realize the gifts born of their strife (Santini et al., 2020) sense of their own struggles with mental health and realize the gifts their strife has gifted them with (Santini et al., 2020).

It Takes Innovation

Universities nationwide are being called to promote help-seeking behaviors among students in an effort to utilize mental health services as a means of preventative care (Broglia et al., 2017). Often, students receive mental health services after they have experienced a crisis (Broglia et al., 2017). The majority of students on college campuses

today are unaware of the mental health services available to them. Promotion of services available at universities offers a solution to this problem and simultaneously works to decrease stigma in regard to mental health by means of transparency and “normalization” of mental health (CCMH, 2022).

Students surveyed by Broglia et al. (2017) identified the lack of centrality across various mental health services offered in their campuses as a barrier to connecting to mental health services. Seventy-four percent of students surveyed by Broglia et al. (2017) disclosed using virtual mental health services and identified using over 45 different mental health applications. Research identified the use of virtual applications, or apps, effective in improving accessibility, and increasing utilization of mental health services (Broglia et al., 2017).

Apps offer an opportunity to streamline paperwork students are required to complete prior to receiving mental health services. As a result, wait times are decreased and students are able to connect with services in a more confidential manner. Utilizing technology, already popular amongst students, simplifies the process of connecting with services easier, faster, and less intimidating (Broglia et al., 2017). Simplifying the process of accessing mental health services could be especially helpful to students that present with serious mental health concerns that may feel overwhelmed by the process, and deterred by the lengthy intake process (Broglia et al., 2017). Technology has the power to increase awareness and use of mental health services, however, it fails to address other concerns prevalent amongst college students; the deprivation of connection (Abdukadirov et al., 2023).

Mental Health Hubs, or public, centrally located spaces on campus designated for the promotion of mental health and wellness, were identified as desirable by students

questioned nationwide (Broglia et al., 2017). Mental health hubs offer a solution to simplifying the process of connecting to mental health personell, and eachother (Broglia et al. 2017). Hubs could house psychoeducational materials, workshops, resources, peer support personnel, an information regarding on campus mental health events. In these hubs, students could find opportunities to connect with peers who may also be experiencing struggle in regard to their mental health. Attractive wellness activities including yoga, painting, meditation, animal therapy, and music events could be hosted at Student Mental Health Hubs, expanding the number of students who utilize the hub, and are aware of the mental health services advertised there. The centralization of resources expands the accessibility of resources (Broglia et al., 2017), and the promotion of attractive wellness activities (APA, 2014). This could be especially helpful to students who attribute their failure to connect to mental health services to their busy schedule and confusion regarding which services are available to them. Further, through participation in healthy coping skills in connection with others, students learn coping skills they likely do not have (Broglia et al., 2017), and feel less burdened by stress (Yusufov et al., 2019).

It Takes Administration

Students who receive mental health services are more likely to complete their studies and perform better academically as compared to students who do not receive mental health support (APA, 2014). Personal testimonies and research indicate that professionals, administrators, and educators alike can encourage help-seeking and feelings of safety regarding disclosing and connecting to mental health services (Eisenberg et al., 2020).

Scores on the World Mental Health College International Student Survey [WMH-CISS] given to students preparing to begin their studies at Harvard, helped administration accurately identify students that struggle with suicidal thoughts, and behaviors throughout their time at university (Mortier et al., 2017). Screenings administered to an entire student body can be used as a tool in helping students in need receive preventative care.

Informal screenings conducted by educators have effectively increased student help seeking behavior, and in turn the utilization of mental health resources prior to crisis occurring. Using Zoom, and other platforms, students can choose to answer questions regarding their mental health. Students are able to answer anonymously or opt out of responding to the survey. In making a habit of addressing mental health, students may begin to feel less intimidated by the matter and more confident reaching out for support and addressing it in their own social circles. Normalizing, or decreasing the stigma around mental health calls for the effort on everyone's behalf to make discussing mental health and mental hygiene a practice. Other efforts identified by administration as effective in normalizing and promoting mental health include explicit verbal and written statements regarding mental health and including lists of resources and hotlines on syllabi (Mortier et al., 2017).

College administration, often seen as an authority figure, can help decrease students' perceptions of stigma regarding mental health by means of explicit, and regular discussion of the topic (Mortier et al., 2017).

Conclusion

Students across college campuses nationwide feel they are in the midst of a mental health crisis (Timely MD, 2023). Counseling centers are overwhelmed by the influx of students seeking services. Research demonstrates that creativity and effort on behalf of an entire campus can drastically improve the mental health of their student body (Broglia et al., 2017). Entrusting students passionate about mental health with peer support and crisis roles (CCMH, 2022; Mair, 2016), normalizing mental health by means of promotion, creating mindfully curated public spaces, and encouraging educators to bravely breach the topic of mental health with their students saves lives (Broglia et al., 2017).

Included in this paper are outlines designed to provide inspiration to educators interested in incorporating mental health resources into their syllabi (Appendix A), and an advocacy letter template (Appendix B) created to simplify the process of “spreading the word.” By means of campus-wide and consistent effort, colleges can exemplify the positive impact coming together as a community can have on the state of mental health. Every movement begins with a first step; it is time to ask yourself, *‘What can I do?’*

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Appendix A
Sample Advocacy Letter

[Date]

[Name of College]

[Department you are Sending Letter to]

[College Address]

[Personal Address/Contact Information]

Subject: Request for Reevaluation of Mental Health Services on Our Campus

Dear [College Administrator you are Addressing],

[Greeting]. My name is [Your Name], and I am a student majoring in [Major] at [Name of College]]. I am writing to inform you of a need, regarding re-thinking, and expanding mental health services on our campus.

Over my time as a student on [Campus], I have noticed, [observations/experiences regarding mental health, connecting with on-campus mental health services]. More and more, students nationwide are experiencing mental health disorders.

I appreciate [note what you appreciate/recognize the college has done in regard to promoting mental health and providing services]. I believe, however, that more could be done to improve accessibility of services and promote a mental health friendly culture.

I believe the following suggestions could improve students' experience of mental health on campus:

[Make Make Recommendations]

- Peer Support
- Creating designated Mental Health & Wellness “Hubs”
- Suggest use of Screenings & Mental Health “Check-Ins” initiated by educators

I recognize that implementing the items suggested above requires resources, and time. I believe, however, that the investment is worthwhile. Further, I believe making such changes could have a long-lasting, positive impact on the student body.

I appreciate your time and invite you to reach out to me to discuss the items addressed in this letter more. I am excited to see how [Campus] continues to evolve, and expand their approach to addressing, and tending to their students' mental health.

Sincerely,

[Name]

[College ID Number]

Appendix B

Sample Statement on Mental Health Addendum for Syllabi

Your mental health and wellbeing is important to me. You are welcome to reach out to me regarding any personal challenges, or mental health concerns you may encounter this semester. Below, I have listed mental health resources available to you on campus, and hotline numbers.

Please be mindful that **I am a mandated reporter.**

Under law, I am obligated to report instances of sexual misconduct to the Title IX Coordinator. Your disclosures regarding assault are private, but not confidential. If you have this concern, and are seeking help, or guidance I recommend reaching out to our Wellness Center to speak to a Mental Health Counselor to ensure confidentiality, and receive more information on resources available to you.

- [Insert College Mental Health Clinic Information]
- Campus Police [Insert Contact Information] ***Not Confidential***
- 24/7 Text Support “Got5U” to 741-741.

- BiPOC Crisis Text Line: Text “*STEVE*” to 741-741
- Trevor 24/7 Hotline for LGBTQ Students: 1-866-488-7386, Text “START” to 678-678
- Lifeline: (585) 275-515
- Suicide Hotline: 1-800-SUICIDE (784-2433)
- Sexual Assault Hotline: 1-800-656-HOPE (4673)
- Domestic Violence Hotline: 1-800-799-SAFE (7233)
- LGBT National Help Center HOTLINE: 1-888-843-4564