Mental Health, Substance Use, and Wellbeing in Higher Education:
Supporting the Whole Student

Alan Leshner

American Association for the Advancement of Science, CEO Emeritus

January 2021

The Main Issue

- There has been an alarming increase in reports of student mental illness, substance use and emotional distress in higher education
  - Exacerbated by:
    - COVID-19 and associated economic crisis
    - Increased recognition of the unique challenges for some students caused by long-standing systemic racism

Some data

- The 2018-2019 Healthy Minds survey reported **40% of students are experiencing a significant mental health problem**
  - Major depression affected **18% in 2018-19,** compared to 8% in 2007
  - Severe anxiety affected **14% in 2018-19,** compared to 6% in 2007
  - **14% reported suicidal ideation** in 2018-19, compared to 6% in 2007
  - **2% made a suicide attempt** in 2018-2019, compared to 0.6% in 2007

Some more data

- Graduate students report depression and anxiety at 6x the rate of the general adult population
- Over 25% of medical students report depression
- American Council on Education reported 68% of higher education presidents listed student mental health as among the most pressing issues

Sponsors

- Substance Abuse and Mental Health Services Administration (SAMHSA)
- National Institutes of Health (NIH)
  - National Institute of Mental Health (NIMH)
  - National Institute on Drug Abuse (NIDA)
  - National Institute on Alcohol Abuse and Alcoholism (NIAAA)

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The Task

- Review programs, practices, resources, and policies
- Analyze the challenges facing institutions
- Investigate factors related to the funding of and access to mental health services and support for student wellbeing
- Examine the relationship between student mental health, wellbeing, and rates of alcohol and drug use

Contents

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Some Cross-cutting Points

- Student wellbeing is foundational to academic success
- Incidence and prevalence of mental illness, substance use and emotional distress have been trending up for decades
  - COVID and its economic consequences are compounding the problem
  - Recognition of impacts of systemic racism points out needs of specific student groups
- Current campus resources and counseling centers are often inadequate

Some (More) Cross-cutting Points

- Institutional culture/environment can exacerbate the problems

- There are no one-size-fits-all solutions

- Requires campus-wide commitment to ensure student mental health and wellbeing is an institutional priority

- There are many unanswered questions – need research

Moving Forward: Recommendation Themes

1. Institutional culture and policies
2. Prioritizing mental health amid financial constraints
3. Understanding the state of student mental health and wellbeing on each campus
4. Institutional capacity to provide needed services
5. Developing faculty, staff, and student capability to be of help

Research Agenda

- Developing, evaluating, and sustaining a campus culture centered in wellbeing

- Factors that affect student mental health, substance use, and wellbeing

- Policies that promote positive student mental health and wellbeing and low levels of substance use

- Mental health, substance use, and wellbeing collaborations between higher education and community providers

- Addressing the limited data and research related to mental health, substance use, and wellbeing in higher education

Thank you

For questions contact Layne Scherer
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Broad Mental Health Trends in the U.S.

Adolescents reporting more distress than ever

Additional challenges with the COVID-19 pandemic and other societal crises

Wealth of Data Sources on Student Mental Health

- Center for Collegiate Mental Health
- Healthy Minds Study
- National College Health Assessment
- Survey of counseling directors (AUCCCD)
- Surveys of college/university presidents (ACE)
- And more...

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Trends in Student Mental Health

- More students than ever reporting high levels of distress (depression, anxiety, suicidal ideation, etc.)
- More students than ever seeking services (see discussion of Clinical Load Index by the Center for Collegiate Mental Health)

It's Not All Bad News

- Suicide rates at Big Ten universities considerably lower than general population of young adults
- Binge drinking among college men has declined (but not much change among women, and general increase in marijuana use)

Not All Bad News (continued)

- More attention and activity than ever focused on student mental health (e.g., Active Minds, JED Foundation, The Steve Fund, Garrett Lee Smith Act)

Recommendation 5-6

UNDERSTANDING THE STATE OF STUDENT MENTAL HEALTH AND WELLBEING ON EACH CAMPUS. Institutions of higher education should conduct a regular (preferably at least every two years) assessment that addresses student mental health, substance use, wellbeing, and campus climate.

Challenges/Caveats in the Data

- Survey non-response
- Use of brief self-report screens
- Limited information about use of non-campus services

Gaps in the Data (continued)

- Minority Serving Institutions
- Community colleges
- Longitudinal data sets

Gaps in the Data (continued)

- Rigorous evidence on the effectiveness of specific programs and interventions (particularly campus—level programs/interventions)

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Mental Health, Substance Use, and Wellbeing in Higher Education:
Supporting the Whole Student

Jeanie Tietjen

Director, Institute for Trauma, Adversity, and Resilience in Higher Education
Professor of English, MassBay Community College

January 13, 2021

MENTAL HEALTH, SUBSTANCE USE, and WELLBEING in HIGHER EDUCATION

Supporting the Whole Student

While we meet on a virtual platform, it's valuable to take a moment to acknowledge the Indigenous Peoples of all the lands we are on today: I call in from Massachusetts and the ancestral lands of the Pawtucket. For those unfamiliar with the practice, this small gesture of recognition seeks to speak against invisibility and erasure faced by Native peoples---in this context especially in the realm of education---and to consider how we can each in our own way move forward informed by our collective history and committed to a more equitable present and future. I'd also like to honor the work and contributions of our nation's 37 Tribal Colleges and Universities, the American Indian Higher Education Consortium (AIHEC), and the American Indian College Fund.
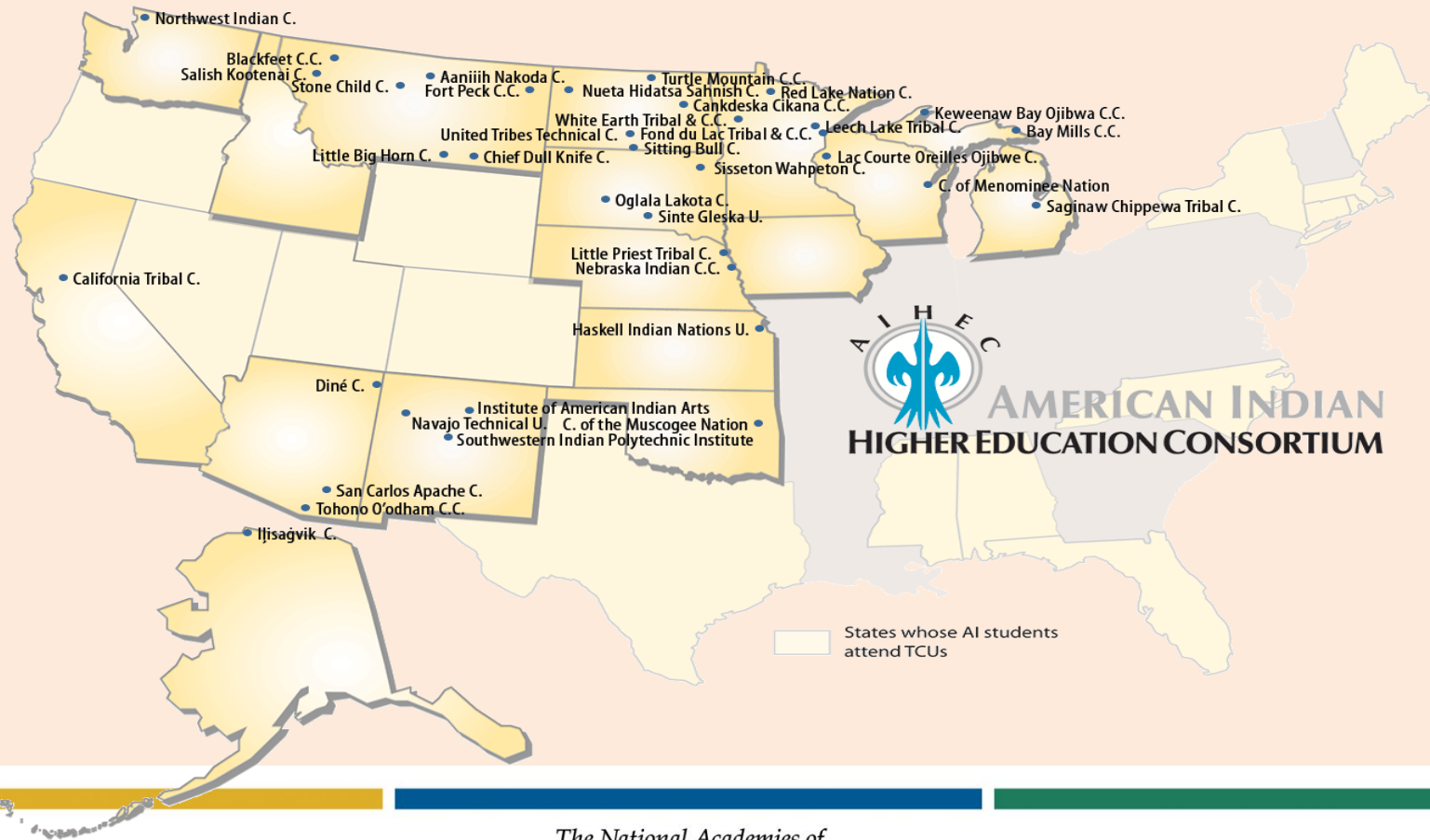
Undergraduate Students in USA
41% Community College Students

29%	First Generation
15%	Single Parent
9%	Non-US Citizen
5%	Veteran
20%	Students with Disabilities
45%	White
26%	Latinx
13%	Black
6%	Asian/Pacific Islander
4%	2 or more races
1%	Native American

First Generation	29%
Single Parents	15%
Non-US Citizens	9%
Veterans	5%
Students with Disabilities	20%

FT student	36%
PT student	64%
FT work part or full time	62%
PT work part of full time	72%

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Basic Needs Insecurity
(pre-pandemic)

- **42%** community college students food insecure in the last month
- **46%** experienced housing insecurity
- **17%** experienced homelessness

February 2020 *#RealCollege 2020: Five Years of Evidence on Campus Basic Needs Insecurities*, The Hope Center for College, Community, and Justice

PRICE $8.99

JUNE 22, 2020

NEW YORKER

I AM A MAN

A MAN WAS LYNCHED YESTERDAY

CDC

CDC.gov/COVID19
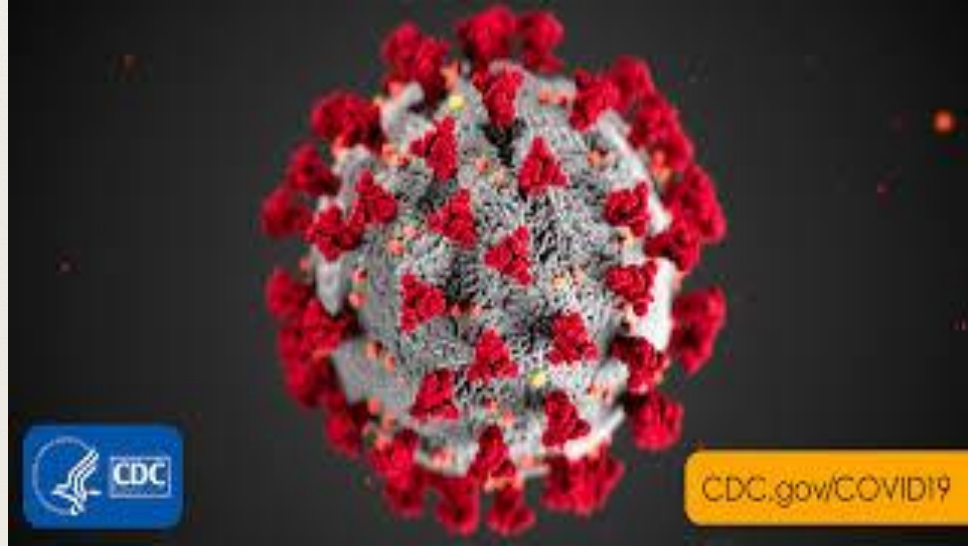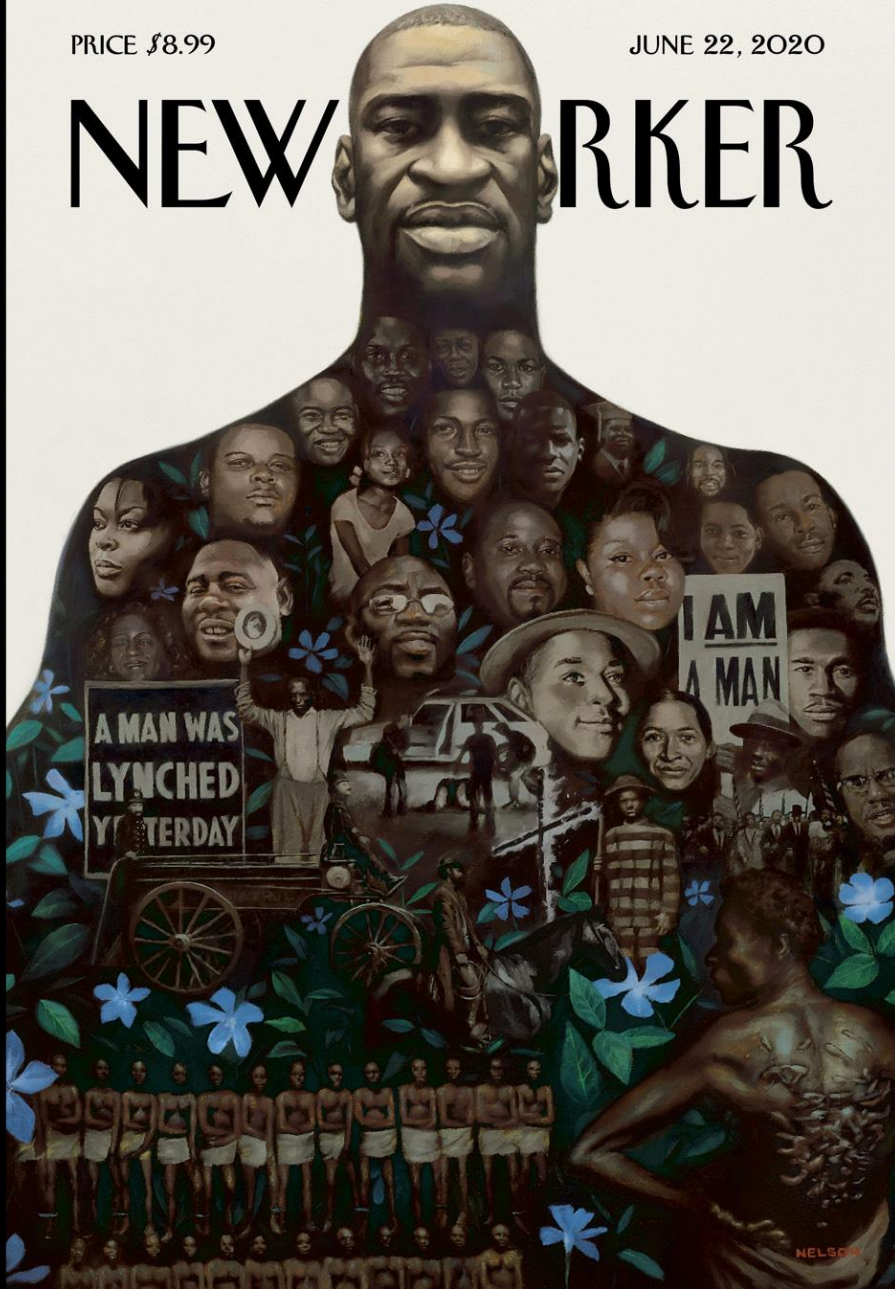
The impacts of the pandemic and the economic fallout have been widespread, but are particularly prevalent among Black, Latino, Indigenous, and immigrant households. These disproportionate impacts reflect harsh, longstanding inequities — often stemming from structural racism — in education, employment, housing, and health care that the current crisis is exacerbating. (Center on Budget & Policy Priorities Jan 2021)

"Students with multiple risk factors for poor mental health such as food and housing insecurity are more likely to attend a community college rather than a four year college or university."

Healthy Minds Study (2018-2019): more than 300,000 students at some 300 colleges and universities pre-COVID:

- Almost 40% (8 million students) reported experiencing a significant mental health problem
- 6 in 10 have psychiatric care on campus

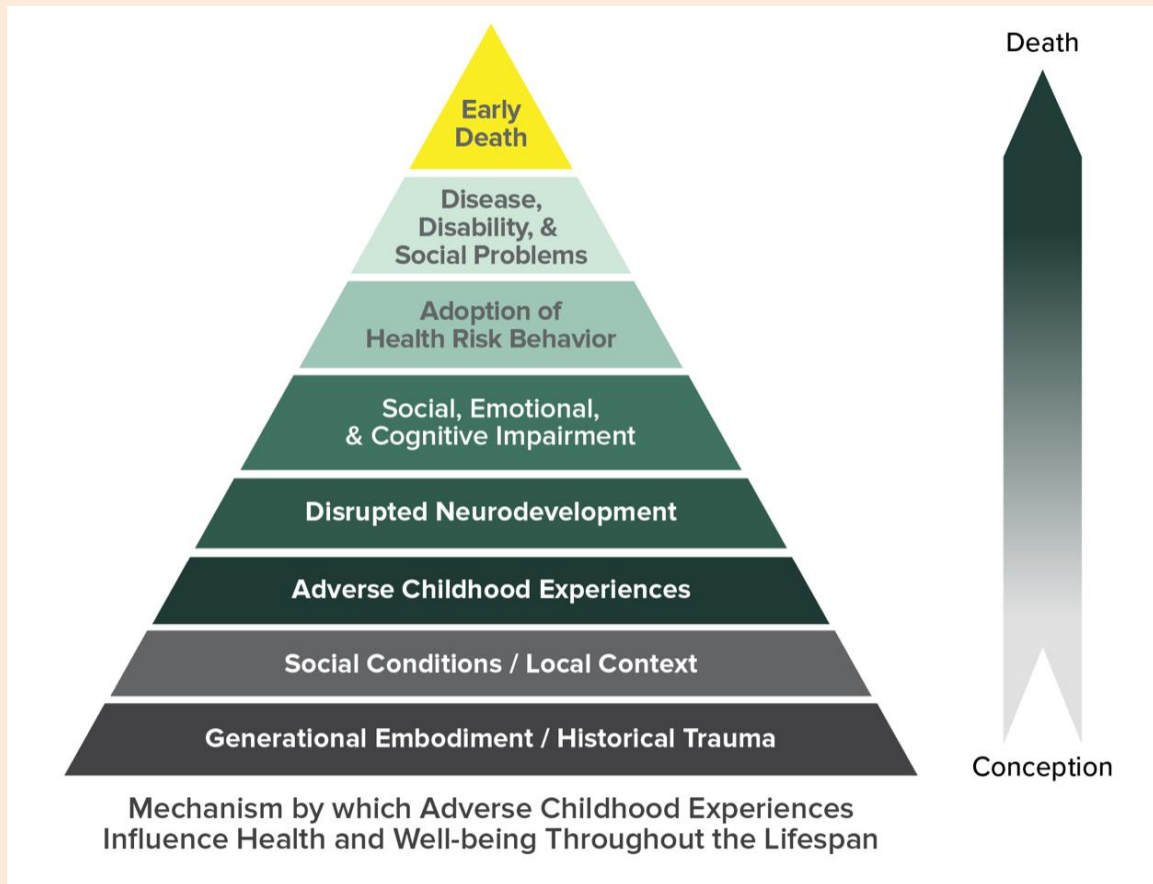Hope Center "Too Distressed to Learn: Mental Health Among Community College Students" (2016)

- 49% of community college students report at least one mental health condition (depression and anxiety highest)
- Less than half receive MH treatment
- 1 in 10 cc's have psychiatric care on campus
- 70% cc have some mental health services; but 98% of those providers have significant other job responsibilities

"Community colleges may not have the same ability to dedicate funding to support mental health services and staff as more well-funded institutions, as they are less likely to have financial support from states and lack the security of the endowment funds that have safeguarded wealthy institutions. Community colleges tend to serve students from lower socio-economic backgrounds and have fewer options for recourse in terms of raising funds. In particular, these colleges may have dual-role counselors tasked with providing academic advising and general counseling to the student (Eisenberg et al., 2016). In a 2017 survey of community colleges in 30 states concerning dual-role staff, 51 percent of these staff provide academic advising, (in addition to mental health counseling), and 73 percent provide mental health counseling in the same office where other student services are provided (Edwards and Lenhart, 2017). Some 66 percent of counseling center directors reported providing psychiatric services, and 56 percent of these directors report needing more hours of psychiatric services to meet the student need (IACS, 2019; LeViness et al., 2019)." (*Mental Health, Substance Use, and Well-Being in Higher Education: Supporting the Whole Student,* 2020)

Adverse Childhood Experiences are common.

almost two-thirds of surveyed adults report at least one ACE, and more than one in five reported three or more ACEs.

Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Pyramid levels from top to bottom:
- Early Death
- Disease, Disability, & Social Problems
- Adoption of Health Risk Behavior
- Social, Emotional, & Cognitive Impairment
- Disrupted Neurodevelopment
- Adverse Childhood Experiences
- Social Conditions / Local Context
- Generational Embodiment / Historical Trauma

Arrow: Death (top) to Conception (bottom)

ABUSE | NEGLECT | HOUSEHOLD DYSFUNCTION

- The ACE score, a total sum of the different categories of ACEs reported by participants, is used to assess cumulative childhood stress. Study findings repeatedly reveal a graded dose-response relationship between ACEs and negative health and well-being outcomes across the life course.
- **THE HIGHER THE ACE SCORE, THE MORE LIKELY:**
- Myocardial infarction
- Asthma
- Mental distress
- Depression
- Smoking
- Disability
- Reported income
- Unemployment
- **Lowered educational attainment**
- Coronary heart disease
- Stroke
- Diabetes

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"As campuses build trauma-informed services or adopt trauma-informed practices, it is important to remember how students might encounter different kinds of trauma. In addition to the groups previously mentioned as having a higher likelihood of trauma exposure, international students, students without documentation, and veterans may have exposure to distinct types of trauma based on their background. Colleges and universities can expand the use of a trauma-informed lens beyond programs and services for students, with trauma-informed approaches involving vigilance in anticipating and avoiding institutional practices and processes that are likely to re-traumatize individuals." (*Mental Health, Substance Use, and Well-Being in Higher Education: Supporting the Whole Student,* 2020)

"An **"all hands" approach**, one that emphasizes shared responsibility and a holistic understanding of what it means in practice to support students, is needed if institutions of higher education are to intervene from anything more than a reactive standpoint. Creating this systemic change requires that institutions examine the entire culture and environment of the institution and accept more responsibility for creating learning environments where a changing student population can thrive. Specifically, creating conditions that support mental health and helping students deal with mental health and substance use issues when they arise, including helping them access adequate professional help, requires mobilizing commitment and actions by the entire institution." (*Mental Health, Substance Use, and Well-Being in Higher Education: Supporting the Whole Student,* 2020)

Moving Forward: Recommendations

RECOMMENDATION 5-9: DEVELOPING FACULTY, STAFF, AND STUDENT CAPABILITY TO BE OF HELP

As a part of formal orientation to college life, all students should participate in structured opportunities to learn about individual wellbeing and the cultivation of a healthy, respectful campus climate. This orientation should also include material on how to develop resilience in the face of inevitable challenges they will experience both in college and in life.

RECOMMENDATION 5-9: DEVELOPING FACULTY, STAFF, AND STUDENT CAPABILITY TO BE OF HELP

- To enable students' self-awareness and resilience, training should acknowledge how behaviors such as sleep, nutrition, exercise, social media, and work can be both levers for wellbeing as well as affected by wellbeing.
  - o **Becoming a Master Student (Ellis, 2016) whole person development**
  - o **Peer to peer support initiatives**
- Training should also include information on how to recognize and address implicit bias, and about the essential role students themselves play in creating a community that supports each other's wellbeing.
  - o **Center for Applied Research Solutions has developed a guide, trainings, and technical assistance for supporting students from diverse racial and ethnic backgrounds enrolled at California's community colleges.**
  - o **Equity in Mental Health Framework (Steve Fund and JED Foundation)**
- Each institution should also periodically offer refresher or "booster" training on these issues.
- Institutions should regularly and widely provide guidance to students and faculty on mental health resources available on campus and in the community.
  - o **"NASMHPD free toolkit for students who have received treatment for early mental health issues that offer specific modules with concrete advice on how best to obtain support on campus and thrive in their pursuit of higher education (Jones, Bower, and Furuzawa, 2016)."**
  - o **Universal Design**
  - o **Online, interactive training. "The California Community Colleges, for example, have used a suite of six online, interactive training simulations from Kognito, a for-profit entity, to reduce stigma and engage faculty, staff, and students in supporting those exhibiting signs of distress. The result was a 73 percent increase in the number of students that faculty, staff, and students referred to mental health services across 113 campuses (Kognito, 2016; Sontag-Padilla et al., 2018c)."**

- "**The Red Folder at Penn State University** is another method of sharing resources and providing support to faculty, staff, graduate student instructors, postdoctoral researchers, and others who work with students. Penn State designed this resource as a reference guide to recognize, respond effectively to, and refer distressed students for care (Penn State Red Folder). The Red Folder is a physical object, in addition to an online resource, that can serve as a quick reference with resources related to academic, psychological, physical, and safety-risk issues."

- "Like many universities, UT Austin has found a growing demand for mental health services among its students. The university reports that the demand for mental health services increased 88 percent from academic year 2009–2010 to academic year 2018-19, while the total number of students at The University of Texas at Austin increased by 1.6% (CMHC Fact Sheet, 2019; The University of Texas at Austin, 2020). Further, UT Austin found that students indicated, "that faculty members are often seen as the 'missing link' when it comes to their own well-being (Stuart & Lee, 2013)." In response to this issue, the university developed its **Well-being in Learning Environments program**, which offers faculty a guidebook with a variety of strategies—based in research and the experiences of fellow UT Austin faculty--to use in the classroom to support student wellbeing."

Moving Forward: Recommendations

RECOMMENDATION 5-10: DEVELOPING FACULTY, STAFF, AND STUDENT CAPABILITY TO BE OF HELP

Institutions of higher education should recognize that there is no single approach to promoting wellbeing and dealing with mental health and substance use problems that will be appropriate to all student populations.

RECOMMENDATION 5-10: DEVELOPING FACULTY, STAFF, AND STUDENT CAPABILITY TO BE OF HELP

- Support services should be tailored to the unique histories, circumstances, and needs of individual student populations.
  - No one size fits all approach.
  - More research needed around identifying, implementing, sustaining, and evaluating mental health and well-being in diverse settings such as the community college

- Support services should recognize and respond to the fact that many students from diverse populations will have experienced interpersonal racism, systemic racism, and implicit bias both before and during their time in higher education.
  - Equity in Mental Health Framework (JED Foundation & Steve Fund)

Recommendations and Implications for College and University Leadership

Dr. Raynard Kington
Head of School, Phillips Academy, Andover
President Emeritus, Grinnell College

RECOMMENDATION 5-1: INSTITUTIONAL CULTURE AND POLICIES

Institutional leaders, starting with the president and board of trustees or regents, should **articulate the importance of creating a culture of wellbeing on their campus,** one that recognizes the range of individual behaviors and community norms that affect wellbeing, acknowledges the magnitude of mental health and substance use issues on campus, addresses the stigma associated with mental illness and substance use disorders, and provides a range of resources to support students with different levels of need.

RECOMMENDATION 5-2: INSTITUTIONAL CULTURE AND POLICIES

Leadership from all segments of the campus community is needed to promote a culture of wellbeing.

RECOMMENDATION 5-3: INSTITUTIONAL CULTURE AND POLICIES

Institutions should ensure their leave of absence and reenrollment policies and practices will accommodate the needs of students experiencing mental health and substance use problems and the time needed for effective treatment and recovery.

RECOMMENDATION 5-4: PRIORITIZING MENTAL HEALTH AMID FINANCIAL CONSTRAINTS

Institutions should ensure their leave of absence and reenrollment policies and practices will accommodate the needs of students experiencing mental health and substance use problems and the time needed for effective treatment and recovery.

RECOMMENDATION 5-5: PRIORITIZING MENTAL HEALTH AMID FINANCIAL CONSTRAINTS

Institutions of higher education should work with insurance companies and health plans and federal, state and local regulators to remove barriers to seeking reimbursement for student mental health and substance use costs for covered students.

RECOMMENDATION 5-7: INSTITUTIONAL CAPACITY TO PROVIDE NEEDED SERVICES

Institutions of higher education should work with insurance companies and health plans and federal, state and local regulators to remove barriers to seeking reimbursement for student mental health and substance use costs for covered students.

RECOMMENDATION 5-8: DEVELOPING FACULTY, STAFF, AND STUDENT CAPABILITY TO BE OF HELP

Provide and require faculty training on how to create an inclusive and healthy learning environment.